



**SKAGIT VALLEY FAMILY YMCA**  
 Early Learning and Beyond the Bell  
 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? Yes ___ No___	Authorized to pick up child? Yes___ No___	Responsible for Bill? Yes___ No___		
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?			
Primary Email Address	Authorized to make changes to paper work? Yes ___ No ___	Authorized to pick up child? Yes ___ No ___	Responsible for Bill? Yes ___ No ___		
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	Immunizations Current Y/N

## SPECIFIC MEDICAL, BEHAVIORAL, OR DEVELOPMENTAL NEEDS

Dietary Modifications/Allergies	Chronic/Recurring Illness	Current Medications
Behavioral Challenges	Developmental Delays	Physical Disability
IEP Yes___ No___	If yes, a copy of the IEP is required.	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 Verified: \_\_\_\_\_

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  
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