



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## SOUTHWESTERN MONTANA FAMILY YMCA After School Program Registration Form School Year 2024-2025

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

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade (2024-25): \_\_\_\_\_

Primary Parent for contact (detailed parent & contact information requested on following page):

Name \_\_\_\_\_

Contact Number: \_\_\_\_\_

Contact email: \_\_\_\_\_

If we are unable to reach the parents or emergency contacts do we have permission to seek emergency medical care as we see fit? YES NO

*\*Please complete health history and permissions on following pages\**

**CONSENT & RELEASE:** I understand that the activities I desire to participate in or have my child participate in at the Southwestern Montana Family YMCA, Inc. can result in injury or harm to me or my child. I accept full responsibility for my own welfare and the welfare of my child. I voluntarily waive all claims for liability for injury or harm that I or my child may be entitled to bring against the Southwestern Montana Family YMCA, Inc. This release is intended to be as broad as permitted by law and I understand that Southwestern Montana Family YMCA, Inc. is relying on this release and agreement to allow my child to participate in the Southwestern Montana Family YMCA, Inc. event(s). I agree to indemnify and hold harmless the Southwestern Montana Family YMCA, Inc., its directors, officers, employees, agents, and representatives from any cause of action, claims, demands, losses, expenses (including attorney fees), and all other costs arising from my use or my child's use of the Southwestern Montana Family YMCA, Inc. facilities and programs.

**PHOTOGRAPH RELEASE:** My signature below acknowledges my permission for a photo of myself or my child to be published in a print format, this can include but is not limited to the SOUTHWESTERN MONTANA FAMILY YMCA web site, flyers, promotional literature, newsletters, etc. These pictures are not identified in any way and no personal information will be given out.

**RULES FOR PARTICIPANTS:** The mission of the YMCA Youth Programs is fun, fitness, and education. Winning is important but is secondary to these character-building values. Verbally or physically abusive participants and/or parents will not be tolerated. This includes profanity of any kind. A warning/disciplinary system is in place. Repeat offenders may be temporarily or permanently banned from the program without refund if their behavior becomes uncontrollable or dangerous. Proper authorities will be immediately notified in the case of any physical threats or violent contact. Southwestern Montana Family YMCA, Inc. reserves the right to cancel, modify, or limit space in any program for any reason. Due to circumstances beyond our control, such as inclement weather or safety consideration, certain activities with a program may be canceled or altered from the description on the brochure.

Parent's Signature

Date



## **AUTHORIZED PICK-UPS AND EMERGENCY CONTACTS**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

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### Mother / Legal Guardian's Information:

Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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### Father / Legal Guardian's Information:

Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Emergency Contact Person #1: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Emergency Contact Person #2: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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Physician/Medical Care Source: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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Health Insurance Carrier & Policy Number: \_\_\_\_\_

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### Persons authorized to pick up child:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_



## **HEALTH HISTORY AND WRITTEN CONSENT**

CONSENT TO ADMINISTER THE FOLLOWING:

Emergency Medical Care: Yes\_\_\_\_\_ No\_\_\_\_\_

Administration of Prescription Medications: Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please list medication and dosage:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Administration of Non-Prescription Medications: Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please list medication and dosage:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Please List any Special Dental or Dietary Needs:

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### **HEALTH HISTORY**

	<u>YES</u>	<u>NO</u>
Hay fever, asthma, or wheezing		
Eczema or frequent skin rashes		
Convulsions/Seizures		
Heart Condition		
Diabetes		
Trouble passing urine or bowel movements		
Frequent colds, sore throats, earaches, etc.		

If yes to any above, please explain:

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## SOUTHWESTERN MONTANA FAMILY YMCA

Does your child have any allergies: Yes \_\_\_\_\_ No \_\_\_\_\_

Please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other health concerns or special disabilities: Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other non-health related concerns you think we may need to know about:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please read the following statements and initial, indicating that you understand and agree to comply.**

\_\_\_\_\_ I understand that I must contact the Director of Programs by 12:00 p.m. if my child will be absent from a regularly scheduled program day

\_\_\_\_\_ I hereby give my consent for my child to participate in water activities.

\_\_\_\_\_ I hereby give my consent for my child to be transported by Southwestern Montana Family YMCA staff to or from activities.

\_\_\_\_\_ In the event of a medical emergency, I hereby authorize the Southwestern Montana Family YMCA staff to administer First Aid, CPR, and/or seek out the appropriate, necessary medical attention.

\_\_\_\_\_ I understand that if my child needs medication that I must fill out the appropriate medication permission forms and provide them, any medication (in its original container), and appropriate administration instructions to the YMCA staff.

\_\_\_\_\_ I have reviewed and agree to abide by Southwestern Montana Family YMCA policies.



## SOUTHWESTERN MONTANA FAMILY YMCA

\_\_\_\_\_ I agree not to hold the Southwestern Montana Family YMCA liable if my child is injured while participating in Southwestern Montana Family YMCA child care activities.

\_\_\_\_\_ I understand that my child must be picked up by 5:30 pm.

\_\_\_\_\_ I understand that the Dillon Police Department will be called should my child not be picked up and should the Southwestern Montana Family YMCA be unable to reach me or our emergency contacts by 6:30 p.m.

\_\_\_\_\_ I understand my child's participation in the program may be temporarily or permanently discontinued without refund if their behavior becomes uncontrollable or violent.

\_\_\_\_\_ I completed the entire After School Program Registration Packet and have provided all necessary contact information.

\_\_\_\_\_ I understand that my child will not be released to anyone whose name is not listed on the pick-up/emergency form.

\_\_\_\_\_ If a parent of a child is not allowed custody or personal information of any kind, I will notify the Southwestern Montana Family YMCA in writing and with proper court documentation.

***By signing below, I certify all statements are true and correct and I give my consent to all permissions given above.***

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Parent Signature

Date

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Printed Parent Name