



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

REGISTRATION / EMERGENCY / CONSENT FORM

Child's Name: _____ Birthdate: _____ Sex: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Hm Phone: _____ Cell Phone: _____

Name of Work Place: _____ Wk Phone: _____

Father's Name: _____ Hm Phone: _____ Cell Phone: _____

Name of Work Place: _____ Wk Phone: _____

Preferred Email Address: _____

Child's Dentist: _____ Phone: _____

Child's Physician: _____ Phone: _____

Child's Physician's Address: _____ Date of Last Physical Exam: _____

Immunization Current: _____ and records on file at: _____

ALLERGIES: List possible allergies: List possible reactions:
(food, drugs, insect, other)

List any other health conditions:

HEALTH INSURANCE INFORMATION:

Name of insurance: _____ Policy #: _____

Person Carrying Insurance: _____

AUTHORIZATION FOR PICK-UP (CHILD CARE PROGRAMS) AND/OR EMERGENCY CONTACT:

Only the following people will be allowed to pick up your child and/or will be contacted in case of an emergency if parent cannot be reached. Please list 2 additional emergency contacts in addition to parents.

	Mother may pick up child: YES / NO		Father may pick up child: YES / NO
1.	Name: _____	2.	Name: _____
	Address: _____		Address: _____
	City/Zip: _____		City/Zip: _____
	Home Phone: _____		Home Phone: _____
	Work Phone: _____		Work Phone: _____
	Relationship: _____		Relationship: _____

PLEASE READ:

I hereby certify that my child _____ is in normal health and capable of safe participation in the program in which he or she is enrolling.

I further give my permission for my child _____ to be given emergency medical treatment by a qualified Whatcom Family YMCA staff until parents can be reached and be present and/or emergency care arrives for treatment. In case of an emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. In the event that I cannot be contacted, I further consent to the medical, surgical and hospital care to be performed for my child by a licensed physician or hospital when deemed immediately necessary by the physician to safeguard my child's health. It is understood that in some medical situations, the staff will need to contact the local emergency resources before the parents, child's physician and/or other adults acting on the parent's behalf.

Parent/Guardian Signature

Date

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities of the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasee") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasee or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the state of Washington and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

Parent/Guardian Signature

Date