



### Youth Program Information Sheet 2017/2018

Child's name \_\_\_\_\_ School \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade entering (as of September 2017) \_\_\_\_\_

Address – Street, City, Zip \_\_\_\_\_

Guardian #1 \_\_\_\_\_ Relationship to child \_\_\_\_\_

Preferred phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Guardian #2 \_\_\_\_\_ Relationship to child \_\_\_\_\_

Preferred phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Email address that you would like to receive important program information – early dismissals, changes in schedule, program information \_\_\_\_\_

#### **Emergency contact persons (Different than parent/guardian)**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Preferred phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Preferred phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

#### **Medical information**

Insurance company \_\_\_\_\_ Group # \_\_\_\_\_

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

#### **Food restrictions**

Red meat  Pork  Poultry  Seafood  Dairy products  Eggs  Nuts Other \_\_\_\_\_

**Allergies:** List and describe reaction and management of reaction

\_\_\_\_\_  
\_\_\_\_\_

**Medications:** please list all medications including over the counter or nonprescription drugs taken routinely (if none, please indicate "none.") \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Activity restrictions:** Explain any restrictions to activity (what cannot be done, what adaptations or limitations are necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please provide any additional information about your child's behavior and/or physical, emotional, mental health behavior we should be aware of \_\_\_\_\_

**GENERAL QUESTIONS:**

- |  |              |  |              |
|--|--------------|--|--------------|
| Explain "yes" answers below)                         | (circle one) |  | (circle one) |
| 1. Had recent injury, illness or infectious disease? | yes no       | 11. Dizzy during/after exercise                                    | yes no       |
| 2. Have a chronic or recurring illness/condition?    | yes no       | 12. Had seizures   | yes no       |
| 3. Ever been hospitalized?                           | yes no       | 13. Skin problems? (rash, itchy)                                   | yes no       |
| 4. Ever had surgery?                                 | yes no       | 14. ADHD   | yes no       |
| 5. Have frequent headaches?                          | yes no       | 15. Asthma   | yes no       |
| 6. Ever had a head injury?                           | yes no       | 16. Have an orthopedic appliance                                   | yes no       |
| 7. Been knocked unconscious?                         | yes no       | 17. Heart murmur?  | yes no       |
| 8. Wear glasses, contacts or protective eyewear      | yes no       | 18. Mononucleosis in past 12 months                                | yes no       |
| 9. Had frequent ear infections?                      | yes no       | 19. Eating disorder?   | yes no       |
| 10. Passed out during or after exercise?             | yes no       | 20. Emotional difficulties for which professional help was sought? | yes no       |

Please explain any "yes" answers, noting the question number

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**Parent/Guardian signed releases**

**Treatment/ Emergency care** – I hereby give permission to the medical professional selected by a YMCA director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event, I cannot be reached in an emergency I hereby give permission to the physician selected by the program director to secure and administer treatment, including hospitalization, for the person named above.

**Parent/Guardian Signature** \_\_\_\_\_

**Field Trip and Transportation release** – The Y has permission to take my child on all pre-arranged field trips indicated as part of the Y program my child is registered for. This includes off site outings due to extreme weather conditions as part of summer programs.

**Parent/Guardian Signature** \_\_\_\_\_

**Photo/video release** – I give permission for my child’s photo to be used in Y publicity.

**Parent/Guardian Signature** \_\_\_\_\_

**Informed Consent** I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting to and from activities from any claims or injury sustained during my use of the YMCA property.

I agree to the terms of the Informed Consent Disclaimer.

**Parent/Guardian Signature** \_\_\_\_\_

**Child Commute-** My child will commuting home from the Y-Waves by (Circle which method applies)

Parent /Guardian/Authorized Release

Bike or Foot (**Parent authorization required**)

**Child Release:**

Parents should list themselves as authorized pick up people

1. \_\_\_\_\_

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_