

# YMCA OF GREATER SEATTLE

## Youth Program Registration Form



### YOUTH INFORMATION

Legal First Name	MI	Legal Last Name	Preferred Name	Date of Birth	Age	Gender
Home Address			City	State	Zip	

### SPECIFIC MEDICAL, BEHAVIORAL OR DEVELOPMENTAL NEEDS

Date of last Physical	Date of Last Tetanus
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. <b>Write "none" if none.</b>	
Dietary Modifications/Allergies	Chronic/recurring illness
Current medications (medication form may be required):	Operations/Serious Injury:
Physical Disability:	Behavioral Disorder:
Developmental Delays:	
List any activities from which your child should be exempted for health reasons:	

### EMERGENCY & INSURANCE INFORMATION

Child's Physician	Phone Number
Local Emergency Contact( other than parents or doctor) & Phone Number	Out of Area Emergency Contact & Phone Number

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.

Medical Insurance Company	Policy Number
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### PARENT/GUARDIAN

Title	Legal First Name	MI	Legal Last Name	Preferred Name	Date of Birth	Gender
Home Address(if different than child)			City	State	Zip Code	
Phone Number	Cell Phone	Work Phone		Child Lives With: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Primary Email	[Grid for email address]					
Employer Name						

### PARENT/GUARDIAN

Title	Legal First Name	MI	Legal Last Name	Preferred Name	Date of Birth	Gender
Home Address(if different than child)			City	State	Zip Code	
Phone Number	Cell Phone	Work Phone		Child Lives With: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Primary Email	[Grid for email address]					
Employer Name						

## PICK UP AUTHORIZATIONS

Title	Legal First Name	MI	Legal Last Name	Phone Number	
Home Address			City	State	Zip Code
Title	Legal First Name	MI	Legal Last Name	Phone Number	
Home Address			City	State	Zip Code
Title	Legal First Name	MI	Legal Last Name	Phone Number	
Home Address			City	State	Zip Code
Title	Legal First Name	MI	Legal Last Name	Phone Number	
Home Address			City	State	Zip Code

## YMCA POLICIES

**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.

## 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.

### Photo Release:

The applicant hereby gives permission for the YMCA (local, national and international) to use, without limitation or obligation, photographs or other media that may include the members' image or voice to promote or interpret 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:** \_\_\_\_\_