

Youth Registration Form

Child's Information:

Name: _____ Program _____

Birth Date: _____ Grade: _____ (2011-2012 school year)

Parent's Information:

Name: _____

Address: _____ City/State: _____ Zip: _____

Main Phone #: () _____ - _____

Mother/Guardian Cell Phone # () _____ - _____

Father/Guardian Cell Phone # () _____ - _____

Emergency Contact Cell Phone # () _____ - _____

(For the safety of your child/children they will be released only to those listed ; to authorize others to pick up on your behalf, please notify Program Coordinator or youth staff.) Thank you

Email: _____

Parent/Guardian

Email: _____

Alternate/Youth

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Health History: (check and give approximate dates)

Frequent ear infections _____ Heart Defect/ Disease _____ Seizure Disorders _____ Diabetes _____

Bleeding/Clotting Disorders _____ Tetanus (dates) _____

Diseases:

Chicken Pox _____ Measles _____ German Measles _____ Mumps _____ Asthma _____

Allergies:

Hay Fever _____ Poison Ivy _____ Insect Stings _____ Other Allergies: _____

Health Data: (add additional sheet if necessary)

Operations or Serious Injuries _____ Chronic Illness _____ Dietary restrictions _____

Current Medications _____

Name of Physician _____ Phone _____ Name of Dentist _____ Phone _____

Special Needs: _____

Parent Authorization: I hereby do declare my child to be physically sound, having medical approval to participate in the activities of the YWCA. The health history is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities except as noted. I further understand that neither the YWCA nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. I certify that my child is amenable to discipline and free from habits or attitudes, which would make him/her an undesirable participant. I have studied the brochure and fees and understand the contents thereof. Yes _____ No _____

Photo Permission: I authorize the YWCA and/or news media to photograph/videotape my child in YWCA activities. Yes _____ No _____

Emergency Authorization: I authorize any representative of the YWCA to seek medical attention for my child when immediate medical care is warranted by the circumstances and I cannot be reached, or if under the circumstances there is no time to attempt to reach me because of the nature of the injury or illness. I further authorize the health care professional selected by the YWCA to provide necessary care and treatment to my child. Yes _____ No _____

Signature _____ Print Name _____ Date _____