



# Central Florida YMCA Elementary After School Programs

Date: \_\_\_\_\_

\_\_\_\_ Central Florida YMCA Member (\_\_\_\_ Member #)      \_\_\_\_ Non-Member      \_\_\_\_ Employee

### **STUDENT INFORMATION**

My child is entering \_\_\_\_ grade in school.

\_\_\_\_ Gender: M / F  
Student Last Name      Student First Name      M.I.      Date of Birth      Age

Street Address      City      State      Zip      School Attending

Phone \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION**

1. \_\_\_\_\_  
Parent/Guardian Last Name      Parent/Guardian First Name      M.I.      Phone (if different)

Address (if different) \_\_\_\_\_ Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell / Alt. Phone \_\_\_\_\_

2. \_\_\_\_\_  
Parent/Guardian Last Name      Parent/Guardian First Name      M.I.      Phone (if different)

Address (if different) \_\_\_\_\_ Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell / Alt. Phone \_\_\_\_\_

### **EMERGENCY CONTACTS** Persons other than Parent/Guardian to whom the camper may be released and/or may be contacted in case of emergency.

1. \_\_\_\_\_  
Emergency Contact Last Name      First Name      Home Phone      Cell / Alt. Phone

2. \_\_\_\_\_  
Emergency Contact Last Name      First Name      Home Phone      Cell / Alt. Phone

### **Authorization to Remove Child:**

FATHER: YES \_\_\_ NO \_\_\_ MOTHER: YES \_\_\_ NO \_\_\_ (If NO, documentation) \_\_\_\_\_

### ***OUR MISSION***

*The purpose of this Association is to improve lives of all in Central Florida by connecting individuals, families and communities with opportunities based on Christian values that strengthen the Spirit, Mind and Body.*



## Medical Release and History

### Health Statement

*(to be completed by Parent/Guardian and/or Medical Doctor).*

**YES responses will require an explanation.**

	NO	YES	
Respiratory problems - Asthma, persistent cough, etc.	_____	_____	_____
Heart Problems - High/low blood pressure, chest pain, etc.	_____	_____	_____
Kidney, Stomach, Gall Bladder, or Liver problems	_____	_____	_____
Diabetes, Hypoglycemia	_____	_____	_____
Recent fractures, illness, exposure to contagious diseases, etc.	_____	_____	_____
Eye, ear, nose, or throat problems - Skin disease	_____	_____	_____
Allergies - Bee stings, ant bites, plants, sun, food, penicillin, etc.	_____	_____	_____
Nervous disorders - Epilepsy, convulsions, dizziness, etc.	_____	_____	_____
Emotional disorders - Frequent anxiety, excessive fears, etc.	_____	_____	_____
Any hospitalization in the last two years?	_____	_____	_____
Any physically limiting conditions?	_____	_____	_____
Currently taking any medications?	_____	_____	_____
Participant WILL be bringing medication to programs and activities.	_____	_____	_____

**Emergency Medical Treatment: I understand that every effort will be made to contact the Parent/Guardians of participants. If this is not possible, I hereby authorize the Central Florida YMCA to obtain medical treatment.**

Parent/Guardian Signature: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Family Physician/Clinic: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_

### Waiver

I hereby state that my child is physically and mentally capable of safe participation in YMCA activities. I understand and expressly acknowledge that participation at camp is a privilege, and I release the Central Florida YMCA, its agents, contract services, servants, and employees from all liability for any injury, illness, loss or damage connected in any way to my child's participation in YMCA activities, whether on or off YMCA premises. I also authorize the YMCA to obtain medical treatment for my child in the event of an emergency. The Central Florida YMCA reserve the right to remove any camper who, according to the Director's discretion, is judged detrimental to the general welfare of the camp, program, staff and/or other campers. I give my permission to the Central Florida YMCA to use, without limitation or obligation, photographs, film footage, or tape recording which may include my/my child's image or voice for the purposes of promoting or interpreting Central Florida YMCA programs. The right is reserved to search any camper's belongings, according to the Director's discretion, when reasonable information is available that illegal substances and/or objects (according to the Parent Handbook and/or that may cause harm to self or others) may be present. I understand that any damage to property caused by my child will be billed directly to the parent/guardian and the child may be asked to leave camp. No refunds or prorates will be given.

I have read the Parent Handbook . I understand and agree to abide by the policies stated within. \_\_\_\_\_ **Initial**

I understand that there will be no refunds given for Central Florida YMCA After School Programs. I also understand that no credits will be given for days missed or early departure during any Central Florida YMCA After School Program. \_\_\_\_\_ **Initial**

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

\_\_\_\_\_  
Date