



Supplemental Registration Form

Child's Name _____ Age _____ Circle One: Male or Female

1st Guardian Name _____ Home Number _____

Cell # _____ Work # _____

2nd Guardian Name _____ Home Number _____

Cell # _____ Work # _____

If the above person(s) can't be reached please contact:

Name _____ Phone _____

Relationship _____

Pick-up Authorization:

All Children 10 and under **MUST** be signed in and out by a parent or guardian.

I authorize the person(s) listed below to check out/pick up my child from this program. I understand that anyone listed must provide photo identification and anyone not listed will **NOT** be allowed to check out/pick up my child.

Please list first and last names of authorized individuals.

1st Name: _____

2nd Name: _____

Are there any special needs our program staff should be aware of? YES ___ NO ___

If yes, what are they? _____

Parent/Guardian Signature: _____ Date: _____

Participants Emergency Information:

Child's Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Insurance Provider: _____ Group Number: _____ Policy Number: _____

Hospital Preference: _____ Allergies: _____

Medications Needed/Frequency: Please fill out the Medication Release Form.

Risk Waiver

I/We, _____, as legal guardians of the minor child listed above, consent to any x-ray examination, anesthetics, medical or surgical diagnostic or treatment procedure deemed necessary for the child's treatment by our physician or the emergency physician on duty at a licensed hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage said physician to exercise his or her best judgment as to the requirements of each diagnosis or treatment. This consent shall remain in effect for the duration of the YMCA program unless sooner revoked in writing and delivered to said physician.

I understand that there are inherent risks associated with my child participating in YMCA youth programs and approve of him or her participating in the camp activities. I certify that my child is in normal health and capable of participating safely in camp activities and the YMCA or any of its sponsors, employees or volunteers will not be held liable for any physical harm incurred to my child as a result of this program. I also understand that I will not hold the YMCA responsible for injury in which my child may be involved, occurring to and from the YMCA camp. I give the YMCA staff permission take and utilize photographs of my child while in the program for marketing purposes. In the event I cannot be reached to make arrangements for emergency attention at the time of an accident or illness, I hereby authorize the Treasure Valley YMCA to make immediate and appropriate arrangements for authorized personnel to take my child to the nearest emergency facility for treatment deemed necessary by the YMCA staff.

I understand that if my child becomes a discipline problem I will be called to pick him/her up.

Parent/Guardian Signature: _____ Date: _____