

EAST END YMCA FUNDAY RELEASE FORM

The information on this form is required of all program participants; it is gathered to assist us in identifying care. Any changes to this form should be provided to YMCA Staff. Provide complete information so that the YMCA Staff can be aware of any special needs.

CHILD'S NAME _____ Birth Date _____
Last First Initial

Home Address _____
Street Address City State Zip

Gender: Male Female
School Child Attends _____ Grade for 2009/2010 _____

CUSTODIAL PARENT/GUARDIAN

Home Address _____
(If different than above) Street Address City State Zip

Business Address _____
Street Address City State Zip

Home Ph _____ Office Ph _____ Cell/Pager _____

SECOND PARENT AND EMERGENCY CONTACT

1. Name _____ Relation _____
Home Ph _____ Office Ph _____ Cell/Pager _____

2. Name _____ Relation _____
Home Ph _____ Office Ph _____ Cell/Pager _____

Health Insurance Carrier* _____ Policy No. _____
Primary Care Physician* _____ Phone No. _____
Primary Dentist* _____ Phone No. _____

***For those without Health insurance:** I understand and agree to absolve all the staff, organizers, and associated entities, singly and collectively, of all blame for injury, harm, mis-adventure or loss suffered as a result of taking part in any of the official activities of the Lake County YMCA. As an uninsured party, I also consent to permit emergency medical treatment in case of injury or illness and will be responsible for all expenses for treatment received.

Print Name of Parent/Guardian _____ Parent/Guardian Signature _____ Date _____

Allergies List all known (medications, insects stings, hay fever, animal dander, etc.) and describe reaction and management of reaction. _____

MEDICATIONS BEING TAKEN

Please list **ALL** prescription medication take routinely. Keep it in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

- This Child takes no medications on a routine basis
- This Child takes medications as follows: *attach additional pages as needed.*

Med #1 _____ Dosage _____
Specific times taken each day _____
Reason for taking _____
Med #2 _____ Dosage _____
Specific times taken each day _____
Reason for taking _____

Does this Child have any medical conditions that we should be aware of? (Asthma, Diabetes). Explain _____
Has this child had a tetanus shot in the last 5 years? If yes, date. _____
Any additional information we should know? _____

PLEASE INITIAL TO VERIFY THAT YOU HAVE READ AND UNDERSTAND EACH STATEMENT.

_____ I give the YMCA my permission to transport my child to and from official YMCA events during the 2009-2010 Program Year.
_____ I understand in the event of any accident or emergency that every effort will be made to contact me. However, in the event that I can not be reached, I hereby give my permission to the physician selected to give proper treatment, administer injections and to perform surgery as needed if necessary.

_____ In consideration of the opportunity to participate in programs of the YMCA, I hereby assume all risks and release and hold harmless the association and all it's members, volunteers, and employees from any claims which might arise as a result of my presence, participation or membership in the association.
_____ I give permission to the Lake County YMCA for the unrestricted use of my child's name, photograph or other likenesses of his/her property for advertising trade or similar purposes. I give this consent voluntarily without any expectation of remuneration or reward and I do hereby waive my right to such remuneration or reward.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____