



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MOUNT DESERT ISLAND YMCA AFTER SCHOOL PROGRAM 2019-2020 WAIVER AND EMERGENCY CONTACT FORM

In filling out and signing this form, I understand that I'm agreeing to the following:

1. I understand that all cancellations, other than verifiable medical reasons, requires a 7-14 day written notice in order to receive full or partial refunds. (Refer to Parent Handbook for more details).
2. I give permission for my child to participate in all the activities for his/her age group.
3. I give permission for my child to be transported by the MDI YMCA to participate in activities.
4. I give permission to the medical personal selected by the MDI YMCA staff to transport my child to a medical facility and secure treatment in the event of an emergency.
5. I understand the certain hazards of participating in swimming/water activities and I assume the risk of possible injury in my child's participation in these activities. I hereby waive and hold harmless the MDI YMCA, its agents and employees from any liability in regards to my child participating in swimming/water related activities.
6. I understand that I am responsible for payment of all medical bills.
7. I will hold the MDI YMCA and staff members harmless for any accident or injury that may occur.
8. I recognize that the MDI YMCA is not responsible for lost, stolen, or damaged personal property.

Last Name: _____ First Name: _____ Gender: (circle one) Male Female

Birthdate: _____ Age: _____ Grade: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Home Phone: _____

Parent/Guardian: _____ Work Phone: _____

Name/Address of Employer: _____

Parent/Guardian: _____ Work Phone: _____

Name/Address of Employer: _____

Do custody arrangements exists? (circle one) Yes No If Yes, please explain and attach supporting documents

EMERGENCY CONTACTS (please put contacts other than parents)*

Name: _____ Relationship: _____ Phone: _____

Address: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____

**Please make sure that you have register the Emergency Contacts as Authorized Pickups at the Front Desk at Registration, as well as any additional people you want authorized to pick up your child. Thank you!*

CHILD'S SPECIAL NEEDS/MEDICAL INFORMATION

Your child's safety is our #1 priority. Please provide as much detailed information as possible regarding special needs and medication. Please also refer to the Parent Handbook found on our website www.mdiymca.org for more information.

Date of Last Tetanus Shot: _____

Has your child previously been hospitalized/had surgery? (circle one) Yes No If Yes, please describe below.

Identify any medical or emotional illness or disorder that could affect the child's functional ability to participate in YMCA activities: _____

Should activities be limited? (circle one) Yes No If Yes, please explain: _____

Does the child have any allergies? (circle one) Yes No If Yes, explain: _____

List any allergy medicine your child takes: _____

Indicate any other medicine your child takes on a daily basis: _____

Does your child have any medical conditions (asthma, diabetes, seizures, etc) that camp staff needs to be aware of? Please Explain: _____

PLEASE REFER TO OUR PARENT HANDBOOK FOR MORE DETAILED INSTRUCTIONS CONCERNING PRESCRIPTION MEDICATIONS AT THE YMCA.

Name of Current Physician: _____ Office Number: _____

Address: _____

Name of Current Dentist: _____ Office Number: _____

Address: _____

Name of Current Specialist: _____ Office Number: _____

Address: _____

Photo Release Waiver

I permit the use of photos, slides, moving pictures of my child and/or myself for purposes of YMCA records, public relations, and/or advertising. I understand that there will be no identifying information accompanying these images. **YES NO**

Parent/Guardian: _____ Date: _____