



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SOUTHWESTERN MONTANA FAMILY YMCA After School Program Registration Form School Year 2026-2027

Application Date: _____

Child's Name: _____ Gender: _____

Date of Birth: _____ Phone: _____

Mailing Address: _____

School: _____ Grade (2026-27): _____

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, social media, 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. Vocally 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 or web site/social media.

Parent's Signature _____

Date _____



AUTHORIZED PICK-UPS AND EMERGENCY CONTACTS

Child's Name: _____ Birth Date: _____

Address: _____

Mother / Legal Guardian's Information:

Name: _____ Home/Cell Phone: _____

Home Address: _____

Employer: _____ Work Phone: _____

Father / Legal Guardian's Information:

Name: _____ Home/Cell Phone: _____

Home Address: _____

Employer: _____ Work Phone: _____

Emergency Contact Person #1: _____

Contact Number: _____

Emergency Contact Person #2: _____

Contact Number: _____

Physician/Medical Care Source: _____

Contact Number: _____

Health Insurance Carrier & Policy Number: _____

Additional 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:

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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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. No refunds for missed days.

_____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 and/or BCHS Bus and 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.



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_____ 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 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.

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

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

Parent Signature

Date

Printed Parent Name