



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Y-CLUB AUTHORIZATION FORM

## CHILD INFORMATION

Please print clearly. One child per form. Please correct information as needed and complete any missing information.

Enrollment Date: \_\_\_\_\_ Enrollment Termination Date: \_\_\_\_\_  
 Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Grade Level of Fall 2019: \_\_\_\_\_ Age: \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

**Must provide at least 3 phone numbers. Please circle the phone number that should be contacted first.**

**Parent/Guardian:** \_\_\_\_\_ Relation: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ Relation: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Marital Status:** Married Divorced Separated

**Other Emergency Contact:** \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name and relationship of anyone other than parent or legal guardian authorized to pick up your child:

**Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

Please name any person(s) who **may not** pick up your child. (Please inform staff of concerns or issues.)

**Name(s):** \_\_\_\_\_

## HEALTH / EMERGENCY INFORMATION

Immunization records are required. Include with this form or fax to 402-404-8444.

**Allergies, Restrictions or Illnesses:** \_\_\_\_\_

**\*\*If allergies, you must fill out a Medication Consent Form.**

**Behavioral or Medical Concerns:** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Family Dentist:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Medications Currently Taking:** \_\_\_\_\_

**Will the Y be responsible for administering medication to your child?**  Yes  No

**\*\* If yes, you must fill out a Medication Consent Form for Y-CLUB staff to administer medication to any child.**

**I certify that my child is free of communicable diseases.** \_\_\_\_\_ (Initial)

**Please read each item carefully and sign below.**

- I understand that my child will not be able to attend Y-CLUB until all required forms have been submitted.
  
- I understand that Y-CLUB staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
  
- I hereby grant the management and staff of the Y-CLUB to act for me according to their best judgment in the event of a medical emergency and/or routine medical care. I grant permission for emergency medical treatment and/or routine medical care by the Y-CLUB staff, a rescue squad, or private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me as soon as possible. My signature waives and/or releases Y-CLUB from any and all liability and/or financial responsibility for any medical expenses incurred.
  
- I understand that, due to the large group format of our program, the YMCA is unable to provide one-on-one care for any child except on an intermittent basis. Such instances include: injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.
  
- I hereby, for myself and my child(ren) waive, release and forever discharge Y-CLUB and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my attendance and/or participation in Y-CLUB.
  
- I hereby grant Y-CLUB staff permission to contact my child's school and/or teacher regarding his/her academic performance and needs and grant the school and/or teacher permission to share such information.
  
- I hereby grant Y-CLUB staff permission to apply sunscreen and/or bug spray when needed.
  
- I hereby grant Y-CLUB staff permission to take my child on all field trips including swimming at the NORM WAITT SR. YMCA.
  
- I hereby grant permission for Y-CLUB or other Y staff to photograph or videotape my child during Y-CLUB activities and so use their likeness in promotional and fundraising materials related to the Y.
  
- I understand that the \$40 deposit that is due at the time of registration along with all other payments made are NON-REFUNDABLE.
  
- I verify that I have read, understand and agree to follow all policies outlined in the handbook.

**I have read, understand and agree to each of the terms above.**

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**PARENT / GUARDIAN SIGNATURE**

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**DATE**