



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

CLARION COUNTY YMCA

(814) 764-3400

499 Mayfield Rd. Clarion, PA 16214

info@clarionymca.net

www.clarioncountyyymca.org

Basketball H.O.R.S.E. Tournament

DESCRIPTION: Off the wall, off-the glass, nothing but net. Take your best aim at shooting the fun game of "HORSE" to the YMCA for this one-day challenge. This event focuses on creatively and accurately making shots against an opponent who tries to make the same shot. The first one to make the other miss 5 shots wins. Each miss counts as a letter in "HORSE." Fun game of bragging rights for ages 12 and up. Divisions will be separated based on age and ability level. Tourney runs on Friday, February 5th, 6 pm. Cost: **FREE for YMCA Members / \$10 for Non-Members.**

WHEN? Friday, February 5th, 6 pm

WHERE? YMCA Gymnasium

WHO? Ages 12 & up

COST? FREE for YMCA Members, \$10 for Non-Members

ADDITIONAL INFORMATION: You may bring your own ball. You must sign a Covid-19 waiver to participate

Participant's Name: _____ Circle: Male Female

Circle: Member (\$18) Non-Member (\$34)

Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

Parent / Guardian Name (if under 18) _____

Home Phone: _____ Cell: _____

Email: _____

Do you give permission for the Y to take photos or videos of participant for the use of promoting YMCA programs? Circle:
Yes No

The Y is a charity; no one is turned away for financial reasons. If financial assistance is needed, please acquire the Scholarship Application <https://www.clarioncountyyymca.org/resources> and ATTACH WITH THIS REGISTRATION FORM

OFFICE USE ONLY:

Total Payment Received: \$ _____ Information entered into Total Data? _____

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CLARION COUNTY YMCA YOUTH SPORTS

COVID-19 WAIVER AND ASSUMPTION OF RISK

The Clarion County YMCA ("The YMCA") has put in place preventative measures to reduce the spread of COVID-19; however, the YMCA cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending YMCA sports could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending YMCA programs and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at YMCA programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, YMCA employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the YMCA or participation in YMCA programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the YMCA, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the YMCA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any YMCA program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Program Participant