



SECTION A (A) - CHILD INFORMATION

Name (first & last): _____

Birth date (MM/DD/YYYY): _____

Gender: M F

Address: _____

City: _____

Postal Code: _____

Grade: _____

SECTION B - PARENT/GUARDIAN INFORMATION

Mother's Name (first & last): _____

Father's Name (first & last): _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Home Phone Number (secondary): _____

Work Phone Number (secondary): _____

Cell Phone Number (secondary): _____

Address (if different from above): _____

E-mail address: _____

Legal Custody: Mother Father Both Guardian

SECTION C - EMERGENCY CONTACT INFORMATION

Authorized Pick-up

Name (first & last): _____

Contact Number(s): _____

Relation to Child: _____

Name (first & last): _____

Contact Number(s): _____

Relation to Child: _____

Name (first & last): _____

Contact Number(s): _____

Relation to Child: _____

SECTION D - DOCTOR INFORMATION

Name: _____

Work Phone: _____

Will your child be carrying or requiring medication to be taken at Program? YES NO

**If yes, please complete the additional medication release form.

SECTION A (B)- CHILD INFORMATION

Condition	YES	NO	Details
Asthma			
Seizures			
ADD/ADHD			
Diabetes			
Dietary Restrictions			
Other (specify)			

DOES YOUR CHILD HAVE ANY ALLERGIES?

(PLEASE SPECIFY):

- Medication: _____
- Food: _____
- Insects: _____
- Other: _____

DOES YOUR CHILD REQUIRE AN EPI-PEN?

YES NO

DOES YOUR CHILD HAVE ANY REQUIREMENTS THAT NEED SPECIAL ATTENTION?

YES NO

DOES YOUR CHILD HAVE EXPERIENCE IN SWIMMING?

- Shallow water Deep water
- Non-swimmer

PLEASE CHOOSE WHICH BEST DESCRIBES YOUR CHILD'S PERSONALITY (SELECT ALL THAT APPLY):

- Shy Outgoing Active
- Other: _____

DOES YOUR CHILD HAVE PERMISSION TO WALK HOME ONCE THE PROGRAM IS OVER?

YES NO



YMCA of Windsor and Essex County Kids Club Policies

YMCA KIDS CLUB

YMCA Kids Club is a free YMCA program offered at your child's school. Activities will include; games and sports, arts and crafts, nutrition education and snack. Students in grades 1-8 are invited to attend. The program runs Monday to Friday. Participants must attend a minimum of three days per week.

COMMITMENT TO PRIVACY

The YMCA of Windsor and Essex County is committed to protecting personal information by following responsible information handling practices, in keeping with privacy laws. We collect and use personal data to better meet your service needs, to ensure the safety of children in our care, for statistical purposes, to inform you about the YMCA program or service in which you are registered, and to satisfy government and regulatory obligations.

OUR ETIQUETTE

The YMCA is shared experience for everyone to enjoy. Each of us can make it better for all by being considerate of others. YMCA members, participants, volunteers and staff all pledge to treat one another with respect and dignity.

AUTHORIZATION

I have provided a complete and accurate health history and permit my child to participate in the full range of activities, unless otherwise noted.

The YMCA may wish to use photographs, images or recordings containing my child's picture or image for promotional, advertising, public relations and/or informational purposes. Such photographs, images, or recordings may be used or published in YMCA brochures, newsletters, annual reports, posters and/or on website/internet materials. Please be aware that children may take photographs as a part of their after school program experience.

I hereby consent to the publication of these photographs, images, or recordings, and promotional advertising, public relations or information materials, and acknowledge and confirm that these photographs, images, recordings and materials shall remain the exclusive property of the YMCA, who shall own all copyright and other intellectual property rights therein.

I hereby give permission for my child to participate in all aspects of the program. The program includes but is not restricted to: off trips, swim trips, walks off the facility grounds. I understand that transportation arrangements for off trip activities will involve my child travelling by bus or by foot.

LATE PICK-UP

Repeated late pick-ups from the afterschool program may result in your child's removal from program.

OTHER

If at any time there are legal issues involving the custody of my child, legal custody documentation must be presented to YMCA staff if any situation arises requiring such documentation as deemed necessary by the Youth Coordinator.

ASSUMPTION OF RISK AND RELEASE / CODE OF CONDUCT

In permitting (name of child) _____, to attend the YMCA of Windsor and Essex County Kids Club Program, I the undersigned, give permission to the above named child to participate in the full range of activities and authorize the Youth Coordinator and his/her appointee's in the event of an accident or illness affecting the above named child, to authorize on my behalf all procedures, including transporting to the hospital and necessary treatment therein, deemed essential and necessary for the care and well being of said camper by the attending medical professionals. Such action is to be taken only when the immediate contact of the undersigned cannot be made. I, the undersigned, hereby and forever discharge the YMCA of Windsor and Essex County and their representatives from any and all legal responsibility from any personal injury, loss of, or damage to equipment or personal belongings with may result from participation in program. I have fully reviewed the policies as presented above, and agree to abide by them. I also understand and agree to the Code of Conduct, as follows: The safety of each child is of the utmost importance to the YMCA. I and my child recognize a personal responsibility to learn and follow, at all times, safety and other rules established by the YMCA staff. I and my child understand that any behaviour that places my child, or others at risk may result in immediate dismissal from the program.

I have carefully read, understand and freely and voluntarily accept the YMCA Kids Club Policies, Commitment to Privacy, our Etiquette, and Authorization, Assumption of Risk and Release and the Code of Conduct information and all other as outlined above.

Signature (Parent/Guardian): _____ Date: _____