



YMCA COMMUNITY ACTION PROJECT

Program Registration Form

PARTICIPANT INFORMATION

First name: _____ Middle name: _____ Last name: _____

Gender: _____ Birth date: _____ School: _____ Grade in Fall: _____

Street address: _____

City: _____ State: _____ Zip: _____

Shirt size: YS YM YL AS AM AL AXL

Guardian 1 name: _____ Custodial parent?: Yes No

Relationship to child: _____ Email: _____

Primary phone: _____ Secondary phone: _____

Guardian 2 name: _____ Custodial parent?: Yes No

Relationship to child: _____ Email: _____

Primary phone: _____ Secondary phone: _____

EMERGENCY CONTACT

In case of emergency, after attempting the above phone number(s); please list the name of each person who is authorized to act for the guardian in an emergency.

Name: _____ Relationship to child: _____

Primary phone: _____ Secondary phone: _____

PICK-UP INFORMATION

Please list all adults authorized to pick-up your child in your absence.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

HEALTH HISTORY

ALLERGY INFORMATION

Please list all medical, food or other allergies below. (For more space, attach additional page)

HEALTH HISTORY – Continued

ROUTINE MEDICATIONS

Please list ALL medications, including non-prescription, taken routinely. The YMCA of Middle Tennessee prefers that all medications be administered at home before and after the program. However, if medications are required during the program, please send enough medication to last the entire session; Keep it in the original packaging that identifies the prescribing physical (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Does the participant take medications on a routine basis? Yes No

If yes, please list all medications. (For more space, attach additional page):

If necessary, I give YMCA staff permission to administer medication as prescribed on the attached list (prescription or non-prescription).

I DO NOT give permission to YMCA staff to administer any medication to my child.

INSURANCE INFORMATION

Is the participant covered by the family medical/hospital insurance? Yes No

If yes, please complete the following:

Name of insurance provider: _____

Name of policy holder: _____

Relationship to participant: _____

Policy holder insurance ID #: _____

Group # _____

Insurance address: _____

City: _____

State: _____

Zip: _____

Does your child have any medical conditions that should be considered? Yes No

If yes, please explain: _____

PARENT/GUARDIAN CONSENT

As the parent or guardian of the participant whose name appears above:

- My child has permission to participate in all YMCA of Middle Tennessee Youth Development activities, including field trips and transportation where applicable.
- The health history provided is correct as far as I know, and my child named above has permission to engage in all activities except as noted.
- I grant permission for YMCA staff to monitor my child's behavior and performance in school and to obtain copies of report cards, attendance, disciplinary, and other school records as it relates to program goals.
- I understand that my child is solely responsible for his/her actions. Therefore, if actions warrant, and my child's behavior is not acceptable (according to YMCA guidelines), I understand that my child may be sent home at any time and at my expense.
- I grant permission for photographs, written/art work, quotes, videos or other media which may include my child, to be used in media releases which benefit the YMCA. In the event of an emergency, I hereby give permission to the physician selected by the YMCA to order x-rays, routine tests, and treatment for the health of my child. In the event that I cannot be reached in an emergency, I give permission to the physician selected by the YMCA to secure proper treatment for, hospitalize, and/or to order injections, anesthesia, or surgery if necessary.
- In the event it becomes necessary for the YMCA staff to give consent for us, we agree to hold such person and the YMCA free and harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician.
- I understand that Y-CAP Williamson County periodically shows films during program time to enhance the program curriculum. I grant permission for my child to watch PG-13 rated movies. I understand movie titles will be provided in advance of viewing.
- I grant permission for my child to walk to the Y-CAP program site from his/her nearby home or school. My child is also permitted to walk home after the program has concluded.
- By signing this form, I expressly assume the risk of damage or harm to person or property. Accordingly, neither the YMCA nor any of its agents, employees, volunteers, or invitees shall be liable to me or any of my family, agents, employees, volunteers, servants, or invitees for any damage to persons or property when and to the extent that any such damage or injury may be caused, either proximately or remotely, wholly or in part, by any act or omission, whether negligent or not, of the YMCA or any of its agents, employees, volunteers, or invitees or due to the condition, design, or defect in the building, its mechanical systems, or its equipment.

Parent/guardian printed name: _____

Date: _____

Parent/guardian signature: _____

Date: _____