

Oneonta Family YMCA Youth Sports Emergency Information

Child's Information

Child's Full Name: _____ Gender: M F Date of Birth: ____/____/____ Age: ____

Address: _____

How did you learn about the program? YMCA Website YMCA Facebook Page Previous Participant Other: _____

Parent/ Guardian Information

Relation to Child: _____

Full Name: _____

Parent/ Guardian DOB: _____

Address (if different): _____

Cell Ph: _____ *Carrier: _____

Home Ph: _____ Work Ph: _____

Email: _____

Additional Emergency Contact Information

Contact 1: _____

Relation to Child: _____

Phone: _____

Optional Contact 2: _____

Relation to Child: _____

Phone: _____

Oneonta Family YMCA Program Agreements

Child's Full Name: _____ Gender: M F Date of Birth: ____/____/____ Age: ____

Allergies (Drugs/ Insects, Etc.) _____

Medical Conditions/ Restrictions to Activities _____

Please read and initial the following:

- I give the Oneonta YMCA permission to use, for purposes of promotion of YMCA Preschool Programs, photographs and video footage of my child. I understand that my child will not be identified and may include newspaper, YMCA Lobby Screen, YMCA Social Media Pages, YMCA Website, and YMCA promotional flyers and brochures. _____
- I understand that I must remain in the building during program if my child is under the age of 11 and that it is the Oneonta Family YMCA's policy that children under the age of 11 must be supervised by an adult while in the YMCA building when not participating in program. _____
- I understand that I must supervise children in my care when they are not enrolled in YMCA programs and that they may not play in an area that is reserved for YMCA programs or events. _____
- I certify that my child is in normal health and is capable of participation in this program and that I assume the risks incidental to the conduct of this program and that YMCA Staff assumes responsibility for my child's well-being during the program hours in which my child attends. _____
- I understand that I must be available during program hours in case of emergency and that, in situations of extreme medical emergency, Emergency Medical Services may be called prior to contacting me. _____

My child is over 10 years old. The best contact *during* program hours: Cell Phone (circle) or Other _____

*Allows us to contact you should there be a change in practice or game schedules due to inclement weather or other emergency. Thank you.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Parent/ Guardian Signature

Parent/ Guardian Name (please Print)

Date