



YMCA KIDS' CLUB

Child's Name _____ M / F
Last First

Address _____ Zip _____ Phone _____

Age _____ Grade _____ DOB _____

Mother/Guardian Name _____ Work Phone _____
Last First

Father/Guardian Name _____ Work Phone _____
Last First

Emergency Contact Name _____ Phone _____

PICK UP PERMISSION: I hereby authorize the YMCA Kids' Club to allow my child to be released from the YMCA only to the following persons:

Mother _____ Father _____

Others:

Name Relationship Phone

Name Relationship Phone

Permission for Transportation: The YMCA Kids' Club staff has my permission to transport my child to and from the YMCA for excursions or other planned events. I understand that all precautions will be taken to ensure the safety and health of my child.

Parent/Guardian Signature _____ Date _____

Permission to Participate in Water Activity: My child has permission to participate in planned water activities.. (ie: Swim in Life guarded pool, sprinklers, local spray park, etc.)

Parent/Guardian _____ date _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event that I cannot be reached to make arrangements for emergency medical attention, I hereby authorize the YMCA Kids' Club staff to take my child to:

Licensed Physician: _____

Address: _____

Office Phone: _____ Hospital/Clinic: _____

Hospital/Clinic Address: _____

I give my consent for any and all necessary treatment when my child is in the care of this physician and hospital/clinic.

Parent/Guardian Signature

Date

List any special problems/limitations your child may have (allergies, previous/existing illness, sunburn sensitivity, diet requirements, long term medications, hospitalization during the past 12 months) that the staff should be aware of:

Treatment to be given if necessary:

I understand that the YMCA Kids' Club program does not offer medical insurance against injuries, makes no claim to do so, and has no responsibility for any medical expenses incurred. I understand that each participant must assume the risk and any related financial responsibility that could result from participation in any of these activities. I agree to assume such risks and such financial responsibility.

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY:

RECEIPT # : _____

SESSION: _____

STAFF: _____

DATE: _____