



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA Emergency Child Care Consent to Participate in YMCA Programs

\_\_\_\_\_

**Parent/Guardian Name**

\_\_\_\_\_

**Child**

**THIS IS YOUR RELEASE AND WAIVER OF LIABILITY** (the "Release"). The YMCA will not assume responsibility for any injury incurred while participating in any athletic event, sports program, or any physically related activity. Nor will the YMCA be liable for lost or stolen items while program participants are using YMCA facilities or are on the YMCA premises. I, the undersigned for myself, my heirs and assigns do hereby release the YMCA, its employees and agents from any and all claims for injury, death, loss or damage I may suffer as a result of my participation. I also assume full responsibility for removing myself from any media opportunities that I do not wish to participate in. To help enhance the safety of the members, guests and staff in our facilities, the YMCA monitors the National Registry of Convicted Sex Offenders. Persons identified on the national registry will not be eligible for membership, guest access or program participation with the YMCA I also agree to adhere to the YMCA Code of Conduct.

I give my permission to the YMCA to use limitation and obligation, photographs, film footage, or tape recordings which may include my or my minor children's image or voice for the purposes of promotion or interpreting YMCA programs.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**CHILD INFORMATION FORM: YMCA Child Care Services**

**All information blanks MUST BE COMPLETED - your child cannot attend until this form is completed, for the safety of your child.**

**Child's name** \_\_\_\_\_ Name called \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Grade (**going in 2019 - 2020**) \_\_\_\_\_

School \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Mom / Guardian name** \_\_\_\_\_ Birth date \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_ Employer \_\_\_\_\_

\_\_\_\_\_ Work/School Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

**Father / Guardian name** \_\_\_\_\_ Birth date \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_ Employer \_\_\_\_\_

\_\_\_\_\_ Work/School Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

**Additional Parent numbers / Email address for notifications** \_\_\_\_\_

If Parents are separated, which parent has custody of the child? \_\_\_\_\_

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List names and phone numbers of at least 2 people to contact in an emergency or who are authorized to pick up child (other than parents):

**1.) Name** \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Home Address \_\_\_\_\_ Work/School Address \_\_\_\_\_

**2.) Name** \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Home Address \_\_\_\_\_ Work/School Address \_\_\_\_\_

**3.) Name** \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Home Address \_\_\_\_\_ Work/School Address \_\_\_\_\_

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List any illnesses that affect your child's activity: \_\_\_\_\_

List any physical disabilities that affect your child's activity: \_\_\_\_\_

List any special medications or routines that your child requires: \_\_\_\_\_

Child's current immunization form is on file at school: YES \_\_\_\_\_ NO \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

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- This information is correct as far as I know, and the child herein described has permission to engage in all activities and field trips except as noted by me. In the event that I cannot be reached in an emergency, I hereby give permission to the Director of the program or designee to secure emergency medical services including transportation and physician. I also give permission to the attending physician to order injection, anesthesia, or surgery for my child as named above.

- I have received, read, and understand the PARENT HANDBOOK. I have received a copy of the State Child Care Licensing Summary and the Child Abuse Information Packet.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**YMCA Emergency Childcare  
Child Health History Checklist**

\_\_\_\_\_  
Child's Name    Child's Date of Birth    Parent / Guardian Name

The answers to these questions will help us to know if your child has any medical problems. We need this information in case he/she should become ill and we are unable to reach you right away. Please select the appropriate answers and explain answers where needed.

- YES NO      Is your child taking any medications?  
If yes, please list: \_\_\_\_\_
- YES NO      Any allergies or reactions to medication, DTP or other shots, food, or insects?  
If yes, please list: \_\_\_\_\_
- YES NO      Has your child had asthma or wheezing?
- YES NO      Does your child have speech or hearing problems?
- YES NO      Does your child have trouble with his/her eyes or seeing?
- YES NO      Is your child a diabetic?
- YES NO      Does your child have a heart or cardiovascular problem?
- YES NO      Does your child have any other medical conditions that we should know about?  
If yes, please list: \_\_\_\_\_

**PARENTS MUST ATTACH A PHOTO OF DRIVERS LICENSE**