

# Amsterdam Family YMCA

## Fun Club Registration Form 2009-2010

# Fun Club

For Ages 5-12  
(5 year olds must be in or completed Kindergarten)

### **CHILD:**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

### **1<sup>st</sup> PARENT/GUARDIAN:**

Name: \_\_\_\_\_ Authorized to Pick Up: Yes No  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone#: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_  
Email: \_\_\_\_\_  
Company/Employer Name: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

### **2<sup>nd</sup> PARENT/GUARDIAN:**

Name: \_\_\_\_\_ Authorized to Pick Up: Yes No  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone#: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_  
Email: \_\_\_\_\_  
Company/Employer Name: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

### **AUTHORIZED PICK-UP:**

Please list anyone allowed to pick-up your child. Identification by photo ID may be required at any time.

**Name:** \_\_\_\_\_  
Phone#: \_\_\_\_\_ Second Phone#: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
**Name:** \_\_\_\_\_  
Phone#: \_\_\_\_\_ Second Phone#: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**IMMUNIZATIONS:** A current copy of your child's immunization records is required for registration.

### **MEDICAL/EMERGENCY INFORMATION:**

If the parents are divorced, who has custody? \_\_\_\_\_

In case of emergency, whom should we contact if parents cannot be reached?

**Name:** \_\_\_\_\_  
Phone#: \_\_\_\_\_ Second Phone#: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
**Name:** \_\_\_\_\_  
Phone#: \_\_\_\_\_ Second Phone#: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family or Child's medical insurance company: \_\_\_\_\_

Policy/Group #: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Please indicate any disabilities or illness which your child currently has: \_\_\_\_\_

Please list any allergies or dietary restrictions your child has: \_\_\_\_\_

Please list any medications (Oral, Inhalants, Injections) your child routinely uses: \_\_\_\_\_

My child may participate in all YMCA activities except: \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION:** I understand that the YMCA does not provide accident insurance or health insurance for my child. Participants are responsible for their own accident insurance when using the YMCA and when participating in YMCA programs off-site. This health history is correct so far as I know and the person herein described has permission to engage in all prescribed child care activities except as noted above. The undersigned hereby agree to hold harmless and indemnify the Amsterdam Family YMCA of and/or any of its employees and/or volunteers from and against any claims, demands, liability, costs of suit, damages, loss, and/or judgments in connection with any use of the YMCA properties.

**EMERGENCY AUTHORIZATION:** I hereby give permission to the medical personnel selected by the YMCA staff to order x-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to transport, to hospitalize, to secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I accept financial responsibility if such treatment is necessary. I understand that this consent does not waive or diminish my rights.

**SUNSCREEN RELEASE:** I hereby give permission for the staff of the Amsterdam Family YMCA to apply sunscreen to my child while participating in the YMCA programs.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

OFFICE USE  
Staff initials \_\_\_\_\_ Date Processed \_\_\_\_\_