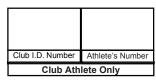
Admin Only: Amount Paid	Cash Check No.	Returning Member	New Member
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INDIVIDUAL Y€S-Athletics™ Membership & Waiver

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 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 ENDURO Sports, Inc.** (YES-Athletics).

Member's (Participant's) Full Name		01-	- (NA/E) O		. (D: II	۸۵۵		
Member 5 (Farticipant 5) i un Mame		Gende	i (IVI/F) GI	rade (K-12) Da	ite of Birth	Age		
				/	/			
Individual's (Participant's) Home MAILING Address - including City, State & Zip	Code			Are	a Code and F	Phone Number		
				1)			
				()	_		
Email Address	Today's Date		Print Na	me of Parent/Guardian	or- Name of	Adult Participant		
	/ /							
YES-Athletics Club Name:			_					
Select or Type Club Name (If no club, select "Unattached")	Parent (Guardian) Signa or Adult Partici							
Parent/Guardian Cell - Area Code and Phone Number								
Parent/Guardian Cen - Area Code and Priorie Number	T-shirt Size (check one	:)						
() -	YOUTH: SM	MD	LG	ADULT: SM	MD	LG		
<u> </u>								
Authorization for Emergency Care to Minor	► I / We the unc	lersiane	d legal	guardian of the r	ninor liste	ed helow:		
ration Edition Emergency Gard to Million	i i vvo dio dilo	ioroigirio	a logui	gaaralari oi iilo i		o bolow.		
					/	/		
(Minor's Full Name)			B	irth Date:	/	/		
(William of all Marrio)								
do hereby authorize x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist licensed								
by the State in which an injury occurs and hospital service th								
	,			Ü				
(tomporary Custodian of the minor)				(If desired leave thi	a lina blank	Luntil noodod)		
(temporary Custodian of the minor) (If desired, leave this line blank until needed.)								
Adult who is Temporary Custodian of Minor								
whether such diagnosis or treatment is rendered at the						al. I/We (the		
undersigned legal guardian) also authorize the physician o	r dentist to call in n	ecessary	consulta	ants, at his/their di	scretion.			
It is understood this consent is given in advance of specific diagnosis or treatment being required, but is given to encourage those who have								
temporary custody of the minor, and said physician or dentist, to exercise his/their best judgment as to the requirements of such diagnosis								
or medical or dental or surgical treatment. This consent sha	II remain effective ι	ıntil						
12:00 midnight on July 31, 2024 unless sooner revoked in writing, and delivered to said physician or dentist or to								
said persons entrusted with the custody, care and control of said minor child.								
saio	persons entrusted	with the	custoay	, care and contro	or said n	ilnor chila.		
	\/							
	X							
Full Name of Athlete (Minor)			Parei	nt / Legal Guar	dian			
V				/ /				
X	Dated:			/ /				
Witness other than custodian(s)								
viiiicaa luiici iilali cuatuuldilla.I								

Attention Parents: