



YMCA PEAK & TWEEN NIGHT EMERGENCY & CONTACT INFORMATION

Date _____

A new form must be filled out every 6 months or as needed.

Child #1

Name _____ Birth Date _____

Age _____ Sex M F

Allergies & Reactions _____

Child #2

Name _____ Birth Date _____

Age _____ Sex M F

Allergies & Reactions _____

Child #3

Name _____ Birth Date _____

Age _____ Sex M F

Allergies & Reactions _____

Child #4

Name _____ Birth Date _____

Age _____ Sex M F

Allergies & Reactions _____

First Parent / Guardian

Authorized to pick up Yes No

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Second Parent / Guardian

Authorized to pick up Yes No

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Emergency Contact / Authorized to pick up

You are required to list 2 people (friend or relative) allowed to pick-up your child and care for him/her if necessary when a parent cannot be reached. Identification by photo ID will be required.

#1 Name _____ Relationship to child _____

Phone _____ Second phone _____

#2 Name _____ Relationship to child _____

Phone _____ Second phone _____

Medical Data

Is/ Are the child/ children on any medication(s)? Yes No

If **YES**, who and what medications?

*Information needed in the event of an emergency.

Photo Release

YMCA of the Pikes Peak Region has my permission to display photographs of my child involved in YMCA activities. If at any time these photographs are used for promotional purposes, I will be notified.

Signature of Parent/ Guardian _____ Date _____

Parent/ Guardian Authorization

I understand that my insurance policy is considered as primary coverage and that the YMCA's is secondary. I understand that before I submit a claim to the YMCA's insurance company, I must first submit a claim to my company. A statement of allowed expenses from my insurer should be given to the YMCA as soon as possible. This health history is correct so far as I know and the person herein described has permission to engage in all prescribed activities including field trips and photos for promotional purposes except as noted above. The undersigned hereby agree to hold harmless and indemnify the YMCA of the Pikes Peak Region and/ or volunteers from and against any claims, demands, liability, costs of suit, damages, loss, and/or judgments in connection with any use of the YMCA properties.

Emergency Authorization

I hereby give permission to the medical personnel selected by the YMCA staff to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to transport, to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I accept financial responsibility is such treatment is necessary. I understand that this consent does not waive or diminish my rights.

Signature of Parent/ Guardian _____ Date _____

Physician _____ Office phone _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

Preferred hospital in case of an emergency _____

Any activities that you child may not participate in? Yes No

If **YES**, list below please.

Additional Information: Please take a moment to share any pertinent information about your child/ children so that we can make the best of the experiences to be had: Such as~ Any fears? Any special instructions? What you like for your child to gain from this experience? Thank you!
