



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YOUTH DEVELOPMENT PROGRAM REGISTRATION EMERGENCY CONTACT AND PARENTAL CONSENT

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

PROGRAM NAME: ( PLEASE CHECK BOX ) AFTER SCHOOL  SUMMER CAMP  SCHOOLS OUT CAMP  LITTLE LEARNERS

T-SHIRT SIZE: YOUTH S  YOUTH M  YOUTH L

HOW DID YOU HEAR ABOUT THIS PROGRAM: FACEBOOK  FLYER  TV  RADIO  NEWSPA-  PER  WEBSITE

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ PICKUP FROM:  PARENTAL 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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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 PICK UP) YES  NO

**WAIVERS:** Please read, sign and date the following waivers. The Butte Family YMCA provides 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 services 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 Family YMCA facility or enrolled in any Butte Family YMCA programs, I/my family members agree to act with Caring, Honesty, Respect and Responsibility.

**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.

**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.

**RETURNED/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.

SIGNATURE OF PARENT OR GUARDIAN & DATE: .....

PRINT PARENT OR GUARDIAN & DATE: .....