# YMCA Youth Sports Emergency Contact Information

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 _____