



YMCA Youth Club 2017-2018 Registration Form – Connaught

Youth Club is a free recreational program is offered Tuesday to Friday from the end of the school day until 5:30pm. Youth Club gives youth in grades 3 to 6 the opportunity to participate in nutrition education activities which includes a snack, active games and programming around personal health.

Participant Information

Full Name: _____ Gender: Male Female Birth Date: (year) _____ (month) _____ (day) _____
Street Address: _____ City: _____
Postal Code: _____ Home Phone: _____ Age: _____ Grade: _____

Parent/Guardian Information

Name: _____ Home Phone: _____ Business Phone: _____ Cell: _____
Name: _____ Home Phone: _____ Business Phone: _____ Cell: _____

Alternative Contact - if Parent/Guardian cannot be reached and authorized for pick up

Name: _____ Relationship: _____ Home Phone: _____ Alternate: _____
Name: _____ Relationship: _____ Home Phone: _____ Alternate: _____

Additional Authorized Pick Ups: _____

My child is 10 years or older and has my permission to sign themselves out of Youth Club (if yes, please initial) _____

Does your child have any dietary restrictions? (Please List) _____

Medical Information

Allergies (please list along with type of reaction): _____

Does your child require an Epi-Pen? Yes No Severity of Reaction: Mild Moderate Severe

Does your child have any medical conditions? (Please list) _____

Does your child have any limitations to physical activity? (Please list) Yes No

If yes, please describe _____

Photo Release

I give permission for my son/daughter to be a model for the YMCA of Niagara and I hereby assign all rights of the film/photography/videotape/sound recordings to the YMCA. I authorize the use of the same by the YMCA of Niagara and those acting with its permission for the purpose to use, reuse and/or broadcast and republish this photograph/video recording.

Parent Signature: _____ Date: _____

Waiver

I give permission for my child to participate in the YMCA Youth Club. I understand that the program includes a snack and physical activity and, through participation, there is a possibility that my son/daughter may be injured. I release the YMCA of Niagara from all liability related to my son/daughter's participation in YMCA Youth Club.

I confirm that I have properly noted any medical conditions that my son/daughter may have. I confirm that my son/daughter is physically able to participate in the activities presented in Youth Club. I understand that if my son/daughter receives a concussion in Youth Club or elsewhere, they will not be permitted to continue to participate until they are physically able.

Parent Signature: _____ Date: _____