

<b>Wenatchee Valley YMCA</b> <b>Program Participant Health Information</b> <b>September 2017 - September 2018</b>
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FT # \_\_\_\_\_

Child's Name: \_\_\_\_\_

First
Middle
Last
Nickname

Gender:  M  F Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street
City
State
Zip

Email: \_\_\_\_\_

Grade in **May of 2018**: \_\_\_\_\_ School: \_\_\_\_\_

**Parent/Guardian 1** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Step-Parent's Name (if applicable): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Step-Parent's Phone Number: \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Step-Parent's Name (if applicable) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Step-Parent's Phone Number: \_\_\_\_\_

**If parents are separated, participant resides with:** \_\_\_\_\_

### Emergency Contact/Authorized Pick-Up:

Should an emergency arise, the Y will initiate contact with parent(s). Please list additional people below to contact in case of an emergency in which we are not able to reach the parent(s). These names will also serve as additional authorized persons to pick up the program/camp participant.

First Name	Last Name	Phone Number	Relationship to Participant
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First Name	Last Name	Phone Number	Relationship to Participant
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First Name	Last Name	Phone Number	Relationship to Participant
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First Name	Last Name	Phone Number	Relationship to Participant
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## Unauthorized Pick-Up:

Please note that the participant will not be released to any persons not listed as an authorized pick-up on page one.

Person(s) **NOT** authorized to pick-up participant: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

The Wenatchee Valley YMCA cannot deny a parent or legal guardian access to their child(ren) without legal restraining order documentation. If the Y does not have a copy of the court restraining order(s), then Y Staff will not be able to enforce the court's ruling.

## Health History:

List all Allergies: \_\_\_\_\_

\_\_\_\_\_ Epi Pen:  Yes  No

List all medications your child will be bringing to program/camp. **This includes both prescribed and Over-the-Counter medications.**

Note: All Prescriptions and Over-the-Counter medications must be accompanied by the Y's Medication Authorization and Administration Form which requires a Parent and Doctor's signature. This form must be submitted for processing within 10 days of the health form. Please contact us immediately for new medications or current medications that may change closer to the program start date. To access this form go to [www.wenymca.org](http://www.wenymca.org) or stop at the Y. Approval contact information is list on the form. All Prescriptions and Over-the-Counter medications must be sent in their original containers.

\_\_\_\_\_  
\_\_\_\_\_

Medical Restrictions: \_\_\_\_\_

Strenuous Activity Limitations:  No  Yes

If yes, please list **all** Activity Limitations and/or Other Recommendations/Restrictions: \_\_\_\_\_

\_\_\_\_\_

Past Medical Treatment and/or Serious Injuries: \_\_\_\_\_

\_\_\_\_\_

Describe any current physical, mental or psychological conditions which may require medication, treatment or special restrictions/considerations while in programs or may have potential impact on the safety and well being of the participant or others: \_\_\_\_\_

\_\_\_\_\_

**Immunization History:**

Physician's Name: \_\_\_\_\_ Physician's Phone number: \_\_\_\_\_

I attest that the program participant is up to date on all immunizations for school and the last tetanus shot was on \_\_\_\_\_  
Month/Date

Note: If the program participant does not receive immunization for religious or other reasons, a copy of the waived immunization record must be submitted. A copy of the form may be picked up at the Y.

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The information on this form is complete and correct to the best of my knowledge. I certify my child's physical ability to participate in Y programs and that I have been advised that there are physical risks associated with participation; and, I assume responsibility for those risks. The person herein described has my permission to engage in all activities except as noted.

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Signature of Parent/Guardian

Date

**For Office Use:**

Court Documents Received

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Follow Up Phone Call

To: \_\_\_\_\_

Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Signature: \_\_\_\_\_

## Youth Program Participation Agreement

**Participation:** I certify that my child has the physical ability to participate in Y programs and that I have advised the Wenatchee Valley YMCA of any physical infirmity that could affect participation in this program. I acknowledge that there are or may be substantial physical risks associated with participation and I assume responsibility for those risks. I give permission for my child to participate in all activities, field trips, overnights, swimming activities and to be transported as authorized by the Y. I hereby hold the Wenatchee Valley YMCA harmless from any and all liability or action as may be allowed by law as a result of participation. I also give my permission for the Y to use any photographs and/or videos of my child for future promotional purposes.

