

# YMCA of the Suncoast



## Schoolhouse Hustle – YMCA Kids Zone

Please print all information clearly

### Child Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

### Parent/Guardian/Care Giver Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Parent/Guardian/Care Giver Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Household Email: \_\_\_\_\_

Does child have any special needs, i.e. physical, medical, dietary, emotional, mental?  Yes  No

If yes, please explain \_\_\_\_\_

Does child have any allergies?  Yes  No

If yes, please explain \_\_\_\_\_

**Emergency Contacts:** Persons authorized to be notified and permitted to remove child in case of an illness, accident or emergency, when the parent and/or guardian cannot be reached.

**Two contacts are required.**

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other \_\_\_\_\_

**Waiver & Release:** In consideration of gaining membership and/or my child being allowed to participate in the activities and programs of the YMCA and its facilities, including but not limited to camp locations or field trip locations, and to use its said facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive forever discharge and covenant not to sue the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities, liability, or negligence for injuries or damages resulting from my child's participation in any activities or use of equipment or machinery in the above mentioned facilities, or in any activities at said facilities. I agree to adhere to all policies set by the YMCA of the Suncoast.

Parent Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.