



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SOUTHWESTERN MONTANA FAMILY YMCA After School Program Registration Form School Year 2023-2024

Application Date: _____

Child's Name: _____ Gender: _____

Date of Birth: _____ Phone: _____

Mailing Address: _____

School: _____ Grade (2023-24): _____

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

Name _____

Contact Number: _____

Contact email: _____

Please list 2 people who we can contact in case of an emergency if the parent's cannot be reached:

Name: _____ Phone(s): _____

Name: _____ Phone(s): _____

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 and 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 me or 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 or programs

Parent's Signature

Date



AUTHORIZED PICK-UPS AND EMERGENCY CONTACTS

Child's Name: _____ Birth Date: _____

Address: _____

Mother / Legal Guardian's Information:

Name: _____ Home Number: _____

Address: _____ Cell Number: _____

Work Address: _____ Work Number: _____

Father / Legal Guardian's Information:

Name: _____ Home Number: _____

Address: _____ Cell Number: _____

Work Address: _____ Work Number: _____

Emergency Contact Person #1: _____

Contact Number: _____

Emergency Contact Person #2: _____

Contact Number: _____

Physician/Medical Care Source: _____

Contact Number: _____

Health Insurance Carrier & Policy Number: _____

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:



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: _____

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

Parent Signature