



**FOR YOUTH DEVELOPMENT®**  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Owen County Family YMCA Youth Program Enrollment Form

After School Program    Fun Friday    Spring Break Camp    Summer Camp    Winter Break Camp

Child's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Classroom Teacher: \_\_\_\_\_

School Attending: MCES \_\_\_\_\_ SES \_\_\_\_\_ 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: \_\_\_\_\_

Email Address: \_\_\_\_\_

Workplace: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Emergency Numbers

Give 2 local persons who could be reached during Fun Friday 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 will adhere to procedures and guidelines of the YMCA program.

\_\_\_\_ I understand that all YMCA rules and dress codes apply.

\_\_\_\_ I understand that YMCA staff is not authorized to give out any medications, over-the-counter or otherwise.

\_\_\_\_ I will be financially responsible for any fees, medical care, and transportation costs incurred on my child's behalf.

\_\_\_\_ I will pay all court costs, attorney fees, and collection agency fees associated with the collection of 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