



# Youth Programs Registration Form

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

Ethnicity  Caucasian  African American  Hispanic  Asian or Pacific Islander  Other

**Admission Agreement** *Please initial each line*

	<b>MEDICAL INFORMATION</b> – I certify that my child is in good health with activity restrictions noted and the documentation of physical examination and immunizations are up-to-date and in accordance with the public schools health requirements are on file.
	<b>HEALTH APPRAISAL</b> – I understand all required forms must be sent back to the YMCA before programs begin. I further understand that my child will not be able to attend programs without all forms.
	<b>MEDICATIONS</b> – I understand that a Medication Form is required to be completed and signed by a parent/guardian should my child need any medication administered during the program. I further understand that we allow the self-carry of Emergency Medications ONLY for children diagnosed with asthma or other relevant conditions. Self-carry is only permitted with the prescribing physician's written permission.
	<b>CUSTODY</b> – YMCA requires a legal document or court decree, otherwise decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information listed on this document.
	<b>PHOTO RELEASE</b> – The YMCA is hereby granted permission to use any individual or group photograph and/or videotape showing my child in YMCA activities for use in public relations, promotional or advertising purposes
	<b>AUTHORIZED FOR MEDICAL TREATMENT</b> – I authorize the YMCA of Greater Michiana staff who are trained in first aid and CPR to give my child First Aid or CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I am unable to be reached, I hereby authorize YMCA of Greater Michiana to transport my child to the nearest medical care facility and/or hospital and secure necessary medical treatment for any child.
	<b>PLAYGROUND USE</b> – I understand that this program uses the playground available at our school site locations and at YMCA locations, which meets the safety standards set by the State of Indiana for public schools.
	<b>SWIM RELEASE</b> – I give permission to the YMCA to release my child to the Aquatics department on my child's scheduled swim day and time. I also understand that any concerns or questions regarding swim will be communicated with the Aquatics Department
	<b>BOUNCE HOUSE/INFLATABLE</b> – I give permission for my child to participate in activities related to the bounce house/ waterslide/inflatables while in care of YMCA Programs.
	<b>TRANSPORTATION AGREEMENT</b> – I give permission for my child to participate in the field trips associated with the program. In the event of a field trip, or other such activity, I give permission for my child to be transported by the YMCA of Greater Michiana to/from the YMCA O'Brien Center. I understand that the YMCA of Greater Michiana will make sure the children are transported safely and follow proper seatbelt and car seat procedures as required by Indiana state law. <ul style="list-style-type: none"> <li>• The YMCA's vehicle is properly plated and insured at all times.</li> <li>• Anyone driving the car is at least 18 years of age and holds a valid driver's license.</li> <li>• The driver(s) is considered a YMCA employee or volunteer and therefore has met all requirements.</li> </ul>
	<b>YMCA PROGRAM CLOSING</b> – I understand, during inclement weather or state of emergencies, the YMCA will not refund or prorate the fee.

I have read the **Admission Agreement** and fully agree to its terms. I have also read and accept the Policies and Procedures listed in the parent handbook and stated within this agreement. I also agree to keep all information as it relates to this paperwork, up to date for the safety of my child. By signing, I hereby release the YMCA of Greater Michiana, its officers and employees from responsibility of personal injury or personal property damage associated with the program or its property. I consent to full understanding and knowledge of inherent risks and voluntarily accept responsibility for any such occurrence not related to gross negligence.

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

# Child Information Record Form

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

<b>For Provider Use Only:</b>	Date of Admission	Date of Discharge
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Name of Child (Last, First, Middle Initial)			Child's Date of Birth		
Address (Number and Street, Building/Apartment Number)			City		State
Zip Code			Zip Code		
Parent/Legal Guardian's Name		Phone (     )	Parent/Legal Guardian's Name (Optional)		Phone (     )
Home Address (if not child's address)		DOB (   /   / )	Home Address (if not child's address)		DOB (   /   / )
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address		
Employer Name		Work Phone (     )	Employer Name		Work Phone (     )
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number (     )		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)					

Does your child require medication while in our care?  Yes\*  No *\*If yes, separate form required*

<b>Emergency Contact &amp; Child Release:</b> Please list all additional individuals, in order of preference, to be contacted in case of an emergency. These individuals are also authorized to pick up your child(ren).					
1.	(     )	DOB     /     /			
2.	(     )	DOB     /     /			
3.	(     )	DOB     /     /			
4.	(     )	DOB     /     /			
5.	(     )	DOB     /     /			
6.	(     )	DOB     /     /			

<b>Parent/Legal Guardian Initials:</b>	
_____ I give permission to _____	<b>YMCA of Greater Michiana</b>
_____ to secure emergency medical treatment for the above named minor child while in care.	

<b>I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.</b>	
Signature of Parent or Guardian	Date Signed