



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Hampshire Regional YMCA Youth Center Waiver

BASIC INFORMATION

Child's Name: _____

Pronouns: _____ Date of Birth: _____ Age: _____

Parent/Guardian Name: _____ Cell Number: _____

Parent/Guardian Name: _____ Cell Number: _____

EMERGENCY CONTACTS (Please list someone other than the Parent/Guardian of the Child)

1) Full Name: _____
Relation to Child: _____
Phone: _____

2) Full Name: _____
Relation to Child: _____
Phone: _____

MEDICAL INFORMATION

Please fill out the information below to the best of your ability. These details are informational only, and are for staff reference, in the case of an emergency.

ALLERGIES:

Type of Allergy: Please check any appropriate boxes:

-- Bee Stings: Yes ☐ -- Insect Bites: Yes ☐ -- Nuts/Tree Nuts: Yes ☐ -- Penicillin: Yes ☐ --

Other Allergy: Yes ☐ -- If yes, please describe: _____

Triggers that start allergic reaction (if known):

Possible allergic signs (if known):



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EPI-PEN NOTICE:

PARENTS MAY LEAVE AN EPI-PEN THAT IS CLEARLY LABELED WITH ORIGINAL PRESCRIPTION LABEL THAT HAS THEIR CHILD'S INFORMATION WHEN THEY DROP OFF THEIR CHILD. Youth Center staff are trained in Epi-Pen administration.

****BY LEAVING AN EPI-PEN, PARENTS OR LEGAL GUARDIANS AUTHORIZE YOUTH CENTER STAFF TO ADMINISTER THE EPI-PEN TO THEIR CHILD IN THE CASE OF A LIFE-THREATENING EMERGENCY****

MEDICAL OR OTHER CONCERNS:

If your child has any medical or other conditions that you would like Child Watch care providers to be aware of, please check:

Bladder/Kidney Concerns: Yes ☐ -- Diabetes Yes ☐ -- Asthma/Wheezing: Yes ☐ -- Fainting: Yes ☐

-- Autism: Yes ☐ -- Heart Condition: Yes ☐ -- Epilepsy: Yes ☐ -- Hearing Aids: Yes ☐ -- Glasses: Yes ☐ --

Other: Yes ☐ -- If 'other', please describe: _____

Other Notes:



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HAMPSHIRE REGIONAL YMCA AUTHORIZATION AND LIABILITY WAIVER

Initial and Sign and Date the Items Below

_____ I authorize staff in the Youth Center who are trained in the basics of first aid to give my child first aid when appropriate.

_____ In the event of an emergency, I understand that every effort will be made to contact me if medical attention is required for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest hospital or medical care facility to secure necessary and appropriate treatment for my child.

_____ I will allow the HRYMCA to use my child's pictures in any HRYMCA publicity. **(Optional)**

While it is the aim and responsibility of the Hampshire Regional YMCA to provide your child with a safe and enjoyable experience, you must realize that participation in the Hampshire Regional YMCA programs have some inherent risks. As a result, we require the signing of the release set forth.

I hereby release for myself and my child, our heirs, executors and administrators, and forever discharge the Hampshire Regional YMCA, its agents, servants, representatives and employees for any injuries, loss, liability, damage or costs, which my child may receive/incur as a result of participation in any program/activity/service conducted and/or provided by the Hampshire Regional YMCA.

Parent/Guardian Name (please print)

_____ Date: _____

Parent/Guardian Signature