

Emergency Contacts:

I do hereby authorize the following persons to pick up my child or be contacted if I am unable to be reached.

Name: _____

Phone: _____

Name: _____

Phone: _____

I Hereby Agree to the Following:

- To allow first aid treatment to be given to my child by YMCA staff and/or certified first aid person.
- To allow YMCA staff to take charge in the event that I or authorized emergency contact cannot be reached.
- To allow the YMCA to transport my child in YMCA vans, school bus, or by hiking.
- To discuss the YMCA staff any limitations my child may have in regards to his/her participation in the program.

Parent/Guardian or Adult Participant Signature

Date

Release and Waiver of Liability:

The undersigned hereby releases, waives, discharges the St. Croix Valley YMCA from liability to the undersigned for any loss or damage on account of injury to the undersigned. The undersigned hereby assumes full responsibility for risk and bodily injury.

Parent/Guardian or Adult Participant Signature

Date



Harold Fischer Memorial

**Logrolling
Tournament**



**Sunday
April 6, 2008
10:00–2:00 pm**



YAQUATICS™

We build strong kids, strong families, strong communities.

Logrolling Tournament at the St. Croix Valley YMCA!

Test your coordination and agility!
Logrolling is a battle between two people on a log floating in the water. Both contestants are on the same log and the last one in the water is the winner of that fall. You have to win three out of five falls in order to advance to the next round!

The Speed Roll is a contest where you have 30 seconds to spin the log in either direction as many times as possible. The one with the most number of spins is the winner. If you fall in, you are allowed to get back on the log and continue without any penalties.



Visit the St. Croix Valley YMCA to register in person or send or fax the attached registration form to the YMCA.



We build strong kids,
strong families, strong communities.

Logrolling Tournament Registration Form

**Sunday, April 6th
10:00-2:00pm**

Member Fee: \$20

Program Member Fee: \$25

Please make checks payable to the YMCA

PLEASE COMPLETE ALL INFORMATION ON REGISTRATION FORM PRIOR TO PARTICIPATING

7 and under Co-ed _____ 14-17 boys/girls _____
8-10 boys/girls _____ Adult Open Co-ed _____
11-13 boys/girls _____ (age as of Jan. 1st, 2008)

Name

Parent/Guardian Name

Address

City State/Zip

Phone

Email

I hereby give the YMCA permission to use any photos or videos taken of me or my family while involved in YMCA Programs.

Parent/Guardian Signature

Ashley Welke, Aquatic Director

St. Croix Valley YMCA
2211 Vine Street/Hudson, WI 54016
Phone: 715-531-1825
Fax: 715-386-4424
Email: Ashley.welke@ymcastpaul.org

For office use only: check _____ cash _____ credit card _____