

YMCA ESSENTIAL SCHOOL AGE CHILD CARE ENROLLMENT FORM

Please fill out completely and return to:

Kokomo Family YMCA • 114 N Union St. • Kokomo, IN 46901 • P 765 457 4447 • F 765 457 4440

Please use one form per child and print neatly. Use full legal names for all parties.

Child's First Name _____ MI _____ Last Name _____ Date of Birth _____ Gender: F M

Child's Nickname _____ Grade in 2019-2020 _____ Age _____

Child resides with Mother Father Both Other _____

#1 Parent/Guardian's First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian's Birthdate _____ Gender: F M Home Phone (____) _____ E-mail _____

Parent/Guardian's Work Phone (____) _____ Cell Phone (____) _____

#2 Parent/Guardian's First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian's Birthdate _____ Gender: F M Home Phone (____) _____ E-mail _____

Parent/Guardian's Work Phone (____) _____ Cell Phone (____) _____

School your child attends: _____ District you live in: _____

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION

The following people should be contacted in case of emergency, only if parent(s) or guardian cannot be reached AND are authorized to pick up the child:

1. Name _____

Relationship to child _____

Phone: Cell (____) _____ Home/Work (____) _____

2. Name _____

Relationship to child _____

Phone: Cell (____) _____ Home/Work (____) _____

3. Name _____

Relationship to child _____

Phone: Cell (____) _____ Home/Work (____) _____

Family Doctor _____

Phone (____) _____

Family Dentist _____

Phone (____) _____

Do you carry family medical/hospital insurance? Yes No

Carrier _____

Policy/Group # _____

Month, date and year of most recent immunizations: **Information required including specific dates. Or attach Immunization record.**

DTP _____ Polio _____ Hep. B _____

MMR _____ HIB _____ Hep. A _____

Tetanus _____ VAR _____ PCV _____

Or Conscientious Objector

Parent/Guardian Signature _____

Is the child taking any medications? Yes No

If yes, what kind and why: _____

If medication needs to be administered during the program, a Medication Authorization Form must be completed. You may pick up this form at the YMCA.

CHILD HEALTH INFORMATION

Please provide the following information regarding your child's health:

Has child had any of the following? If so, please explain:

Allergies _____

Dietary restriction/s _____

Special Need/s _____

Does your child have a communicable disease or condition which may prove to be a risk to others? Yes No

If yes, please comment: _____

Description of any program activities from which the camper should be exempted for health reasons: _____

Describe any current conditions requiring medication, treatment, or special restrictions or considerations while at YMCA programs:

Record of Past Medical Treatment. Chronic Concerns: Check all that pertain to this child/participant and provide information about supportive health care.

Asthma Convulsions/Epilepsy

Diabetes Hypertension

Frequent Ear Infections Surgeries

Bleeding/Clotting Disorder Heart Defect/Disease Other: _____

Provide information about health care need for each item checked : _____

Any person coming to pick up a child from the YMCA will need to show a valid photo ID or Driver's License.



SCHOOL AGE CHILD CARE
WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

ACKNOWLEDGEMENT

I expressly acknowledge that there are certain dangers, risks, illnesses, and personal injuries inherent in participating in the Young Men’s Christian Association of Kokomo, Indiana (hereafter “YMCA”)’s programs, events, classes, and/or other activities, which may result from unavoidable accidents or injuries, athletic activities, sports programs/classes, the use of any equipment, exercise, or other activities or from my or my minor child(ren)’s or ward(s)’ physical condition. I understand that the YMCA and its agents, officers, directors, employees, and volunteers assume no responsibility for loss, damage, illness, or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, exercise, archery, field trips, waterfront and pool activities/swimming, canoeing/boating, campfires, hiking, challenge courses, or any other activities, classes, events, or programs at and/or sponsored by the YMCA. I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses, and personal injuries that may result from my or my minor child(ren)’s or ward(s)’ participation in any events/activities/programs/classes while at the YMCA and/or sponsored by the YMCA.

RELEASE

In consideration of the YMCA allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at the YMCA and/or sponsored by the YMCA, I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the YMCA and its agents, officers, directors, employees, and volunteers from and against any and all rights and claims for any loss, damage, illness, or injuries to person or property sustained as a result of my or my minor child(ren)’s or ward(s)’ attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage, or injury results from the negligence of the YMCA and its agents, officers, directors, employees, or volunteers or from some other cause.

INDEMNIFICATION

I hereby represent and warrant to the YMCA that I have the authority to execute this Participation Waiver of Liability and Indemnity Agreement on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as a parent, guardian, or legal representative. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against the YMCA arising out of my or my minor child(ren)’s or ward(s)’ participation in any program, event, class, or other activity as set forth herein, I agree to indemnify, hold harmless, and defend the YMCA from and against any and all liability, claims, losses, costs, expenses, or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness, or injury to person or property whether or not such loss, damage, illness, or injury results from the negligence of the YMCA or from some other cause.

ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth on this Participation Waiver of Liability and Indemnity Agreement.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Name of Participant under the Age of 18