



MANATEE Y

Health & Permission Form

**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Please do not leave any fields blank, if something does not apply- mark N/A. Please read through and sign reverse side.

1. Member Information: (Please provide us with information about your child.)						Program:		
First Name:			MI:	Last Name:				
Address:					Home#:		()	
City:			State:	Zip:		Cell#:		()
Birth date:	Age:	Gender: M F	Race:	Grade:(Entering)	School:			
2. Parent/Guardian #1 Information:								
Name:								
Employer:				Business#:				
				()				
Email:				Cell#:				
				()				
3. Parent/Guardian #2 Information:								
Name:								
Employer:				Business#:				
				()				
Email:				Cell#:				
				()				
4. Income: (For reporting purposes only and kept confidential) <input type="checkbox"/> \$30,000 or less <input type="checkbox"/> \$30,001 - \$40,000								
<input type="checkbox"/> \$40,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$60,000 <input type="checkbox"/> \$60,001 - \$70,000 <input type="checkbox"/> \$70,000 or above								
8. Medical Information: Please tell us about any medical information necessary for the care of your child. An additional Authorization to Dispense Medication Form must be completed if YMCA staff is required to dispense medication.								
Medical Conditions: (Please include any medical, physical conditions or chronic health issues)								
Restrictions: (Any limitations your child may have due to above named ailments)								
Medications: (For emergency purposes, please list any medications taken on a regular basis. Also list medications YMCA staff will be responsible to dispense to your child – Additional form required.)								
Allergies: (Please include environmental and any allergies to food or medications)								
9. Authorized Pick-Up/Emergency Contact Information: No one other than persons listed here will be allowed to pick up your child. We require at least one person, other than the parent/guardian listed above, to be assigned as a designated emergency contact in case the parent cannot be reached.								
#1 Name & Address:				Home#:		Relationship:		
				Cell#:				
#2 Name & Address:				Home#:		Relationship:		
				Cell#:				
9a. Please list any additional persons authorized to pick up your child:								
1.		Phone#:		3.		Phone#:		
2.		Phone#:		4.		Phone#:		

Please read through and sign reverse side

10. Parent/Guardian Agreements: Please read thoroughly and sign below.

- I understand that I am committing my child to participate in a Manatee County YMCA program(s).
- I understand that I am financially responsible for services provided by the Manatee County YMCA.
- I understand the balance of program fees must be paid in full before my child begins attending the program.
- I understand that cancellation of any program reservation will forfeit my deposit. Any credits that may remain will be saved as a voucher on my child's account to be applied for future participation in YMCA programs.
- I understand that if I must cancel a reserved place in a YMCA program, I will notify the YMCA with a two-week written notice so that my child's slot may be offered to another participant.
- I understand that all deposits and registration fees are non-refundable and non-transferrable.
- I understand if there are custody arrangements YMCA staff should be aware of it is necessary to provide a copy of legal documentation, otherwise both parent/guardians 1 & 2 are authorized to pick up and inquire about the child named on this form.
- I understand that when my child is ill he/she may not be accepted into any YMCA program.
- I understand that my child will not be released to any person(s) that I have not authorized as listed on this form.
- I understand that my child will not be released to any person(s) who seems to be under the influence of alcohol or drugs.
- I understand that my child must be signed in & out daily with a full signature and the time by myself or my designee (as listed on this form).
- If my child is experiencing difficulties in the program a conference may be arranged between the parent, staff and Program Director before my child will be allowed to continue in the program (as outlined in the Behavior Management Policy).
- The YMCA reserves the right to terminate services if it is determined that placement is unsatisfactory for the child or based on the inappropriate behavior of a parent/guardian, i.e. threats, language or actions. I understand I am still responsible for fees.
- The YMCA provides a recreational environment for children and teens with and without disabilities through added support staff when needed to facilitate successful participation into the programs where appropriate.
- I have received, read and agree to abide by all policies, procedures and fee requirements as outlined in both the Parent Handbook and Behavior Management Policy as written by the Manatee County Family YMCA, Inc.

By its nature, participation in recreational activities can include the risk of injury. The YMCA does not carry accident insurance. You, the parent/guardian, accept all risks incidental to these activities and do hereby release the Manatee County Family YMCA, Inc., its Board and officers, Manatee County Gov't and Manatee County YMCA employees from all liability deriving from pursuits of said activities and agree to the above by signing this form that is filed with the Manatee County Family YMCA, Inc.

- I/We verify to the best of my/our knowledge that everything on this form is correct and the child herein is in good health and has no physical ailments that will prevent normal participation unless specified on this form.
- He/She has my/our permission to participate in Manatee County YMCA activities, special events and field trips.
- I/We recognize failure to disclose such information could result in termination of services.
- I/We also understand it is my child's responsibility to bring and apply their own sunscreen and I/we recognize and will ensure there is no allergy to the sunscreen whereas it is considered a medication.
- I/We understand that in the event of an emergency every effort will be made to contact the parent/guardian or emergency designee and my/our child will be taken to the nearest hospital for treatment. I/we will accept all charges incurred from any such emergency medical treatment.

THE PARENT/GUARDIAN SIGNATURES BELOW VERIFY THAT ALL INFORMATION IS COMPLETE AND ACCURATE AND ALL STATEMENTS LISTED ABOVE ARE AGREED UPON BY ALL PARTIES.

Please check the appropriate box below.

- YES** Photo Release: I authorize the YMCA to take and use photographs, slides or videotape of my child as needed for records of public relations publications.
- NO**

11. Parent/Guardian #1 Signature:

12. Parent/Guardian #2 Signature:

Printed Name:

Date:

Printed Name:

Date:

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

For Office Use: All information has been updated in CCC. Staff Initials: _____ Date: _____