



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

# Parents Night Out Waiver

## Parent/Guardian's Authorization

Child's name (please print) \_\_\_\_\_ Gender:  Female  Male

Home phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Are you a YMCA member?  Yes (Member #) \_\_\_\_\_  No

Parent/Guardian name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Home phone (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Home phone (\_\_\_\_\_) \_\_\_\_\_

Phone number where you can be reached during Parents Night Out program (\_\_\_\_\_) \_\_\_\_\_

Who should be called if your child needs to be picked up early? \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Any health issues that we should be aware of?  Yes (please list)  No \_\_\_\_\_

## Medical Records Release:

I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers.  Yes  No \_\_\_\_\_ Initials

## Parent/Guardian's Authorization

In the event that my child needs immediate attention for injuries received while participating in a YMCA program, I authorized the YMCA staff to give my child reasonable first aid, and to transport my child to a health care facility for emergency services as needed. I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise. I hereby release all pictures of my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Emergency Contacts and Pick-Up Authorization

The following people should be contacted in case of emergency, only if parent/guardian cannot be reached AND are authorized to pick up the child:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Day (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Day (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Do you carry family medical/hospital insurance?  Yes  No Carrier \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Has your child had any of the following, if so please explain?  Allergies  Special Needs  Dietary Restrictions

Is your child taking any medications?  Yes  No What kind and why \_\_\_\_\_

## Waiver and Release of Liability (Administer and Use of Epi-Pen and Diaper change waiver)

By signing below, I agree to Waive and Release of any and all liability for the YMCA in the administration and use of the Epi-Pen and hereby give my permission for the YMCA staff to change my child's diaper during the time that my child is in their care. I agree to forever release and discharge the YMCA and its directors, officers, employees and volunteers from any and all liability, claims, actions, rights of actions, damages, and expenses, including attorney expenses.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_