YOU’RE INVITED
YMCA Earth Service Corps is hosting its annual Environmental Symposium! The Symposium is an opportunity for high school students to engage in hands-on workshops with environmental experts and teens from around the Puget Sound. Workshop topics include environmental justice, waste reduction, water quality and more! Youth will be networking with passionate peers and adults as well as gaining tools to create real, positive change for their communities.

Lunch is provided, with vegetarian options available. There will also be a free raffle of outdoor and environmental prizes.

There is no cost for this event, but registration is required and space is limited.

**Registration Deadline:** March 17th

**WHEN**
Friday, March 24th, 9:00 AM - 2:00 PM

**WHERE**
Mary Gates Hall
University of Washington

**NEED A RIDE?**
Y buses will provide transportation from various locations. Seats are limited and are reserved on a first-come first-served basis. Contact us to see if there is a bus site near you.

**REGISTER**
Participants must submit a Registration Form. Contact YESC to receive the form:

Email: yesc@seattlymca.org
Phone: 206-587-6116
YMCA Earth Service Corps is hosting its annual Environmental Symposium on Friday, March 24\textsuperscript{th} at Mary Gates Hall on the University of Washington campus. The Symposium is an opportunity for students to engage in hands-on workshops with environmental experts and teens from around the Puget Sound. Lunch is provided, with vegetarian options available. There will also be a free raffle of outdoor and environmental prizes for all in attendance. There is no cost for this event, but registration is required and space is limited. \textbf{Registration Deadline: March 17\textsuperscript{th}}

To register, please submit this form to a YMCA Earth Service Corps staff member or:

\textbf{Mail:} YMCA Earth Service Corps  
309 Pontius Ave N Seattle, WA 98109

\textbf{Fax:} 206-382-4920

\textbf{Email:} yesc@seattlemca.org

\textbf{PARTICIPANT INFORMATION—Please Print Clearly}

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<th>First Name</th>
<th>Last Name</th>
<th>Preferred Name</th>
<th>Street Address</th>
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<tr>
<td>Home Phone</td>
<td>Cell Phone</td>
<td>Participant Email</td>
<td>School</td>
<td>Birthdate</td>
<td>Gender</td>
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\textbf{EMERGENCY CONTACT INFORMATION—Please Print Clearly}

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\textbf{RACE/ETHNICITY (OPTIONAL)}

The YMCA is committed to serving people of all ages, races, religions, genders, sexual orientations and economic levels. Indicating your ethnicity below will help us determine if we are meeting this goal. This information is kept confidential.

- \( \square \) African American/Black
- \( \square \) Alaskan Native or American Indian
- \( \square \) Asian
- \( \square \) Caucasian/White
- \( \square \) Hispanic or Latino
- \( \square \) Native Hawaiian
- \( \square \) Other Pacific Islander
- \( \square \) Choose not to answer
- \( \square \) Other ________________

\textbf{TRANSPORTATION}

Transportation will be provided from select Y sites. Buses are contingent on reaching a minimum number of riders and will be cancelled if not reached. Please contact us at 206-587-6116 or yesc@seattlemca.org if you would like further information.

Would you like a ride on a Y Mini-Bus? \( \square \) Y \( \square \) N

Pick-Up Site: \( \square \) Bellevue Y \( \square \) Coal Creek Y \( \square \) Sammamish Y \( \square \) West Seattle Y \( \square \) Matt Griffin Y \( \square \) Dale Turner Y \( \square \) Northshore Y
**Insurance:** I understand it is my responsibility to provide for my/my child’s own accident and health coverage while participating in this program and I further understand that the YMCA does not provide this coverage.

**Photograph Permission:** I give permission for the YMCA to use, without limitation or obligation, photographs, film footage or tape recordings which may include my/my child’s image or voice for purposes of promoting YMCA programs.

**Behavior Expectations:** I understand that all YMCA rules must be abided by my child. These include a zero tolerance for alcohol, drugs, fireworks or weapons. I recognize that participants must follow safety instructions, remain in designated areas, and refrain from behavior that is harmful to oneself or others. If staff determines that my child has not heeded stated rules, I understand that I will be notified, and that my child will be dismissed from the activity, without refund of fees if applicable.

**Property Loss:** I acknowledge that the YMCA of Greater Seattle is not responsible in any way for personal clothing, items or equipment that may be lost, stolen, or damaged as a result of my/my child’s participation in YMCA Programs and activities.

**Medical Treatment:** In the event I cannot respond, I give permission for emergency medical, surgical and hospital treatment and procedures to be performed by a licensed physician or hospital when deemed immediately necessary or advisable by a physician to safeguard my or my child’s health.

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**Medical Information**

Name of Physician___________________________________ Phone _____________________

Medical Information (Allergies, Asthma, Impaired Mobility, or other Medical Conditions):

________________________________________________________________________

Is there anything else we should know about your son or daughter in order to respond appropriately in an emergency? If yes, please explain. ________________________________________________________________

Date of last Tetanus Immunization: _____________ Any dietary restrictions: _________________________________

Family Medical/Hospital Insurance Company:___________________________________ Policy #: _____________________

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**Release from Liability:** By signing below, I hereby agree to release the YMCA of Greater Seattle and all of its employees, volunteers, directors, officers and other representatives from any ordinary negligence and from all responsibility and liability of any nature, including claims for injury, death, loss or damage resulting from my child’s participation in YMCA programs. This includes the loss of the right to sue, win and recover damages if my child is injured by actions of the YMCA or any independent contractor for the YMCA. I acknowledge that I have signed this of my own free will and that my child’s participation in YMCA program activities is purely voluntary. If any portion of this release is held to be invalid, I agree that the remaining terms shall continue to be in full legal force and effect.

I have read, or have had read to me, and I understand and agree to the above statements.

__________________________________________

Participant name (please print)

__________________________________________

Participant/client signature Date

__________________________________________

Parent/guardian signature (if participant is under 18 years old) Date