



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Youth Program Enrollment Form

- Spring Break Camp Summer Camp Part-Time Summer Camp
 Fall Break Camp Winter Break Camp After School Program

Child's Name: _____ Male _____ Female _____ Date of Birth: _____

Grade Level: _____ Classroom Teacher: _____

School Attending: GES _____ MCES _____ PES _____ SES _____ OVMS _____ Other: _____

Guardian #1 Name: _____ **Date of Birth:** _____

(This will be a first emergency contact unless otherwise noted.)

Main Phone #: _____ Secondary Phone #: _____

Address: _____

Workplace: _____ Work Phone #: _____ Email: _____

Guardian #2 Name: _____ **Date of Birth:** _____

Main Phone #: _____ Secondary Phone #: _____

Address: _____

Workplace: _____ Work Phone #: _____ Email: _____

Emergency Numbers

Give 2 local persons who could be reached during program hours if a Parent/Guardian is not available.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Pick Up Authorization

Person(s) authorized to pick up your child in addition to the above listed names. Any modifications must be made in writing to the Owen County Family YMCA, Attn: Youth Program Director, 1111 W. Hwy 46, Spencer, IN 47460.

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Please fill out the back of this page also.

*The Owen County Family YMCA reserves the right to discontinue a program when deemed necessary due to lack of substantial, consistent attendance.

Release of Medical Information

Child's Physician: _____ Phone: _____

Date of most recent physical: _____ Age of student at time of physical: _____

Date of last tetanus shot: _____ Blood type (if known): _____

Local Hospital Preference: _____

Information you would want shared in an Emergency Room if you were not present:

Health Record: (This would be taken to emergency facility if needed.)

Allergies: ____yes ____no

If yes, please outline cautions for our staff: _____

Diagnosed Health Conditions: ____yes ____no

If yes, please outline cautions for our staff:

Special routines/modifications prescribed by a doctor: ____yes ____no

If yes, please outline cautions for our staff:

Please read and initial each line below.

____ I agree to pay 50% of weekly dues if I cancel my child(ren) attendance without a two week notice.

____ I release the YMCA from any expense or liability as a result of injury to the child pursuant to participation in any of the activities.

____ I understand that my child(ren) will need to be picked up by 6:00_{pm} or additional fees may apply.

____ I will adhere to procedures and guidelines of the YMCA program.

____ I understand that all YMCA rules and dress codes apply.

____ I will be financially responsible for any fees, medical care, and transportation costs that may incur on my child's behalf.

____ I will pay all court costs, attorney fees, and collection agency fees associated with the collection of possible delinquent fees.

____ I will be responsible for medical expenses incurred in the treatment of my child in emergency situations.

____ I verify that all immunizations are current.

____ I have provided, in writing, all information that will help YMCA staff best serve my child(ren), including, but not limited to, allergies, medical conditions, and behavioral problems.

____ I give permission for my child to be transported via bus to the YMCA if the service is provided at that location and applies to enrolled program.

Parent/Guardian Signature

Date