



## Grundy Family YMCA

102 East G Avenue  
Grundy Center, IA 50638  
(319) 825-6210

### 2018-2019 Before & After School Registration

#### Child's Information

Name \_\_\_\_\_ Gender M F Age \_\_\_\_\_  
                    First                    Last                    Middle Initial

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Parent Email Address \_\_\_\_\_

#### Parent/Guardian Information

Mother's Name _____	Father's Name _____
Home Phone _____	Home Phone _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Employer _____	Employer _____
Business Phone _____	Business Phone _____
Cell Phone _____	Cell Phone _____
E-Mail _____	E-Mail _____

#### Emergency Contacts

##### Emergency Contact #1

Name \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

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

##### Emergency Contact #2

Name \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Relationship to Child \_\_\_\_\_



## Emergency Medical Consent

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

In the event that my child, listed above, may require medical care while I am unavailable, I hereby authorize an appropriate adult staff member to engage qualified medical personnel to initiate any necessary medical treatment of care. It is understood that I will be notified first in the event of an accident. If the parents/guardians are unavailable, the emergency contacts listed on this form will be notified. I agree to pay the entire cost and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

Insurance Company \_\_\_\_\_ Policy Holder's ID \_\_\_\_\_

Name of Insurance Policy Holder \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Emergency Information: *This information has to be on file.*

Child's Physician \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_

Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_

Phone \_\_\_\_\_

### Hospital Preference

Hospital \_\_\_\_\_

Phone \_\_\_\_\_

### Health Assessment

1. Significant illnesses and surgeries child has had (give age at time):

\_\_\_\_\_

2. Any special health related needs of child?

Allergies - \_\_\_\_\_

Medications - \_\_\_\_\_

\*If you need the YMCA to administer medication, a separate medication release form needs to be completed.

### Physical Assessment

1. Is there any vision, hearing or speech problems of which the YMCA staff should be aware of, or could compensate by appropriate action? \_\_\_\_\_

2. Is your child subject to any conditions which limit activities? \_\_\_\_\_

3. Is your child subject to any mental or physical condition for which he/she should remain under periodic medical observation? \_\_\_\_\_

4. Other information you would like to share about your child's health: \_\_\_\_\_

\_\_\_\_\_

### Statement of Health

I hereby certify that my child is free of communicable disease and that all allergies, medication, or acute chronic conditions have been listed above.

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

Date \_\_\_\_\_



### Pick Up Authorization

I hereby give permission for my child to leave the Grundy Family YMCA with the following persons named below. It is the responsibility of the parents/guardians to notify the YMCA, **IN WRITING**, of any changes. The emergency contacts must be listed on this form.

Name	Phone Number	Relationship to Child
		Mother
		Father
		Emergency Contact
		Emergency Contact

Names of individuals who may NOT pick up the child:

\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Immunization Release

I \_\_\_do/\_\_\_ do not give permission for the Grundy Family YMCA to obtain immunization records from the Grundy Center Community School District for their files. (If "No" is selected, you will need to provide a copy of this information from your child's doctor before they can participate.)

### Travel and Activity Authorization

I \_\_\_do/\_\_\_ do not give permission for my child \_\_\_\_\_ to leave the above named facility for trips in a care or on public transportation to special places, walks to the park, library, hospital, etc. I understand that I will be properly notified before each such activity.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Picture Release

I hereby \_\_\_do/\_\_\_ do not give my consent to let my child be photographed for use by the YMCA for the purpose of publicity or advertisements (i.e. Facebook, website, program guides, etc.).

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Liability Waiver

I hereby give my consent for my child \_\_\_\_\_ to be a participant in Grundy Family YMCA programs. As parents/guardians of the above child, we acknowledge that there is a risk with all recreation and pool activities (i.e. sledding, biking, roller skating, etc.). In consideration of child participating in programs, I assume all risk or injury to the child and hereby agree to indemnify and hold harmless the Grundy Family YMCA, Board of Directors, and employees from any claims, demands, or liability.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

