



# Long Branch Area YMCA

## Stay & Play Registration

Check the dates you are registering for:

	October 26th _____	October 29th _____	January 21st _____
February 8th _____	February 18th _____	March 11th _____	April 22nd _____

PLEASE PRINT LEGIBLY.

Child's Full Name: \_\_\_\_\_ Gender: M / F

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade level: \_\_\_\_\_ Y-Member: Y / N

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION**

The following people should be contacted in case of an emergency, only if parents/guardians cannot be reached AND are authorized to pick up the child:

1. Name \_\_\_\_\_ Relationship to the Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to the Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to the Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**\*Note: Any persons not listed above (except legal guardians) will not be allowed under any circumstance to pick up a child.**

**HEALTH/MEDICAL INFORMATION:**

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Do you carry family/hospital insurance?      Yes      No

Carrier \_\_\_\_\_ Policy/Group Number \_\_\_\_\_

**IS THE CHILD TAKING ANY PRESCRIPTION MEDICATIONS?**      Yes      No

If Yes, please list \_\_\_\_\_

**\*PLEASE NOTE: No prescription or over the counter medications will be administered at this YMCA.**

Please inform us of any Allergies, Dietary Needs or Special Needs that we should know about your child.

\_\_\_\_\_  
\_\_\_\_\_

Significant information about your child’s behavior that would be helpful to know:

\_\_\_\_\_  
\_\_\_\_\_

\*Due to staffing and scheduling, children requiring an inclusion counselor may be placed on a waiting list until accommodations are available.

**Parent/Guardian Authorization**

I consent to have my child participate in Long Branch Area YMCA programs. I understand that there is risk of injury, as there is with most activities. Injuries obtained could be very minor, such as bruises or sprangs, but could also be more serious.

It is understood that the Long Branch Area YMCA coaches and staff do not insure against, nor accept responsibility for personal injury or property loss or damage to the participant which may be sustained as a result of participation in YMCA programs. Parents or guardians are responsible for medical care, treatment, and insurance for the above participant.

In consideration for the above person to be allowed to participate in YMCA programs, I agree to assume the risk of such programs and agree to release the YMCA and all staff from any claims, suits, losses or related causes or action for damages, including, but not limited to such claims that may result from injury or death, accidental or otherwise, during or arising in any way from YMCA programs.

**Medical Clearance:** If I answer “yes” to any of the following questions, I understand that it is my responsibility to complete an **Informed Consent Waiver** which may be obtained from the YMCA office. 1. Has a doctor ever informed you that your child has high blood pressure? 2. Has your child ever had a heart attack, heart surgery or any type of heart problem? 3. Does your child have any serious orthopedic problems? 4. Is your child pregnant? 5. Is there any reason why you believe your child should not be engaged in exercise?

**Permission for Medical Treatment**

If the undersigned has doubts about the physical condition of the above participant, a physical examination by a physician is recommended. In addition, the undersigned hereby authorizes any first aid or medical treatment deemed necessary in the case of emergency for participant and gives permission for emergency treatment, x-rays, or surgery as recommended by attending physician.

I/We as parents/guardians assume full financial responsibility for any and all medical care for participant. I/We do understand and agree to the responsibilities of this document.

**X** \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent/Legal Guardian                                      Printed Name

**YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.**