



# DAYS OUT & PARENTS' NIGHT OUT AUTHORIZATION FORM

Please complete with on-site and online registration.

## CHILD INFORMATION

Name(s)	Grade	Age	D.O.B.	Gender
_____	_____	_____	_____	Male/Female
_____	_____	_____	_____	Male/Female
_____	_____	_____	_____	Male/Female
_____	_____	_____	_____	Male/Female

## PARENT INFORMATION (Please circle the phone number that should be contacted first.)

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell/Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell/Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Legal Guardian (If Different from Parent)

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

Best Phone: \_\_\_\_\_

### People NOT Authorized to Pick Up Child

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

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

### Emergency Contact Information

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

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

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

Relationship: \_\_\_\_\_

### People Authorized to Pick Up Child

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

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

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

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

## \*\*\* FOR STAFF USE ONLY \*\*\*

Processed by (staff): \_\_\_\_\_ Date: \_\_\_\_\_

## HEALTH RECORD (Please specify which child)

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

**\*\*If allergies, you must fill out an allergy action plan form.**

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

Emergency Contact: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_

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 request for Y Staff to administer medication to any child.**

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

## STATEMENT OF AUTHORIZATION & ACKNOWLEDGMENT

1. My child has permission to be transported by a YMCA vehicle and to participate in all YMCA program activities and related field trips.
2. My child has permission to participate in swimming activities. Assess your child's swimming abilities here: (The YMCA reserves the right to assess your child before any swimming activities)  
 Non-swimmer (unable to swim/no swim instruction)  Intermediate (average swim ability)  
 Beginner (some limited swim instruction)  Advanced (skilled swimmer)
3. 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.
4. In the case that your child becomes ill during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parents or guardians to arrange for the child to be picked up as soon as possible.
5. My signature authorizes the management and staff of the NORM WAITT SR. YMCA 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 YMCA 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 the NORM WAITT SR. YMCA from any and all liability and/or financial responsibility for any medical expenses incurred. This form will be presented upon admission for treatment.
6. I hereby, for myself and my child(ren) waive, release and forever discharge the YMCA 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 any such programs, events, classes, and other activities, whether or not such loss, damage or injury results from the negligence of the YMCA and its employees, agents, or representatives or from some other cause.
7. Good behavior is important to everyone in daily life. Certain behaviors are expected from the children involved in YMCA programs and following rules promotes a good experience that is safe and secure. When a child ignores or disregards rules, everyone's experience is diminished. Disciplinary action will be determined for each child based on the severity of the action. Violation or issues which compromise the safety of the YMCA staff or participants will not be tolerated and can result in immediate suspension or expulsion from the program.
8. I understand that YMCA staff are mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
9. I give permission for my child(ren) to have his/her picture and/or video taken.
10. I authorize the application of sunscreen for my child(ren) by YMCA staff.
11. I authorize the application of insect repellent for my child(ren) by YMCA staff.
12. I understand that I am responsible for the program cost, which is due in full the day attending. No refunds will be issued for any reason.

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