



King George YMCA Home School Fitness

CHILD'S NAME _____ NICKNAME _____

ADDRESS _____ EMAIL _____

HOME PHONE NUMBER _____ ALLERGIES _____

CHILD'S BIRTHDAY _____ CHILD'S GRADE _____

FATHER/GUARDIAN NAME _____

EMPLOYER _____ PHONE NUMBER _____

MOTHER/GUARDIAN NAME _____

EMPLOYER _____ PHONE NUMBER _____

IN CASE OF EMERGENCY, CONTACT:

NAME _____ PHONE NUMBER _____

NAME _____ PHONE NUMBER _____

Authorized Pick-ups – Must be 18 years old

I authorize my child to swim in the YMCA pool. Yes _____ No _____

I have read and understand the Behavior Management Policy. Yes _____ No _____

I authorize pictures to be taken of my child for YMCA use only. Yes _____ No _____

Parent/Guardian Signature

Date

The parent(s)/guardian(s) authorize the YMCA to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations, which are true emergencies and only when he/she cannot be reached. The parents/guardians understand that the YMCA will make every effort to contact them and/or their designated emergency contacts.

I/we will be responsible for payment of medical expenses.

Medical treatment costs are covered by (Insurance Company) _____

Policy Number _____

Child's Physician or Clinic Attended _____

Parent/Guardian Signature

Date