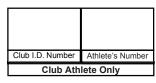
Admin Only: Amount Paid	Cash Check No.	Returning Member	New Member
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## INDIVIDUAL Y€S-Athletics™ Membership & Waiver

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).

Member's (Participant's) Full Name		Gende	er (M/F) Gr	rade (K-12)	Date of Birth	Age
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: SI	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, iby the State in which an injury occurs and hospital service th						
				_		
(temporary Custodian of the minor)				(If desired, leave	this line blank	k until needed.)
Adult who is Tem whether such diagnosis or treatment is rendered at the	porary Custodian of M		lontiat d	or at a atata lia	anaad baanii	tal IAMa (tha
undersigned legal guardian) also authorize the physician of						.ai. i/vve (tile
It is understood this consent is given in advance of specific dia						
temporary custody of the minor, and said physician or dentis or medical or dental or surgical treatment. This consent shall	t, to exercise his/the	eir best ju ıntil	udgment	as to the requi	rements of s	uch diagnosis
12:00 midnight on July 31, 2023 unles	ss sooner revoked i	n writina.	and del	livered to said p	hvsician or o	dentist or to
	persons entrusted					
	X					
Full Name of Athlete (Miner)			Doro	nt / Legal Gu		
Full Name of Athlete (Minor)			Parer	it / Legai Gu	aruiari	
V				/ /		
Λ	Dated: _					
Witness [other than custodian(s)]						

## **Attention Parents:**