



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

YOUTH DEVELOPMENT PROGRAM

EMERGENCY CONTACT AND PARENTAL CONSENT

NEW COMPLETED FORM WITH TWO EMAIL ADDRESSES REQUIRED FOR EACH SEASONAL PROGRAM

PROGRAM NAME: (PLEASE CHECK BOX)

AFTERSCHOOL SCHOOLS OUT CAMP
 SUMMER CAMP

T-SHIRT SIZE: (PLEASE CHECK BOX)

YOUTH SMALL YOUTH LARGE
 YOUTH MEDIUM ADULT SMALL

CHILD'S NAME: _____ BIRTH DATE: _____

ADDRESS: _____

AGE: _____ SCHOOL: _____ PICKUP: DROP OFF: GRADE: _____

MOTHER/ LEGAL GUARDIAN'S NAME: _____ HOME NUMBER: _____

ADDRESS: _____ CELL NUMBER: _____

WORK ADDRESS: _____ WORK NUMBER: _____

EMAIL: _____

FATHER/ LEGAL GUARDIAN'S NAME: _____ HOME NUMBER: _____

ADDRESS: _____ CELL NUMBER: _____

WORK ADDRESS: _____ WORK NUMBER: _____

EMAIL: _____

EMERGENCY CONTACT PERSON: _____ CONTACT NUMBER: _____

EMERGENCY CONTACT PERSON: _____ CONTACT NUMBER: _____

PHYSICIAN/MEDICAL CARE SOURCE: _____ CONTACT NUMBER: _____

HEALTH INSURANCE CARRIER & POLICY NUMBER: _____

PERSONS AUTHORIZED TO PICK UP CHILD:

NAME: _____ NAME: _____

NAME: _____ NAME: _____

****SEE REVERSE SIDE****



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WRITTEN CONSENT IS GIVEN FOR:

EMERGENCY MEDICAL CARE: YES NO

ADMINISTRATION OF PRESCRIPTION MEDICATIONS: YES NO
(MEDICATION AUTHORIZATION FORM AND MEDICATION ADMINISTRATION LOG MUST BE COMPLETE.)

FOOD ALLERGIES: (PLEASE LIST IN DETAIL) YES NO

OTHER ALLERGIES: (PLEASE EXPLAIN)

OTHER HEALTH CONCERNS OR SPECIAL DISABILITIES: YES NO
(PLEASE EXPLAIN)

TRANSPORTATION PROVIDED BY THE YMCA (INCLUDING FIELD TRIPS OR SCHOOL PICKUP) YES NO

PHOTO RELEASE: YES NO

PHOTO RELEASE: I hereby grant the Butte Family YMCA, its legal representatives and assigns, those for whom the Butte Family YMCA is acting with their authority and permission , the absolute right and permission to copyright and use, reuse, publish, and re-publish photographic portraits or pictures of me/my family members or in which I/my family members may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations, from time to time, in conjunction with my own or a fictitious name or reproductions thereof in color or otherwise made through any media at their offices or elsewhere for art, advertising, trade or any other purposes whatsoever. I also consent to the use of any printed matter in conjunction therewith. I hereby release, discharge, and agree to save harmless the Butte Family YMCA, its legal representatives or assigns, and all persons acting under their permission or authority or those for whom they are acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof even though it may subject me/my family members to ridicule, scandal, reproach, scorn and indignity. I state further that I have read the above authorization, release, and agreement prior to its execution and that I am fully familiar with the contents thereof.

WAIVERS: Please read , sign and date the following waivers. The Butte Family YMCA provide many recreational activities to the public. Serious, catastrophic , and perhaps fatal injury may result from participation in any sport, athletic or recreational activity or physical exercise. I , the undersigned, do understand that upon using the Butte Family YMCA facilities and/or programs and/or service that I hereby assume all risks for the behavior, actions, and safety of myself and/or my minor child(ren) while involved in YMCA programs and activities. Therefore, I assume full responsibility for personal injury to myself and/or to members of my family, for loss or damage to my personal property and expenses thereof as a result of my negligence or the negligence of my family participating in said activities. I also understand the YMCA does not provide insurance coverage for participants in any YMCA program. I have read and understand this agreement and release of liability, and do voluntarily agree to sign. While on the premises of the Butte YMCA facility or enrolled in any Butte Family YMCA programs, I/my family members agree to act with Caring, Honesty, Respect, and Responsibility.

REFUND POLICY: The Butte Family YMCA issues refunds in the form of a "system credit". System credits may be used at the Y for any program (swimming lessons, camp, youth sports, etc.) or event (The Women's Run, etc.). System credits do not expire. A system credit for the entire amount of the registration fee will be issued if the Y cancels a program/class. The Y may authorize a prorated system credit when serious illness or accident requires suspension of normal motor activities. A written doctor's release/authorization is required and a system credit will be prorated according to how many classes the participant has attended.

RETURNS/NSF CHECK POLICY: I understand that EFT/bank drafts/checks to the Butte Family YMCA are administered by E-Cash Flow. I understand that any non-sufficient draft will be charged a \$30 fee by E-Cash Flow and is non-refundable. If E-Cash Flow is unable to collect dues from my account after 20 days, it is my responsibility to make payment to the Butte Family YMCA for all fees due, including any fees not covered by my financial institution.

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(SIGNATURE OF PARENT OR GUARDIAN)

.....
(DATE)

.....
(PRINT PARENT OR GUARDIAN)

.....
(DATE)