

CHANNEL ISLANDS YMCA

Santa Barbara- Montecito- Ventura- Camarillo- Lompoc- Santa Ynez Valley

Emergency/Health Information

General Information

Childs Name _____ Age _____ Sex _____ Grade _____

Mailing Address _____ City _____ Zip _____

Date of Birth _____ Nickname (if any) _____ School _____

Mother's Name _____ Phone (H) _____ (W) _____ (C) _____

Father's Name _____ Phone (H) _____ (W) _____ (C) _____

Child Lives with _____ Relationship _____

Please attach copies of any legal documentation regarding non-custodial parents.

Health Information **Does your child know how to swim? Yes No**

Has child had any serious or severe illnesses or accidents in the past 3 years? Yes No

If yes, explain _____

Does the child take any medication during the day? Yes No If yes, Medication release form is required. Please list medications _____

Allergies? YES NO If yes, please list _____

Please circle all immunizations which are current: Polio Measles Rubella DPT Mumps

Special problems or fears? Yes No If yes, please explain _____

Physician _____ Phone _____ Dentist _____

Phone _____ Insurance Company Name _____ Policy # _____

Persons allowed to call for your child or to be called in an emergency

(in addition to parents)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Parent/Guardian Signature

Date

Channel Islands YMCA

Santa Barbara-Montecito-Ventura-Camarillo-Lompoc-Santa Ynez Valley

PARTICIPANT’S HEALTH STATEMENT, CONSENT TO TREATMENT,
PHOTOGRAPHIC RELEASE, INSURANCE DISCLAIMER

Participant’s Name _____

Participant’s Health Statement

I understand that at a YMCA Program, physical activity is a regular part of the program. To the best of my knowledge, the participant named above is in excellent physical health and needs no restrictions (except what is listed on the Health History Form) from strenuous physical activity. If I have any questions regarding the participant's health, I understand that it is my obligation to seek professional medical advice and to inform the Channel Islands YMCA of any restrictions on this participant’s activities.

Consent to Treatment

I, the parent/legal guardian or adult participant, do hereby authorize the Channel Islands YMCA and its delegated leaders and directors to consent to any medical and hospital care to be rendered to the participant upon the advice of a licensed physician. The authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. It is understood that if time and circumstances reasonably permit, the YMCA will endeavor, but is not required to communicate with me prior to such treatment. The undersigned further agrees that the YMCA and its designated leaders and directors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of minor is given to the YMCA in conjunction with any authorized program event.

Photographic Release

I, the parent/legal guardian or adult participant, do hereby authorize the Channel Islands YMCA to take photographs, videos, motion pictures and/or sound recordings of the participant or members of the participant’s family. I further grant the Channel Islands YMCA permission to use the photographs, videos, motion pictures and/or sound recordings in its general publicity and campaign materials.

Insurance Disclaimer

Channel Islands YMCA does not carry health or accident insurance on its members or participants. All expenses incurred in the treatment of illness, injuries or accidents will be the responsibility of the participant and his/her insurance carrier.

I have read and agree to the above information.

Date

Signature of Adult Participant
OR

Date

Signature of Parent/Legal Guardian
(if participant is under 18 years of age)

PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, sign this form and return it to the YMCA.

I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program. Immediate disciplinary action will be take by the YMCA toward staff and volunteers if a violation is discovered.

I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff member of volunteer is there to receive and supervise my child.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must either be listed with the YMCA or other arrangement must be made by calling the YMCA office to inform them of a change.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, staff may have no recourse but to contact the police, for the child's safety. Please do not put staff in a position where they have to make this judgment call.

I understand that the YMCA is mandated by state law, to report any suspected case of child abuse or neglect to the appropriate authorities for investigation.

I have read and understand the statements above.

Parent/guardian Signature

Date

**CHANNEL ISLANDS YMCA
MEMBER/CHILDREN
RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the premises, facilities, services and programs of the Channel Islands YMCA, YMCA, (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry onto the YMCA's facilities for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof; its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
- 2 THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children in, upon or about YMCA's premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED' HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Date: _____

Print name of Applicant/Parent: _____

Address: _____

Signature of Parent/Applicant _____

Name of Child in Program: _____

Name of Child in Program: _____

Revised March 2007

Name of Child in Program: _____