**Medical Treatment:** I hereby give permission for my child to be given routine and emergency treatment by a qualified staff member of the Y. I also give permission for my child to be transported by ambulance, treated by emergency medical personnel, and/or transported to an emergency center for treatment. In the event I cannot be contacted, I further consent to medical, surgical and hospital treatment and procedures to be performed for my child by a licensed physician or hospital selected by the Y staff or emergency personnel when deemed immediately necessary or advisable by the physician to safeguard the health of my child. I accept full responsibility for any medical or other charges incurred in connection with my child's participation.

**After School and Out of Bounds:** The Y After School Program is a recreation program and not a state licensed child care program. As such, the Y is not able to assume full responsibility for any child in the After School Program and participants are free to come and go as they please. The Y Out of Bounds is a recreational day camp program and is not a state licensed child care program.

**Behavior:** I recognize that participants must follow safety instructions, remain in areas designated by staff and refrain from behavior that may be harmful to him/herself or others. Failure to adhere to Y Policies may be cause for the participant's dismissal without refund of fees.

**Cancellations, Transfers, and Refunds:** I understand that Y program and class fees are generally not transferable or refundable. Teen Extreme, Summer Day Camp, and the Lake Wenatchee YMCA Camp cancellation requests received 30 days prior to the registered summer program start date may receive a refund for camp/program fees with the exception of the non-refundable deposit. Sumer program registration deposits may be transferred to another summer program session if arrangements are made 30 days prior to the initial program's start date. However, all transfer requests are subject to a \$10.00 service fee which must be paid at the time of the request.

Cancellation requests received more than 15 days, but less than 30 days, prior to the registered summer program start date will result in the forfeiture of the entire fee if the space cannot be filled. If the space is filled, then all payments with the exception of a \$25.00 processing fee and the non-refundable deposit may be refunded. Cancellation requests received less than 15 days prior to the registered summer program start date will not be eligible for a refund of any portion of fees paid, except in the case of an unforeseen medical situation verified by a note from a physician. There is no partial refund for late arrivals or early departures. And, no refund will be issued for campers that do not complete a camp.

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Signature of Parent/Guardian

Date

*The Wenatchee Valley YMCA (“YMCA”) is committed to serving a broad cross-section of people in Chelan and Douglas Counties, but retains the right to deny or revoke a membership, or decline to permit participation, attendance or observation by any person, at its sole discretion. I acknowledge and understand that the YMCA is not responsible for personal property, lost, damaged, or stolen while using the YMCA facilities or participating in YMCA programs. I hereby give permission for myself and any child on whose behalf I am executing this document (“my participating child”) for the YMCA to use, without limitation or obligation, photographs or other media that may include my or my child’s image or voice to promote or interpret YMCA programs. I hereby acknowledge and represent that I, and/or my participating child, am in physically sound condition. I understand that the participation in aerobics and other exercise, weight training, recreational sports, and use of pools, steam rooms and fitness equipment carries potential risk of injuries, accident or illness; that periodic health evaluations by medical personnel are advisable; and that the YMCA does not provide any accident or health insurance for its members, guests or participants and further understand it is my responsibility to provide such coverage. I agree to abide by YMCA policies and procedures.*

### ***RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT***

*IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA (“affiliated program”), I, for myself, my participating child, and on behalf of my personal representatives, heirs, and assigns, hereby acknowledge, agree and represent as follows:*

- that I have, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or any affiliated program.*
- that my or my participating child’s entry into the YMCA for observation or use of any property, facilities, services, staff, classes, activities, equipment or participation in any affiliated program of the YMCA constitutes an acknowledgement that I have inspected and carefully considered such property, facilities, services, staff, activities, equipment and any affiliated program and that I find and accept same as being safe and reasonably suited for the purpose of such observation, use or participation by me or my participating child.*

***IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER YMCA FACILITIES FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO, OBSERVATION OR USE OF THE PROPERTY, FACILITIES, SERVICES, STAFF, ACTIVITIES, EQUIPMENT OR PARTICIPATION IN ANY AFFILIATED PROGRAM, I, FOR MYSELF, AND ON BEHALF OF MY PARTICIPATING CHILD, AND ANY PERSONAL REPRESENTATIVES, HEIRS, AND ASSIGNS, HEREBY AGREE TO THE FOLLOWING:***

- 1. WAIVER AND RELEASE: I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as “Releasees”) from and for all liability to me, my child, my personal representatives, heirs and assigns for any loss, damage, and claims of whatsoever nature, on account of personal injury, accident, illness, death and property loss WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE, occurring while I or my participating child am in, upon, or about the premises, property, facilities, equipment or while participating in activities, classes, services, or an affiliated program.***

2. **INSURANCE:** *I understand that Releasees may or may not maintain any insurance policy covering any circumstance arising from my/my participating child's observation or use of any property, facilities, services, staff, classes, activities, equipment or participation in any affiliated program of the YMCA. As such, I am aware that I should review my personal insurance coverage to determine its adequacy for the activities that I or my participating child will be undertaking.*
  
3. **INDEMNITY:** *I HEREBY AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS the Releasees and each of them from any loss, liability, actions, suits, expenses, damages, costs or claims of whatsoever nature, including attorneys' fees, that they may incur due to my presence and that of my child, in, upon or about the YMCA premises, whether due to observation, or participation in, or use of the property, facilities, services, staff, classes, activities, equipment or participation in any affiliated program, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE.*
  
4. **ASSUMPTION OF RISK:** *I acknowledge that the use or observation of the YMCA property, facilities, services, staff, classes, activities, equipment or participation in any affiliated program carries with it certain inherent risks, and involves situations, environments and activities that may lead to personal injuries, accidents, illness, or property damage. Inherent risks are those which cannot be eliminated without destroying the unique character of the activities. The specific risks vary from one activity to another, and the following describes some, but not all of the risks: (a) minor injuries such as scratches, bruises, sprains, and embarrassment, (b) major injuries such as joint and back injuries, broken bones, heart attacks, head injuries and psychological trauma, (c) catastrophic injuries including paralysis, permanent trauma and death. I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY OR PSYCHOLOGICAL INJURY OF ANY KIND, DEATH OR PROPERTY DAMAGE to me or my participating child WHETHER DUE TO NEGLIGENCE OF RELEASEES OR OTHERWISE while in, about, or upon the premises of the YMCA and while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA. I warrant and represent that I know of no medical reason why I or my participating child should not observe, participate in or use the YMCA property, facilities, services, staff, classes, activities, equipment or any affiliated program.*

*I further expressly agree that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Washington. I have considered that if this RELEASE, WAIVER AND INDEMNITY AGREEMENT was not as broad as it is, the cost for use, observation or participation would be considerably higher, and I do not wish to pay or have imposed on the use, a considerably higher cost. I WAIVE THE RIGHT TO BARGAIN FOR DIFFERENT WAIVER OF LIABILITY TERMS. If any portion hereof is held invalid, it is agreed the balance shall, notwithstanding, continue in full legal force and effect.*

**I HAVE READ, FULLY UNDERSTAND, AND VOLUNTARILY SIGN THIS RELEASE, WAIVER AND INDEMNITY AGREEMENT. I UNDERSTAND THAT I, FOR MYSELF, MY CHILD, (AND ON BEHALF OF HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS) AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE. I INTEND BY MY SIGNATURE THAT THIS BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

**Signature and Printed Name of Applicant/Parent:** \_\_\_\_\_

**Date and Printed Names of Participating Child(ren):** \_\_\_\_\_