



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PROGRAM PARTICIPANT EMERGENCY CONTACT/ WAIVER FORM

Participant Name _____ Date of Birth ____/____/____

Email _____ M _____ F _____

Address _____
Street City State Zip

Parent Name _____ Home# _____

Work _____ Cell _____ Cell Carrier _____

Parent Name _____ Home _____

Work _____ Cell _____ Cell Carrier _____

Primary Dr _____ Phone _____

List any medical conditions of which we should be aware _____

Please list any allergies (food, medicine, others) _____

Primary Emergency Contact _____ Relationship _____

Phone _____ Cell _____ Page _____

Secondary Emergency Contact _____ Relationship _____

Phone _____ Cell _____ Page _____

I hereby confirm that the above information is correct. I fully understand and acknowledge that all activities have certain risks that may result in personal injury. By my child's participation in these activities and use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether cause in whole or in part by the negligence or the conduct of the representatives, employees or volunteers of the Oneonta Family YMCA or by any other person.

PARENT SIGNATURE _____ DATE _____

LAST

First

AUTHORIZATION FORMS

GOOD HEALTH AUTHORIZATION

This is to certify that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children in the Oneonta Family YMCA program

Parent Signature _____

Date _____

PHOTOGRAPHY RELEASE

I give the Oneonta Family YMCA, it's nominees, agents and assigns, unlimited permission to use, publish and republish, for purposes of advertising and trade for such use as it may determine, information and reproduction of my likeness (photographic or otherwise) and my voice related to my work as a YMCA volunteer or participant or related to the assistance I received for the YMCA with or without identification by name.

Child's Name _____ Address _____

Signature _____ Date _____

Consent of adult or legal guardian

I consent or agree, individually and as a parent, or legal guardian of the minor names above to the forgoing terms and provisions.

Name _____ Relationship _____

Producer, writer or Photographer : Oneonta Family YMCA, _____

Assignments _____ Location _____

SWIMMING ABILITY

My child has permission to swim during Oneonta Family YMCA programs YES ___ NO ___

Swimming Ability

Non Swimmer ___ Fair ___ Good ___