

Please print legibly. In an emergency the staff needs to be able to clearly read your information

Child's Legal Name _____ **Grade entering '09** ____ **M/F** **B/day** ____/____/____

Lives with: Mom ___ Dad ___ Other _____ **Teacher's name:** _____ **Classroom #** _____

1st Parent (Guardian)

Name _____ Address _____ City _____ Zip _____

Relationship to child ___ Mom ___ Dad ___ Other _____ B/day ____/____/____ Email: _____

Place of Employment _____ Department _____ Position _____ Address _____ City _____

Please number 1-3, 1 being priority contact number:

(H) Phone: _____ (C) Phone _____ (W) Phone _____

Colleague who can locate you if not at your phone: Name _____ Phone _____

2nd Parent (Guardian)

Name _____ Address _____ City _____ Zip _____

Relationship to child ___ Mom ___ Dad ___ Other _____ B/day ____/____/____ Email: _____

Place of Employment _____ Department _____ Position _____ Address _____ City _____

Please number 1-3, 1 being priority contact number:

(H) Phone: _____ (C) Phone _____ (W) Phone _____

Colleague who can locate you if not at your phone: Name _____ Phone _____

Emergency Pick Up and Sign Out Authorization I understand that the following contacts must be at least 18 years old. Myself or one of the below listed contacts will be available to pick up my child and/or assume emergency responsibility within a half an hour should an emergency or illness occur. I accept responsibility for *informing the YMCA in writing*, when the information changes. **EPU = Emergency contact/pick up** **SOA = Authorized to sign out at anytime**

Name	Address	City	State	Zip	
_____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____	
Relationship to Child	Age	Home Phone	Cell Phone	Work Phone	Please Check box(s)
_____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____	EPU <input type="checkbox"/> SOA <input type="checkbox"/>

Name	Address	City	State	Zip	
_____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____	
Relationship to Child	Age	Home Phone	Cell Phone	Work Phone	Please Check box(s)
_____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____	EPU <input type="checkbox"/> SOA <input type="checkbox"/>

Name	Address	City	State	Zip	
_____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____	
Relationship to Child	Age	Home Phone	Cell Phone	Work Phone	Please Check box(s)
_____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____	_____ / _____ / _____ / _____ / _____	EPU <input type="checkbox"/> SOA <input type="checkbox"/>

Medical Contacts/Information

Physician: _____ Address: _____ City: _____ Phone: _____
 Dentist: _____ Address: _____ City: _____ Phone: _____
 Hospital Preference: _____ Address: _____ City: _____ Phone: _____
 Insurance Co: _____ Policy # _____ ID # _____
Allergies: type _____ Reactions if exposed: _____ Treatment: _____
Dietary Restrictions: _____ Reason: _____ Reactions: _____

Please fill out and sign the reverse side

Special Needs

Physical Limitations: _____ Reason: _____
 Emotional/Cognitive Limitations: _____ Reason: _____

Routine Medications:

1. _____ Times: _____ For: _____ 2. _____ Times: _____ For: _____

Does your child have an I.E.P. with his/her school: NO YES (Copy required if applicable– please attach)

Any special need/accommodation/restriction must be determined with the Director and Associate Executive of the program and approved at least 4 weeks before attendance. Start date/attendance for children who require additional staffing is dependent on availability of staff.

Information Specific to your child's support and transition into YMCA Programs

List any current fears or life impacting events in your child's life: _____

List your child's specific interests: _____

List guidance techniques that work for your child: _____

List siblings & ages: _____ / _____ / _____

Please restrict my child from the following activities: _____ Reason: _____

List approximate drop off time (full days): _____ pick up time: _____

Medical Authorization and Liability Release: As parent/legal guardian, I hereby agree to hold harmless the YMCA staff/volunteers from liability for any accidents resulting from participation and consent to the YMCA to secure emergency care as needed or prescribed for my child, at my expense. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my child. I also give permission to the YMCA to provide transportation as needed for my child in case of an emergency, at my expense. I understand that it is my responsibility to inform the YMCA of any changes to my child's health.

Transportation/Field Trip: I understand that field trips are part of the program experience. I agree to allow my child to attend all field trips and to have my child transported by BVSD or other district school bus, YMCA vehicles, RTD bus or walking.

Photos Required: Please attach **2 current photos** of your child. One will be kept on site and one will be used on field trips in case of emergency.

Sign In & Out: I understand that elementary age children must be signed in and out every day by an authorized adult 18 years or older. Parents and any of my emergency pick up/contacts must have a photo ID available to show staff every day.

Person(s) restricted from contact with RESTRAINING ORDER/photo attached: Please provide any of the information below which is available. In the event that this person should try to pick up your child, the staff will contact the police, contact you and do everything possible to prevent them from taking your child, without risking the safety of the participants and staff.

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
_____ / _____ / _____ / _____ / _____				
<u>Relationship to Child</u>	<u>Age</u>	<u>Home Phone</u>	<u>Cell Phone</u>	<u>Work Phone</u>
_____ / _____ / _____ / _____ / _____				
				Court order <input type="checkbox"/> Photo <input type="checkbox"/>

Additional Info/Comments:

I understand that if my child's 2nd parent/legal guardian is not available to sign this form, that I take full responsibility in informing him/her of all policies.

1st Parent/Legal Guardian Print Name _____ Signature _____ Date _____

2nd Parent/Legal Guardian Print Name _____ Signature _____ Date _____