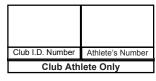
Admin Only: Amount Paid	Cash	Check No.	Returning Member	New Member
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INDIVIDUAL Y€S-Athletics™ Membership & Waiver

ATHLETES: please submit this form to your club.





As evidenced by the signature of the minor-participant's parent/legal guardian (below), it is requested by the parent/legal guardian, on behalf of their minor-participant, that their named minor-participant (hereinafter called "Member")

be granted membership into Youth ENDURO Sports, Inc. (hereinafter called YES-Athletics), the membership program of Youth ENDURO Sports, Inc.) in accordance with this and the following paragraph which are agreed to by the "Member" and Parent/Legal Guardian. The following paragraph is also agreed to by all adult participants (hereinafter called "Adults") who participate in Youth ENDURO Sports, Inc. programs and activities:

[Adults who participate in Youth ENDURO Sports, Inc. activities must complete and sign this waiver each time, before participating in the event.]

As a Member/Adult, I/we (on behalf of the minor below/on behalf of myself) understand and acknowledge there are risks inherent in athletic activities, and therefore freely accept those risks. In consideration of membership and such risks in YES-Athletics™, I/we acknowledge that the Member/Adult (named below) chooses to participate in activities at facilities designated by YES-Athletics™ and to use facilities (and practice areas), equipment and training designated by YES-Athletics™ clubs at the Member's/Adult's sole risk – and – the Member/Adult on his/her own behalf and on behalf of his/her minor-participant, heirs, executors, administrators and assigns (and parent/guardian on his/her own behalf and on behalf of his/her minor-participant, heirs, executors, administrators and assigns) hereby agree to completely release, discharge and to hold harmless YES-Athletics™, (including officers, staff, clubs, volunteers, officials, affiliates, sponsors and event coordinators / hosts) and the owners, personnel and sponsors of the practice areas and competition facilities and the sponsors of YES-Athletics™, Affiliate Clubs and Hosts. It is also agreed, YES-Athletics™ will be allowed by this Member/Adult and Parent/Guardian (if a minor) to use and reproduce this Member's/Adult's name and/or likeness (including photographs, video tapes, etc.) and/or information concerning this Member/Adult and to circulate the same for any and all purposes in any manner without obligation or liability to YES-Athletics™ or those affiliated with YES-Athletics™. The signature below also certifies that all information submitted for membership and participation is completely accurate and when submitted, shall become and remain the sole property of **Youth €NDURO Sports, Inc.** (YES-Athletics).

nber's (Participant's) Full Name		Gende	er (M/F) Gr	rade (K-12)	Date of Birth Ag	
Individual's (Participant's) Home MAILING Address - including City, State & Zip	Code				Area Code and	Phone Number
				()	-
Email Address	Today's Date		Print Na	ame of Parent/Guard	ian -or- Name of	Adult Participant
YES-Athletics Club Name: Select or Type Club Name	Parent (Guardian) Signa	ature	/			
(If no club, select "Unattached")	or Adult Partici					
Parent/Guardian Cell - Area Code and Phone Number	T-shirt Size (check one)				
() -	YOUTH: SM	MD	LG	ADULT: S	M MD	LG
Authorization for Emergency Care to Minor	► I / We the und	ersigne	d legal	guardian of th	e minor list	ed below:
					/	/
(Minor's Full Name)			B	irth Date:		
do hereby authorize x-ray examination, anesthetic, dental, by the State in which an injury occurs and hospital service th						
(temporary Custodian of the minor)				(If desired, leave	this line blan	k until noodod
[Adult who is Tem	porary Custodian of M	linor 1		(II desired, leave	cuito inte biam	vandi needed.)
whether such diagnosis or treatment is rendered at the undersigned legal guardian) also authorize the physician o	e office of the physi	ician or c				al. I/We (the
It is understood this consent is given in advance of specific di- temporary custody of the minor, and said physician or dentis or medical or dental or surgical treatment. This consent sha	t, to exercise his/the	eir best ju				
12:00 midnight on July 31, 2020 unlessaid	ss sooner revoked i persons entrusted					
	X					
Full Name of Athlete (Minor)			Parer	nt / Legal Gu	ardian	
V				/ /		
	Dated: _					
Witness [other than custodian(s)]						

Attention Parents: