

YMCA Day Camp / School Age Child Care Health Form

This form (2 pages/2 sides) must be completed in full and returned to the Lockport YMCA before child attends day camp or school age child care program.

Child's Last Name _____ First name _____

Age _____ Date of Birth _____ YMCA member ___Yes ___No Expiration date _____

Child's home address _____ Home Phone _____

City _____ State _____ Zip Code _____

School _____ Grade _____

Please include both parent's, no matter what the family living status may be.

Mother's Name _____

Mother's address _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email Address _____

Employer _____ Work Phone _____

Father's Name _____

Father's Address _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email address _____

Employer _____ Work Phone _____

Emergency Contacts:

Please check if you wish _____ call MOTHER first _____ call FATHER first

List Adults (other than parents) who may be contacted in case of an emergency situation.
DO NOT LIST Parents in this section.

1. _____ Phone _____

Relationship to child _____ Cell Phone _____

2. _____ Phone _____

Relationship to child _____ Cell Phone _____

3. _____ Phone _____

Relationship to child _____ Cell Phone _____

AUTHORIZATION FOR PICK UP:

List adults (other than parents) who are authorized and available to sign child out of program. DO NOT LIST Parents in this section. Adults listed will be asked for proof of identification when picking up your child.

1. _____ Phone _____

Relationship to child _____ Cell Phone _____

2. _____ Phone _____

Relationship to child _____ Cell Phone _____

3. _____ Phone _____

Relationship to child _____ Cell Phone _____

MEDICAL and PERSONAL INFORMATION is required to help that YMCA staff know and understand your child and assist in making your child's time in YMCA programs a safe and positive experience. ALL information is confidential.

Medical Information: Medication, allergies, ear plugs, tubes (other information) _____

Personal Information: Please list any information that will assist YMCA staff to know your child better. _____

Family Doctor: _____ **Phone** _____

Health Insurance: _____

Company

ID Number

Group Number

As parent/guardian of the above child I hereby waive, release and forever discharge the YMCA and it's officers, agents, employees, representatives, executors and all others acting on their behalf from any and all responsibilities or liability for injuries or damage arising out of his/her presence on the premises of the YMCA and its program premises. I also hereby release all of those mentioned above and any others acting upon their behalf from any responsibility or liability for any injury or damage sustained resulting from the participant's use of the YMCA's equipment or facilities or participation in YMCA activities, whether on YMCA premises or at another location. I understand the risks and dangers involved in participation in programs and activities of the YMCA. I agree to all policies set by the YMCA as written in the YMCA membership handbook.

I give permission for my child to be photographed while participating in YMCA programs and activities.

Parent Signature _____ **Date** _____