

**Owensboro Family YMCA  
2016-17 After School & Holiday Camp  
Registration Form**

Please check one of the following

YMCA Member \_\_\_\_\_ Non-member \_\_\_\_\_

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

**Address:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Sex: Male or Female**

**Phone Number:** \_\_\_\_\_

**Grade the Child Will Attend in August:** \_\_\_\_\_ **Age as of August 7th:** \_\_\_\_\_

**School Name:** \_\_\_\_\_ **School Phone Number:** \_\_\_\_\_

**PLEASE CHECK THE CORRECT REGISTRATION TYPE**

**AFTER SCHOOL** \_\_\_\_\_ **HOLIDAY CAMP** \_\_\_\_\_ **BOTH** \_\_\_\_\_

**Name of Custodial parent or Legal Guardian:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Email** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ **Single** \_\_\_\_\_ **Divorced** \_\_\_\_\_ **Married** \_\_\_\_\_ **Widowed** \_\_\_\_\_ **Separated**

**Father's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Work Phone Number:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Work Phone Number:** \_\_\_\_\_

## MEDICAL INFORMATION

If I am not available in an emergency, contact one or all of the following:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## IMMUNIZATION HISTORY

A COPY OF YOUR CHILD'S IMMUNIZATION CERTIFICATE MUST ACCOMPANY THE YMCA APPLICATION BEFORE YOUR CHILD WILL BE REGISTERED IN THE SYSTEM.

## HEALTH HISTORY

PLEASE NOTIFY YMCA STAFF AND STAFF AT THE CAMP LOCATION OF AILMENT AND DETAILS OF CARE NEEDED.

**Allergies** (include medication) \_\_\_\_\_

**Chronic Disorders** (epilepsy, diabetes, asthma, etc.) \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

If your child needs medical care, the law requires that you, the parent or legal guardian, give your permission to treat your child. In case of an emergency, we will attempt to contact you. If time does not permit, or we are unable to reach you, this form will allow us to have your child receive the attention he/she needs.

I, as the legal parent or legal guardian (circle one) of \_\_\_\_\_ hereby give my permission for the Owensboro Family YMCA and it's employees to seek medical care for the above-named child, when the child is attending the Summer Day Camp of the Owensboro Family YMCA, when they deem it necessary. The medical care shall cover illnesses, accident, and /or injury. In the even of treatment when consultation or follow up care is required, it is my desire that our doctor, \_\_\_\_\_ be contacted at \_\_\_\_\_.

(Doctor's Name) (Doctor's Phone Number)

In case of an emergency my preferred hospital is \_\_\_\_\_

The Owensboro Family YMCA carries liability insurance but does not carry accident insurance for the participants of this program. **I UNDERSTAND THAT WITHOUT CONCENT, NO TREATMENT WILL BE GIVEN TO THE ABOVE NAMED CHILD.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Group or Policy Number: \_\_\_\_\_

Name of the Insured: \_\_\_\_\_

## TRIP RELEASE

My child, \_\_\_\_\_, has my permission to go on any scheduled trip under the supervision of the Owensboro YMCA after school & holiday camp. I understand that these trips may include riding in the YMCA bus or van. This authorization is for the duration of the YMCA Program.

\_\_\_\_\_

## PICK UP RELEASE

The below-mentioned may pick my child or children up from the Owensboro YMCA after school & holiday camp program.  
**\*\*Please note that parents or legal guardians will need to include themselves in this list.\*\***

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

Phone Number: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Restrictions on picking the child up: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Restrictions on picking the child up: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Restrictions on picking the child up: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Restrictions on picking the child up: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Restrictions on picking the child up: \_\_\_\_\_

The YMCA's mission is : *To put Christian Principles into practice through programs and services that help build a healthy spirit, mind, and body for all.* If you would like to help the children who are less fortunate get the same opportunities that your children have, please indicate the amount you are willing to give towards our *Investment in Mission*:

\$5.00 \_\_\_\_\_ \$10.00 \_\_\_\_\_ \$15.00 \_\_\_\_\_ \$20.00 \_\_\_\_\_ OTHER: \_\_\_\_\_

# The Owensboro Family YMCA Child Abuse Prevention Parent Statement of Understanding

- **I understand that YMCA staff and volunteers are not allowed to baby-sit or transport my child at any time outside the YMCA program.** Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.
- **I understand that I am not to leave my young child or children at the YMCA or program site, unless a YMCA staff or volunteer is there to receive and supervise my child.**
- **I understand my child should not receive any gifts from YMCA staff or volunteers, and I should report this to a supervisor if they do.**
- **I understand that my child should not receive any personal letter or phone call from YMCA staff or volunteers, and I should report this to a supervisor if they do.**
- **I understand that my child should not receive any email address or personal address of a YMCA staff or volunteer, and I should report this to a supervisor if they do.** This includes summer camp, after school, and holiday camp.
- **I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child including older siblings or other relatives must be listed with the Owensboro Family YMCA. Any other arrangements must be made by calling the YMCA office to inform them of a change.**
- **I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have to recourse but to contact the police.**
- **I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience.** I too will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.
- **I understand that the YMCA is mandated by state law to report suspected cases of child abuse or neglect to the appropriate authorities for investigation.**

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Parent or Guardian Signature

Date