



PRINCETON FAMILY YMCA YZONE PROGRAM

NON BEFORE/AFTER SCHOOL PARTICIPANT INFORMATION FORM

One form is needed per child. Please print clearly.

Child's Name _____ Date of Birth _____

Grade _____ Name of School _____

Parent/Guardian #1 Name _____

Parent/Guardian #2 Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Parent/Guardian Email _____

Known Allergies / Medical Concerns: _____

Additional Notes: _____

Authorized Pickup/Emergency Contacts: The following people (in addition to the above) are authorized to pick up my child. If parents cannot be reached, list at least TWO people who may be contacted in case of an emergency:

Name _____ Name _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

CONSENT OF PARTICIPATION AND TREATMENT: I know of no reason(s), other than the information indicated on this form, why my child should not participate in YZONE activities. In an emergency, when neither I nor the persons named above can be reached, I hereby authorize the YMCA Staff to take any action deemed necessary for the best interests of my child. Permission granted to any medical personnel selected by the YMCA to provide needed care including: routine health care, administration or medications, X-Rays, routine test and treatment; to release records as needed for insurance purposes; and to arrange for transportation for emergency medical treatment.

WAIVER OF LIABILITY: The Princeton Family YMCA is a charitable, non-profit membership organization. I am an adult over 18 years of age and am enrolling the said child and wish for them to participate in activities. I understand that even when reasonable precaution is taken, accidents sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA and its staff members from all liability from any injury, loss, or damage connected in any way whatsoever to my or my children's participation in YMCA activities whether on or off the YMCA premises. I understand that this release includes claims based on negligence, action or inaction of the YMCA, its staff, directors, members, and guests. I have read and voluntarily sign this authorization and release. I grant permission for the child noted above.

Signature of Parent/Guardian

Date: _____