



HODDING CARTER MEMORIAL CHILD CARE
Program Agreement Date: _____

Child's Information

First Name: _____ Last Name: _____
Gender: _____ Date of Birth: _____ Age: _____ Grade: _____ School: _____

Parent/Guardian Information

First Name: _____ Last Name: _____
Address: _____ City, State _____
Relationship to Child: _____
Cell Phone: _____ Home Phone: _____
Place of Employment: _____ Work Phone: _____

2nd Parent/Guardian Information

First Name: _____ Last Name: _____
Address: _____ City, State _____
Relationship to Child: _____
Cell Phone: _____ Home Phone: _____
Place of Employment: _____ Work Phone: _____

Personal Information

Are there any activities that he/she should be restricted from?

Do you give permission to administer a non-aspirin pain reliever if needed?

Is your child currently taking any medication?

Please list any special needs of the above child.

List any allergies _____
Family Doctor Name _____

Emergency Contact: (Will be called if parent/guardian cannot be reached)

- 1) Full Name: _____ Relationship to child: _____
Home Phone: _____ Cell Phone: _____ Initial to allow Pick-Up _____
- 2) Full Name: _____ Relationship to child: _____
Home Phone: _____ Cell Phone: _____ Initial to allow Pick-Up _____

Additional people allowed to pick up your child:

WAIVER

To the best of my knowledge this health history is complete and accurate, and the participant has permission to engage in all activities unless otherwise specified in writing. I understand the Hodding Carter Memorial YMCA assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her participation in day camps, athletics, sports programs, the use of any equipment, exercises, or other activities. I expressly acknowledge that I assume the risk of any and all injuries and all illnesses which may result from his/her participation in these activities. I acknowledge that my child has been medically cleared to participate in vigorous physical activities. I also understand that there is a risk of injury while participating in physical activity by my child. I agree to hold harmless to the YMCA, its staff and volunteers for accidents or injuries arising out of his/her participation in the activity.

I give permission to the Hodding Carter Memorial YMCA, without limitation or obligation to use photographs, film footage, or tape recordings which may lead to my child/children's image or voice for promoting or interpreting the YMCA programs and release the YMCA from any claim of any liability to that use.

I give consent for my child to leave the YMCA site, participate in authorized YMCA trips and to ride in authorized vehicles for the purpose of transportation in connection with the YMCA program.

I HAVE READ AND AGREE TO ALL THE POLICIES SET FORTH BY HODDING CARTER MEMORIAL YMCA.

Signature: _____ Date: _____