

YWCA Youth Registration Form

Program: (circle) ECHO Camp Kids' Night Out Youth Basketball Other _____

Child's Information:

Name: _____

Birth date: _____ School: _____ Grade: _____ (if summer, indicate grade leaving)

Parent's Information:

Name: _____

Address: _____ City/State: _____ Zip Code: _____

Phone #: () _____ - _____ Cell # () _____ - _____ Email: _____

Please list all other persons authorized to pick up your child. They must have a photo ID when picking up your child.

1. Name _____

Relationship _____ Phone # _____

2. Name _____

Relationship _____ Phone # _____

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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 _____

Transportation Agreement: Your child will be using bus transportation provided by the YWCA. This might be for field trips, and for transportation from the school. By my signature below, I give permission for my child to travel by bus with the YWCA staff. I understand that only licensed and qualified personnel will operate any vehicle to and from the site, and that there will be at least one staff member present at all times. I agree to release the YWCA Greater Lafayette from any and all claims of damages, demands of liabilities that may arise as a result of my child's participation on these bus trips.

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 _____