



CAMP (CHECK ONE)

| | |
|---------------------|--|
| PRIMETIME AGES 5-9 | |
| MOVIN ON AGES 10-14 | |

ONE CHILD PER FORM PLEASE

CHILD INFORMATION (PLEASE COMPLETE ENTIRE FORM AND RETURN TO THE YMCA WITH A \$30 REGISTRATION FEE)

| | | | | | | | |
|-----------------------------------|---|-----------------------------------|------------|---------------------|--|-------------------|-----|
| Child's Last Name | | Middle | | First | | Grade Entering | Age |
| Birthdate (Month/Day/Year) / / | Male <input type="checkbox"/> Female <input type="checkbox"/> | Eye Color | Hair Color | CAMP ATTENDING | | | |
| Home Address | | | | City/State/Zip | | | |
| Family Email Address | | | | | | Home Phone Number | |
| Parent/Guardian | | Birthdate (Month/Day/Year) / / | | Place of Employment | | Work/Cell Phone | |
| Parent/Guardian | | Birthdate (Month/Day/Year) / / | | Place of Employment | | Work/Cell Phone | |

CHILD RELEASE AUTHORIZATION/EMERGENCY CONTACTS

PERSONS AUTHORIZED TO PICK UP YOUR CHILD:

| | | |
|------|-----------------------|----------------------|
| Name | Relationship to Child | Home/Work/Cell Phone |
| Name | Relationship to Child | Home/Work/Cell Phone |
| Name | Relationship to Child | Home/Work/Cell Phone |
| Name | Relationship to Child | Home/Work/Cell Phone |

Child in custody of (check one): Both Parents _____ Mother _____ Father _____ Guardian _____
 Other _____

Child lives with (check one): Both Parents _____ Mother _____ Father _____ Guardian _____
 Other _____

PERSONS UNAUTHORIZED TO PICK UP YOUR CHILD:

| |
|------|
| Name |
| Name |

HEALTH INFORMATION

| | |
|--|------------------------|
| Name of Child's Physician | Physician Phone Number |
| Please list any allergies or medical conditions your child has: | |
| Please list any medications your child is currently taking and for what condition: | |

PARENTAL CONSENTS

I give the YMCA permission to use my child's photo in promotional literature. Yes _____ No _____

I have read the enclosed information regarding YMCA policies and procedures and agree to abide by these policies at all times when my child is enrolled in the YMCA program. I have also been given a copy of the Children's and Parent Rights as required by the State of Kentucky. I understand that the YMCA carries liability insurance only and will not be responsible for injuries and accidents while participating in YMCA programs or facilities, families must carry their own accident insurance.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Agreement: The child herein described has my permission to engage in all activities as well as to be transported by the YMCA, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the director of the program, or designee, to secure emergency medical services including transportation and a physician. I also give permission to the attending physician to order injection, anesthesia, or surgery for my child, as named above, in the event of a life or death emergency. The YMCA does not carry insurance on it's participants.

The undersigned understands that the YMCA of Central Kentucky does not allow members of staff to perform additional child care services or any other services directly for program participants that are outside the normal scope of the YMCA's programs. Should an employee perform such services without the knowledge of the YMCA, said employee will not be acting as an employee or agent of the YMCA of Central Kentucky, and the YMCA disclaims any and all liability in connection therewith.

Signature of Parent or Guardian: _____ Date: _____