

Ann Arbor YMCA Guest Emergency Contact Form

Name (First) _____ (Last) _____

Date of Birth ___ / ___ / ___ Street Address _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Emergency Contact Name (First and Last) _____

Relationship to Guest _____

Emergency Contact Phone Number (____) _____

Required for All Guests under the age of 18:

Parent or Guardian Name (First and Last) _____

Contact Phone Number (____) _____

Parent or Guardian Signature _____ Date _____

Your signature gives permission for the above minor to participate at the Ann Arbor YMCA.

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