



Coptic Youth Center

COPTIC YOUTH CENTER

San Francisco Bay Area

2500 Hansen Road, Hayward, California 94541

Tel: (510) 750-1147

Fax: (510) 315-3153

RELEASE OF LIABILITY AND CONSENT TO RULES AND REGULATIONS

Personal information of Member/Applicant:

Name of Member/Applicant: _____
First Last

Date of Birth: ____/____/____
month/ day/ year

Parent or Legal Guardian's name if Member/Applicant is under the age of 18: _____

Address: _____

Telephone: _____ Gender: M ___ F ___

It is understood that the Coptic Youth Center and St. Antonius Coptic Orthodox Church of Hayward, California is hereby indemnified and held harmless for any injury or accident that may be sustained by any adult, child or tenant, while participating in any function or sport at the Coptic Youth Center and/or St. Antonius Coptic Orthodox Church and any excursion off the premises, as well as transportations to and from destination.

I am the individual named above. I am over the age of 18. I have received a copy of the Rules and Regulations governing the Coptic Youth Center (the "CYC Rules"). I have read and understand the CYC Rules. I understand that I can request a translation of the CYC Rules if needed. I agree to abide by the CYC Rules.

Signature: _____ Date: _____

(If you are signing for a minor:)

I, the undersigned, attest that the following minors (of whom I am legal guardian) have been given permission to participate:

Name of Child: _____

Grade: _____ D.O.B. ____/____/____

I also agree to assume responsibility for damages to individuals and to the premises in full.

Emergency Contact Person: _____ Home Tel #: _____

Relation: _____ Work Tel #: _____

Physician's name: _____ Phone #: _____

Signature of responsible party: _____

Print Name: _____

Date: _____ *

*THIS AGREEMENT IS VALID AND LEGALLY BINDING FROM _____ UNTIL _____. [ONE YEAR]