



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

EMERGENCY INFORMATION FORM - 2019

General Information (Please Print)

Child's Last Name _____ Child's First Name _____

Child Preferred Name/Nickname _____

M _____ F _____ Date of Birth _____ YMCA Member YES NO

Address: _____

City _____ Zip _____

1st Parent/Guardian Last Name _____ Date of Birth _____

1st Parent/Guardian First Name _____ YMCA Member YES NO

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Home Address (if different from child's) _____

2nd Parent/Guardian Last Name _____ Date of Birth _____

2nd Parent/Guardian First Name _____ YMCA Member YES NO

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Home Address (if different from child's) _____

Emergency Contacts (please list one that is not a parent)

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

Persons Authorized to Pick-Up Child (In addition to Parents)

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

Parent/Legal Guardian Signature: _____

Parent/Legal Guardian Printed Name: _____

Date: _____



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HEALTH HISTORY AND INFORMATION FORM

Does the child take any medication during the day? YES NO

If yes, Medication Release Form is required. Please list medications:

Allergies? (Including Food) YES NO If yes, list: _____

Does your child have asthma? YES NO

If yes, what causes the onset of your child's asthma? _____

Do you have any concerns about your child's health, development or behavior that we need to be aware of? YES NO

If yes, explain: _____

Permission for application of sunscreen:

As a parent/legal guardian, I give consent to have the YMCA staff and volunteers to apply Rocky Mountain 50 SPF sunscreen that will be provided by the YMCA. I understand that I will be responsible to provide sunscreen for my child if I do not give permission.

Initial _____

Permission for Photograph Release:

I authorize the Treasure Valley Family YMCA to utilize photos of my child for on-site publications such as classroom and center newsletters, posters and picture collages. I understand that these publications may be posted inside classrooms, center hallways, entrances and may be sent to center participants via e-mail. I also understand that these publications will not be used by the YMCA for Association or mass media publications. I may revoke this consent at any time, by submitting a written request to the Director of the Caldwell YMCA.

Photographic Release: Please Select One

I **DO** authorize the Treasure Valley Family YMCA to use photos of my child as described above.

Parent/Legal Guardian signature: _____ Date: _____

I **DO NOT** authorize the Treasure Valley Family YMCA to use photos of my child as described above.

Parent/Legal Guardian signature: _____ Date: _____



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MANDATORY RISK WAIVER AND UNDERSTANDING

YMCA participants understand that recreational activities do have inherent risks which are beyond the control of the Treasure Valley Family YMCA and its staff, volunteers and members. We, the undersigned, do understand that upon using the facility and/or services that we hereby assume all risks for the behavior, actions, and safety of me, my minor child or children while involved in the activities.

In consideration for being permitted to participate in the 2C Youth Raft Along event, sponsored by the Caldwell YMCA, Caldwell Police Department, and Canyon County Paramedics, I acknowledge that I assume full responsibility for my safety. I further understand that I participate at my own risk, and I agree to hold the YMCA, its officers, employees, etc., harmless from every and all claims which may arise from injury, which might occur from use of the YMCA or participation in the 2C Youth Raft Along event in favor of myself, my heirs, representatives, or dependents. I understand that the YMCA does not represent or warrant the quality or character of any equipment or services provided

I have read and understand this agreement and release of liability, and do voluntarily agree to sign. I also understand the Caldwell YMCA is a proud sponsor of the 2C Youth Raft Along, and it is not a YMCA Program.

I hereby give permission to the Treasure Valley Family YMCA, its employees, and volunteers on this sponsored trip to release any and all health history to any medical personnel rendering emergency medical aid or treatment to my child. I give consent to have my child receive emergency first aid by staff and volunteers, and if necessary be transported by ambulance to receive emergency care.

While on the premises of any Treasure Valley Family YMCA facility or enrolled in any YMCA sponsored events, my family and I agree to act with Caring, Honesty, Respect and Responsibility. I understand that failure to not act with these four YMCA Character Values can result in being denied access to YMCA facilities and sponsored events.

Primary Adult Name	Signature	Date
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Secondary Adult Name	Signature	Date
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Name(s) of minor child(ren) I am responsible for:

_____	_____
_____	_____
_____	_____

**PARTICIPANT AGREEMENT
RELEASE OF LIABILITY—READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in the Cascade Raft & Kayak program, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of significant injury from the activities involved in this program exists, including the potential for permanent paralysis and death, and while particular skills, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE CASCADE RAFT & KAYAK COMPANY, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant’s Signature	Age	Date
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Printed Name

Address

City	State	Zip Code
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Email address (if you wish to receive periodic news and special promotions)

**For Parents/Guardians of Participants of Minority Age
(under age 18 at the time of registration)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above, even if arising from the negligence of the releasees, to the fullest extent permitted by law.

Parent/Guardian’s Signature	Printed Name	Date
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