



SKAGIT VALLEY FAMILY YMCA
 Early Learning and School Age
 Registration Form

FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

CHILD INFORMATION

First Name	M	Last Name	Date of Birth	Gender	Ethnicity
Home Address			City/State	Zip Code	

PARENT/GUARDIAN INFORMATION

First Name	Last Name	Date Of Birth			
Home Address(if different than child)	City/State	Zip Code			
Home Phone	Cell Phone	Does Child Live with you?			
Primary Email Address	Authorized to make changes to paper work?	Authorized to pick up child?	Responsible for Bill?		
Employer Name	Address	Phone			

PARENT/GUARDIAN INFORMATION

First Name	Last Name	Date of Birth			
Home Address (if different than child)	City/State	Zip Code			
Home Phone	Cell Phone	Does Child Live with you?			
Employer Name	Address	Phone			

PERSONS AUTHORIZED TO PICK UP CHILD (other than parent/guardian)

Name	Phone Number	Relationship			
Address	City/State	Zip Code			
Name	Phone Number	Relationship			
Address	City/State	Zip Code			
Name	Phone Number	Relationship			
Address	City/State	Zip Code			

List any restriction related to authorized pick up - this may include any special orders such as parenting plans or restraining orders. (Attach legal documentation.)

EMERGENCY INFORMATION

Child's Physician	Full Address	Phone Number
Child's Dentist	Full Address	Phone Number
Date of Last Physical Exam	Date of Last Dental Exam	

SPECIFIC MEDICAL, BEHAVIORAL, OR DEVELOPMENTAL NEEDS

Dietary Modifications/Allergies	Chronic/Recurring Illness	Current Medications
Behavioral Challenges	Developmental Delays	Physical Disability
IEP Yes___ No___	Explanation	

Release/Participation: I am the parent or legal guardian of the above named child. I give permission for my child to participate in YMCA activities and field trips including transportation. I understand that accidents can sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and express acknowledge that I release the YMCA, its employees, board members, volunteers or guests 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 and including transportation. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, employees, board members, volunteers, or guests.

Medical Treatment: I give permission of the YMCA staff or volunteers to provide emergency medical treatment for my child as necessary. I consent to medical treatment for my child deemed immediately necessary or advisable by a physician. I consent to emergency transport of my child via ambulance when deemed necessary.

Insurance: I understand that the YMCSA does not provide any accident or health insurance for its members or participants and further understand it is my responsibility to provide such coverage.

Property Loss: The YMCA is not responsible for personal property lost, damaged or stolen while participating in YMCA programs, including parking lots.

Photograph Permission: I give permission for the YMCA to use without limitation or obligation, photographs, film footage or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs.

I have read and understand the above and have completed this form to the best of my ability.

Is your child a full facility Y Member? Yes No

Parent Signature _____ Date _____

Internal use only

Date Received: _____ Received By: _____ Registered By: _____ Registered Date: _____ Billing Entered By: _____
Billing Entered Date: _____ Scanned: _____ Start Date: _____

SKAGIT VALLEY FAMILY YMCA

Childcare Administration
204 N Skagit St, Burlington, WA 98233
P 360.707.7733 F 360.899.1075