



YOUTH MEMBER/PARTICIPANT INFORMATION

PARENT / GUARDIAN'S FIRST NAME		MI	LAST NAME	
ADDRESS		CITY	STATE	ZIP
HOME PHONE		WORK PHONE		CELL PHONE
EMERGENCY CONTACT NAME #1			PHONE	
EMERGENCY CONTACT NAME #2			PHONE	
1.) CHILD NAME				DOB
LIST ANY MEDICAL OR OTHER NEEDS / SPECIAL REQUIREMENTS THAT THE STAFF SHOULD BE AWARE OF				
2.) CHILD NAME				DOB
LIST ANY MEDICAL OR OTHER NEEDS / SPECIAL REQUIREMENTS THAT THE STAFF SHOULD BE AWARE OF				
3.) CHILD NAME				DOB
LIST ANY MEDICAL OR OTHER NEEDS / SPECIAL REQUIREMENTS THAT THE STAFF SHOULD BE AWARE OF				
4.) CHILD NAME				DOB
LIST ANY MEDICAL OR OTHER NEEDS / SPECIAL REQUIREMENTS THAT THE STAFF SHOULD BE AWARE OF				
5.) CHILD NAME				DOB
LIST ANY MEDICAL OR OTHER NEEDS / SPECIAL REQUIREMENTS THAT THE STAFF SHOULD BE AWARE OF				
6.) CHILD NAME				DOB
LIST ANY MEDICAL OR OTHER NEEDS / SPECIAL REQUIREMENTS THAT THE STAFF SHOULD BE AWARE OF				
7.) CHILD NAME				DOB
LIST ANY MEDICAL OR OTHER NEEDS / SPECIAL REQUIREMENTS THAT THE STAFF SHOULD BE AWARE OF				

____ (initial) **Permission for Enrollment and Release of YMCA from Liability** I give my child/children permission to participate in YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes still happen. Therefore, in exchange for the YMCA allowing my child/children to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA and its staff members from all liability for any injury, loss, or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its staff, directors, members and guests. I have read and am voluntarily initialing this authorization and release. I have read this form and grant permission for all of my children listed on this form to participate in all activities provided by the Tampa Metropolitan Area YMCA.

____ (initial) **Authorization for Emergency Medical Treatment** If my child should become ill or injured during a YMCA activity, I understand that the YMCA will, (1) contact me immediately or, (2) contact the person I have designated on this form if I cannot be reached. Should the YMCA be unable to reach me, or the person designated above, they are authorized to arrange for immediate emergency treatment necessary to ensure my child's health and safety. This authorization applies to all children listed on this form.

____ (initial) **Photo / Video Release** I grant permission to the Tampa Metropolitan Area YMCA to use photographs and videotapes taken of my children for YMCA publication purposes.

I have read and agree to what I have initialed above.

Signature _____

Date _____

Please notify your YMCA branch if any changes occur in the information above.