



**YMCA of Central Ohio
Hilliard/Ray Patch Family YMCA
Youth Health Information**

Child's Name _____ DOB _____ Age _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

School Attending _____ Grade _____ Teacher's Name _____

Parent/Guardian Name _____ Home Phone _____ Alt Phone _____

Address _____ City _____ State _____ Zip _____

Email _____

Place of Employment _____ Work Address _____

City _____ State _____ Zip _____ Work Phone _____

2nd Parent/Guardian _____ Home Phone _____ Alt Phone _____

Place of Employment _____ Work Address _____

City _____ State _____ Zip _____ Work Phone _____

Emergency Contacts (Someone other than listed above)

Please note that all listed parents/guardians, emergency contacts, and individuals listed under the Authorization Release Section, are authorized to pick up your child. All listed individuals are required to show valid photo ID. The YMCA will not release a child to any individual without prior authorization. Additional individuals may be added to your list of people who are authorized to pick up your child. Forms to list additional individuals authorized to pick up your child may be obtained from YMCA Staff.

_____ Emergency Contact #1

_____ Emergency Contact #2

Relationship to Child _____ Home Phone _____

Relationship to Child _____ Home Phone _____

Work Phone _____ Cell Phone _____

Work Phone _____ Cell Phone _____

Street Address _____

Street Address _____

City/State/Zip _____

City/State/Zip _____

Emergency Transportation Information (Either complete Part 1 or Part 2 DO NOT COMPLETE BOTH).

Part 1: Permission to Transport Child I, _____ the parent/guardian of _____, give the Emergency Medical Services (EMS) permission to transport my child to the following medical and dental facilities:
Preferred Emergency Medical Care Facility _____
Preferred Emergency Dental Care Facility _____
Parent/Guardian Signature _____ Date _____

Part 2: Refusal to grant permission to transport child. I, _____, the parent/guardian of _____, DO NOT give permission to transport my child to a medical or dental facility. I understand that YMCA staff will administer basic first aid when applicable, but in the event of illness or injury that requires emergency treatment I wish for the following action to be taken _____.
Parent/Guardian Signature _____ Date _____

Immunization Records						Medical and Dental Practitioner Information	
Please enter the month/day/year of each immunization.						Name of Physician/Clinic	
Vaccine	#1	#2	#3	#4	#5	Address _____	
DPT					*	City _____ State _____ Zip _____	
OPV (polio)				*		Phone _____	
HIB**						Name of Dentist _____	
MMR		*				Address _____	
Other						City _____ State _____ Zip _____	
Notes: * = recommended, not necessary ** = children 6 years or older are not required to have HIB						Phone _____	
- Children 15 months through 4 years must have at least one dose given on or after 15 months. - Infants up to 15 months of age may be required to have at least 4 doses of vaccine. - A copy of ACIP schedule is available upon request from your center.						Please check the appropriate line in regards to the parent roster. ____ I DO give the YMCA permission to put my name, address, or phone number on the parent roster. ____ I DO NOT give the YMCA permission to put my name, address, or phone number on the parent roster.	

Health History/Medical Information		
Please check all applicable allergies/diseases. If any allergies or conditions have been indicated, the form "Care of Children with Health Condition" must be completed and turned in with registration form. It is important for the care of your child that this form is as complete as possible.		
<u>Allergies</u>	<u>Conditions</u>	<u>Diseases</u>
<input type="checkbox"/> Asthma	<input type="checkbox"/> ADD/ADHD/ODD	List Date _____
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Bleeding/Clotting	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Convulsions	<input type="checkbox"/> German Measles
<input type="checkbox"/> Penicillin	<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	
Special Precautions/treatments indicated to any allergies _____		
Hospitalization, operations, or severe illness history _____		
Dietary modifications/concerns _____		
Fluoride and/or food supplements _____		
Current Medications _____		
Activities to be encouraged or limited _____		
Additional Health Information _____		
If you need the YMCA staff to administer medication to your child during program hours, please obtain a "Request for the Administration of Medication" form.		

Confirmation	
The aforementioned information is correct and the person herein described has permission to engage in all activities in the program, except as noted. I agree to hold blameless the YMCA, its agents, and employees for all incidents alleging bodily injury or property damage or loss occurring while the person herein described is a participant at a YMCA sponsored activity on or off the YMCA premises. I will not hold blameless the YMCA from any liability arising from negligence of the YMCA.	
Signature of Parent/Guardian _____	Date _____

RELEASE AND WAIVER OF LEGAL LIABILITY

Be sure to read this document before signing it.

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and on behalf of any minor child, release the YMCA, Inc., its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and /or others acting on its behalf (collectively, "YMCA"). **You agree that this Release is effective immediately.**

This is important to you and any minor children, so do not sign until you have had your questions answered. You provide this Release freely, and without duress under the following terms:

- 1) **GENERAL RELEASE:** I hereby agree for myself and my child and our respective heirs, assigns and legal representatives, to indemnify, defend and hold YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors, and other participants ("Releases") in the program harmless from any and all claim and causes of action of any nature for any and all personal injury or illness, including death, which may occur to my child or which may be aggravated during or by any activity during the course of the program in which I have decided to allow my child to engage. I further waive any and all claims or causes of action which I or my child may now or hereafter have against Releases which may at any time arise as a result of any act or thing occurring in or arising out of my child's participation in the program. I further expressly understand and agree the foregoing indemnity, release and waiver is intended to be as broad and inclusive as permitted by the law of the State of (Ohio) and that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.
- 2) **ASSUMPTION OF RISK:** I, individually and/or on behalf of any minor child, expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my YMCA activities. **You assume the risks:** I, individually and on behalf of my minor child, understand that YMCA activities are strenuous and dangerous and should be engaged in only by persons in good health. I understand that I should consult a physician before enrolling myself or my child in the YMCA program. **Once you sign, you are saying that you understand the risks involved and accept all of the risks.**
- 3) **MEDICAL RELEASE:** I, individually or on behalf of any minor child, further hereby release YMCA from any claim whatsoever which may arise as a result of any first-aid, treatment, or services or assistance provided to me in connection with any injury that arises from activities at YMCA. **A)** I take full responsibility for my and my child(s) welfare and safety on or at YMCA activities. **B)** I hereby give permission for emergency medical treatment to be administered as deemed appropriate.
- 4) **INSURANCE:** YOU ARE EXPECTED TO HAVE YOUR OWN HEALTH INSURANCE. You should understand that the YMCA does not carry insurance to cover injuries and losses that may befall you.
- 5) **PHOTOGRAPHIC RELEASE:** I consent to be photographed and to allow YMCA's use of any photos of my minor child or me at its sole discretion.

HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.

Applicants Signature

Date

Individually and as Parent and/
Legal Guardian

Date