



YMCA OF WAYNE COUNTY SPORTS PROGRAMS

Registration & Health Information/Emergency Medical Authorization

Child's Name: _____ Date of Birth: _____

Home Address: _____ City: _____ Zip: _____

Grade: _____ School: _____

Guardian(s) Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____ Work Phone: _____

Other Emergency Contact: _____ Phone: _____

RESTRICTIONS WHILE AT YMCA OF WAYNE COUNTY

_____ My child DOES have permission to walk home from the YMCA of Wayne County on his/her own. They ARE able to leave the YMCA of Wayne County on their own. (Kids must be at least age 11, before they can leave on their own).

_____ My child DOES NOT have permission to walk home from the YMCA of Wayne County on his/her own. They ARE NOT able to leave the YMCA of Wayne County on their own. (Kids must be at least age 11, before they can leave on their own).

_____ My child is not able to leave the YMCA of Wayne County until an authorized person has picked them up.

Swimming Ability: _____ My child is NOT allowed to swim. _____ Non-swimmer _____ Swimmer

Health History (Please check all that apply)

- _____ Heart Defect/Disease
- _____ Diabetes
- _____ Convulsions/Seizures
- _____ Asthma

- _____ ADHD
- _____ Down's Syndrome
- _____ Psychiatric Treatment
- _____ Other (please indicate) _____

Adults Authorized to Pick Up My Child

| Name | Relationship | Phone Number |
|-------|--------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Field Trip Permission: I hereby give permission for my child to participate in programs offered by the YMCA of Wayne County. I understand that I will be notified in advance of any trips. I also waive any liability to the YMCA of Wayne County and the staff thereof while participating in these trips and other activities. I permit my child to be transported in the YMCA van or bus or to walk with authorized personnel.

Parent/Guardian's Initials: _____

Photo Release Permission: I give permission for my child's photograph to be taken while participating at the YMCA of Wayne County activities. The photos are to be used for the publicity of The YMCA. These photos may be used for program brochures, media productions, advertisements, or news articles by the YMCA of Wayne County.

Parent/Guardian's Initials: _____

Permission to Transport:

I give the YMCA of Wayne County permission to have my child _____ transported to
(Hospital/Clinic) _____ for emergency medical care or to
(Dentist/Location) _____ for emergency dental care, or to the nearest available
source of assistance.

Parent/Guardian Signature: _____ Date: _____

I **DO NOT** give the YMCA of Wayne County my permission to have my child _____ transported for
emergency medical or dental care. In the event of an illness or injury which requires emergency medical or dental
treatment, I wish for the following action to be taken:

YMCA of Wayne County Rules:

I understand that as a participant in the YMCA of Wayne County Sports Programs I am required to follow certain
rules and regulations.

1. Follow all directions given by the director(s) and staff.
2. NO weapons allowed (Pocket knives, etc.)
3. NO cigarettes, electronic cigarettes, alcoholic beverages, or drugs.
4. NO leaving the building.
5. NO food or beverages, except with permission and during breakfast/lunch times.
6. NO destruction or stealing other's property, including the touching of other's personal belongings without their permission.
7. NO fighting.
8. NO use of foul language.
9. NO vandalizing or destruction of property. (Parents will be liable for any damage done by their children.)
10. NO writing on property (i.e. walls, tables, chairs)
11. NO personal sports equipment, unless prior permission is granted. The YMCA is not responsible for broken equipment.
12. NO phones.
13. NO electronic devices (stereos, iPods, iPads, etc).
14. Dispose of trash and paper appropriately. You are responsible for the cleanliness of the facilities you are using.

Participants violating any of these rules and regulations can be sent home at the discretion of the director. **Parents will be expected to pick up their child should any of these rules be broken.**

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____