



# WHATCOM FAMILY YMCA

## Registration/Emergency/Consent Form

All minors participating in YMCA programs are required to have this filed annually.

CHILD						
First Name		Middle Initial	Last Name		Birthdate	Gender
Home Address				Apt	City	State Zip
Primary Email Address						
MOTHER/GUARDIAN'S INFORMATION						
Mother/Guardian's Name				Home Phone	Cell Phone	
Mother/Guardian's Email Address				Mother/Guardian's Place of Work	Work Phone	
Mother/Guardian may pick up child?		YES		NO		
FATHER/GUARDIAN'S INFORMATION						
Father/Guardian's Name				Home Phone	Cell Phone	
Father/Guardian's Email Address				Father/Guardian's Place of Work	Work Phone	
Father/Guardian may pick up child?		YES		NO		
MEDICAL INFORMATION						
Child's Physician		Physician Phone		Child's Dentist		Dentist Phone
Child's Physician Address				Child's Dentist Address		
Immunizations Current		Date of Last Physical Exam		Date of child's last dental exam:		
<b>Allergies: (food, drugs, insect, other)</b>						
Records on file at				List all possible allergies		List all possible reactions
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.						
Name			Name			
Home Phone			Home Phone			
Work/Cell Phone			Work/Cell Phone			
Address			Address			
City/Zip			City/Zip			
Relationship to Child			Relationship to Child			

**PLEASE READ**

**Child's Health**

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 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.

**Photograph Permission**

The applicant(s) hereby gives permission for the YMCA (local, national and international) to use, without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret YMCA Programs.

**Program Refund Policy\***

The Annual Program Member fee is non-refundable and non-transferable. Refunds will not be granted once a program session begins. We will gladly provide a pro-rated YMCA credit to a person's account after a program begins (valid for one year from issue date). There will be a \$5.00 administrative fee for all refunds/credits. \*See child care & camp parent handbooks for specific policies for these specific programs.

**Concussion Information**

Anyone who is suspected of sustaining a concussion or head injury in a practice or a game shall be removed from competition at that time and may not return to play until the participant is evaluated by a licensed health care provider trained in the evaluation and management of concussions and received written clearance to return from that health care provider. You should also inform your child's coach/teacher if you think that your child may have a concussion. Remember that it is better to miss one practice/game than to miss the whole session. **WHEN IN DOUBT, THE PARTICIPANTS SITS OUT.** For more information go to <http://www.ede.gov/concussion/HeadsUP/youth.html>.

Print Name:	Signature:	Date:
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**LIABILITY WAIVER**

In consideration of being permitted to utilize the facilities, services and programs of the Whatcom Family YMCA ("YMCA") for any purpose including, but not limited to, observation or use of facilities and equipment and participation in any program affiliated with the YMCA without respect to location. I, on behalf of myself and any children, dependent or personal representatives, hereby:

1. Acknowledge that I have (a) read this release and waiver of liability; (b) had the opportunity to inspect the YMCA's facilities and equipment or will immediately upon entering or participating will inspect and carefully consider such premises, facilities or program; (c) accept the facilities, equipment and program as being safe and reasonably suited for the purposes intended and (d) voluntarily sign this release and waiver of liability.
2. Release the YMCA, its directors, officers, employees, agents and volunteers (collectively "YMCA Releases") from all liability to me for any loss or damage to property or injury or death to person, whether caused by the ordinary negligence of the YMCA Releases or any other person, and while I am in, upon or about any YMCA branch or any facilities or equipment therein or participating in any program or service affiliated with the YMCA.
3. Agree not to sue the YMCA Releases for any loss, liability, damage, injury or death described above and I agree to indemnify and hold harmless the YMCA Releases and each of them from any loss, damage or cost they may incur due to my presence in, upon or about any YMCA branch or any facilities or equipment therein or my participation in any program or service affiliated with the YMCA whether caused by the ordinary negligence of the YMCA Releases or by any other person. I assume full responsibility for the risk of such loss, liability, damage, injury or death.

I intend for this release and waiver of liability to be as broad and inclusive as is permitted by the laws of the state of Washington if any portion hereof is held invalid, I agree that the balance shall continue in full force and effect.

Signature	Date
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