

EMERGENCY CONTACT / PARENTAL CONSENT FORM

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| CHILD'S NAME: | BIRTHDATE: | GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| ADDRESS: | | |
| MOTHER'S NAME/LEGAL GUARDIAN: | BEST PHONE NUMBER DURING CAMP HOURS | |
| | CELL PHONE: | |
| ADDRESS: | | |
| BUSINESS NAME: | BUSINESS PHONE: | |
| FATHER'S NAME/LEGAL GUARDIAN: | BEST PHONE NUMBER DURING CAMP HOURS | |
| | CELL PHONE: | |
| ADDRESS: | | |
| BUSINESS NAME: | BUSINESS PHONE: | |
| EMERGENCY CONTACT / PICK UP PERSON(S) | | |
| NAME: | PHONE NUMBER WHEN CHILD IS IN CARE: | |
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| | | |
| | | |
| NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER: | PHONE NUMBER: | |
| ADDRESS: | | |
| ACCOMODATIONS NEEDED (IF ANY): | ALLERGIES (INCLUDING MEDICATION REACTION): | |
| MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION: | | |
| MEDICATION, SPECIAL CONDITIONS: | | |
| ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD: | | |
| PLEASE CHECK THE BOXES BELOW TO INDICATE PARENTAL CONSENT, THEN SIGN AND DATE. | | |
| <input type="checkbox"/> OBTAINING EMERGENCY MEDICAL CARE | <input type="checkbox"/> ADMIN. OF MINOR FIRST-AID PROCEDURES | |
| <input type="checkbox"/> WALKS AND TRIPS | <input type="checkbox"/> TRANSPORTATION BY THE FACILITY | |
| <input type="checkbox"/> SWIMMING | | |

Release of Liability:

I/we waive, release and forever discharge the YMCA from all responsibilities or liability for injuries or damages resulting from participation in any YMCA activities, including those caused by the negligent act or omission of the YMCA or in any way arising out of participation in any activities of the YMCA. The signature below signifies that I/we, on behalf of myself/ourselves, and guests, agree to adhere to all policies set by the YMCA as well as those written in the Code of Conduct, located in the brochure and those posted in the facility. I also understand the YMCA may photograph or video tape me/us for marketing purposes. I/we release the YMCA from any claim or liabilities related to that use

SIGNATURE OF PARENT OR GUARDIAN

DATE