YMCA Sports Clinic/League Emergency Contact Information

Please Circle the Clinic or League that applies

Clinic: Ages 4-5 League: Ages 5-6 League: Ages 7-8

Child's Name _____ _____ Age ___ Birthday _____
First Middle Last

Mother/Legal Guardian's Name _____

Address _____

Home Telephone Number _____ Cell Number _____

Email address _____

Employer's Name _____ Employer's Telephone Number _____

Father/Legal Guardian's Name _____

Address _____

Home Telephone Number _____ Cell Number _____

Email address _____

Employer's Name _____ Employer's Telephone Number _____

Emergency Contact Person(s) (Other Than Parent):

1. _____ Telephone Number _____
2. _____ Telephone Number _____

Person(s) To Whom Child May Be Released

1. _____ Telephone Number _____
2. _____ Telephone Number _____

Allergies (including food and medication reactions)

_____

A Parent's Signature Is Required For Each Item Below To Indicate Parental Consent

Child being photographed by YMCA Staff or local newspaper photographer

_____

Child's photograph being placed on the YMCA's Facebook Page or Brochures for promotional purposes.

_____

Administering of minor first aid procedures _____

Obtaining emergency medical care _____