

Youth Program Registration Form

YMCA Program (ex: Sports, Child Care, Day Camp): _____



We build strong kids,
strong families,
strong communities.

Child Information:

Name: _____

Age: _____ Gender: _____ Birthdate: _____ Shirt size: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Child Lives With: _____

Special requests (i.e. coach, location)—not guaranteed _____

Parent/Guardian Info: (Note: Parent/Guardian completing this form is responsible for payment.)

Parent/Guardian Name: _____ Cell Phone: (____) _____

Address (if different than child): _____

Employer Name: _____ Work Phone: (____) _____

Email address: _____

Parent/Guardian Name: _____ Cell Phone: (____) _____

Address (if different than child): _____

Employer Name: _____ Work Phone: (____) _____

Email address: _____

Emergency Contact (other than parents or doctor): _____ Phone: (____) _____

Out of Area Emergency Contact: _____ Phone: (____) _____

Insurance: It is the responsibility of every individual, their parent or legal guardian, to provide for their own accident and health coverage while participating in all YMCA activities. The YMCA of Greater Seattle does not provide any accident or health coverage for its participants.

Child's Physician: _____ Phone: (____) _____

Address: _____

Date of last physical exam: _____ Date of last tetanus shot: _____

Medical Insurance Company; _____ Policy # _____

Child's Dentist/Orthodontist: _____ Phone: (____) _____

The YMCA strives to provide the best care possible, and being prepared for your child's needs will help your child adjust to the program. Recognize that in some cases, this program may not be suitable for your child.

IDENTIFY ANY SPECIFIC MEDICAL, BEHAVIORAL OR DEVELOPMENTAL NEEDS OF YOUR CHILD. Depending upon your child's need, additional paperwork and a meeting with a YMCA Director may be required prior to your child's start to ensure your child can best be accommodated. Failure to share information that identifies your child's special care, accommodations or supervision needs may jeopardize the placement of or continued participation by your child in the program. **Write "none" if none.**

Dietary modifications/allergies: _____

Chronic/recurring illness: _____

Current medications: (medication form may be required) _____

Operations/serious injury: _____

Physical disability: _____

Behavioral disorder: _____

Developmental delay: _____

List any activities from which your child should be exempted for health reasons: _____

(OVER)

Everyone is Welcome: The YMCA is a membership organization open to all people.

Financial Assistance: If you cannot afford the full cost of a program or membership, please ask for a confidential scholarship application. Financial assistance, to the extent possible, is available to those in need.

Personal Safety Discussions: Our staff will engage children in discussions to help them understand how they can set their own personal safety and touching limits. These discussions will emphasize respect, set the ground rules for appropriate behavior, and encourage children to tell if someone touches them in a way that makes them feel uncomfortable. The YMCA of Greater Seattle respects the diversity and rights of the individuals it serves.

VOLUNTEERS are the heart of the YMCA. Our programs are enriched by dedicated volunteers who inspire students to learn, coach young athletes and encourage teens to find their vocation. Volunteers guide policy, deliver direct services and allow us to expand our reach into the communities we serve.

Are you interested in being a YMCA volunteer? yes no

AUTHORIZATIONS

Participation: I give permission for my child to participate in all activities, including field trips, climbing wall, overnights, and swimming and to be transported as authorized by the YMCA. I give permission for the YMCA to use any pictures of my child for future promotional purposes.

Medical Treatment: I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of the YMCA. In the event I can not be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by the YMCA director when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Release from Liability: Recognizing that the YMCA will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in program activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release the YMCA of Greater Seattle, its employees, volunteers, independent contractors, directors and agents from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me from participation in YMCA programs.

I have read and understand the above and have completed this form to the best of my ability.

Signature of parent or legal guardian: _____ **Date:** _____

The following information is required for any child attending a YMCA child care or day camp program:

List all persons, (other than both parents) authorized to pick up child:

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship to Child</u>
1.	_____	_____	(____)	_____
2.	_____	_____	(____)	_____
3.	_____	_____	(____)	_____
4.	_____	_____	(____)	_____

2nd participant information: YMCA Program (ex: Sports, Child Care, Day Camp): _____

Child Information:

Name: _____

Age: _____ Gender: _____ Birthdate: _____ Shirt size: _____

Special requests (i.e. coach, location)—not guaranteed _____

Child's Physician: _____ Phone : (_____) _____

Address: _____

Date of last physical exam: _____ Date of last tetanus shot: _____

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Chronic/recurring illness: _____

Current medications: (medication form may be required) _____

Operations/serious injury: _____

Physical disability: _____

Behavioral disorder: _____

Developmental delay: _____

List any activities from which your child should be exempted for health reasons: _____

3rd participant information: YMCA Program (ex: Sports, Child Care, Day Camp): _____

Child Information:

Name: _____

Age: _____ Gender: _____ Birthdate: _____ Shirt size: _____

Special requests (i.e. coach, location)—not guaranteed _____

Child's Physician: _____ Phone : (_____) _____

Address: _____

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