



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Grants Pass Family YMCA

Youth Medical Information and Waiver

Participant's Name _____ M/F _____ Age _____ Date of Birth _____ School _____ Grade _____

Child Lives With: Both Parents Mother Father Other: _____

Address _____		City/State _____		Zip Code _____
Parent/Guardian Name _____	E-mail _____	Parent/Guardian Name _____	E-mail _____	
Cell Phone _____	Work Phone _____	Cell Phone _____	Work Phone _____	

Emergency and Pick Up Authorization

(Emergency contacts are in addition to parents/guardians listed above **and** must be **16 years or older**)
*We will call people in order on this list in case of emergency and we can't reach people listed above.

Contact 1 _____	Relationship to Child _____	Cell Phone _____	Work Phone _____
Contact 2 _____	Relationship to Child _____	Cell Phone _____	Work Phone _____
Contact 3 _____	Relationship to Child _____	Cell Phone _____	Work Phone _____
Contact 4 _____	Relationship to Child _____	Cell Phone _____	Work Phone _____

Medical Professionals: _____

Doctor's Name _____	Phone _____	Dentist's Name _____	Phone _____
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Immunizations: Are Immunizations up to date? Yes No Date of Last Tetanus Shot: _____

Allergies: Please be specific (i.e. contact, airborne, ingested) and describe reaction (i.e. swelling, rash, death)

- Food _____
- Insect _____
- Plant _____
- Other _____

Medications: Participant takes NO Medications on a routine basis and NO medication have been sent in with him/her
OR Please list medications below:

Medication 1 _____	Used For _____	Amount/Dosage _____	Time Taken _____
Medication 1 _____	Used For _____	Amount/Dosage _____	Time Taken _____

Physical Limitation: Please list any limitation and reasons for those limitations: _____

Sun Screen: Staff have permission to provide and apply a lotion or spray based sunscreen with SPF 50 Yes No

Swimming Capability: Fear of water Enjoys play in water Some swimming capability Proficient Swimmer

Health History: Please check all applicable boxes and provide dates of condition(s) in the space provided

- | | | |
|---|---|--|
| <input type="checkbox"/> Heart defect/disease | <input type="checkbox"/> Therapy/counseling/psychiatric | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Back Problems |
| <input type="checkbox"/> Chronic or recurring illness(es) | <input type="checkbox"/> Wears glasses/contacts | <input type="checkbox"/> Head Injuries |
| <input type="checkbox"/> Uses orthodontic appliance | <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Measles | <input type="checkbox"/> Skin Condition |
| <input type="checkbox"/> Hepatitis A, B, or C | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Surgeries |
| <input type="checkbox"/> Chest pain during exercise | <input type="checkbox"/> Pulmonary condition | <input type="checkbox"/> Behavior Issues |
| <input type="checkbox"/> Hearing aid(s)/disorder | <input type="checkbox"/> Other _____ | |

Please explain, in detail, any medical and health condition(s) marked above including dates of condition(s) medications she/he may be taking. Attach a separate sheet of paper if necessary. _____

Photo Release:

The Grants Pass Family YMCA has permission to publish promotional photographs of your child: Yes No

Medical Authorization and Release from Liability:

In consideration of the right to participate in a Grants Pass Family YMCA program, I hereby authorize the Grants Pass Family YMCA to secure required medical attention for the afore named child and give permission to necessary medical personnel to render treatment deemed necessary and appropriate.

I understand during my child's involvement she/he may be exposed to challenging situations. There are inherent risks involved in all outdoor/adventure activities and this program has and will take precautions to provide proper organization, supervision, instruction and equipment for each activity, yet it is impossible to guarantee absolute safety. If there is any medical or non-medical reason why the participant should not be involved in any climbing, biking, river, caving, backpacking, or any other adventure activity or should not be subject to potential stressful situation, it shall be notated in the space above.

I release any and all claims for damages, losses and injuries suffered by my minor child named above as a result of said participation, against the Grants Pass Family YMCA, its officers, agents, representatives, executors, and all others. I hereby agree to assume full responsibility, financial and otherwise, of my minor child and to hold harmless the Grants Pass YMCA, it's officers, agents, representatives, executors, and all others from any and all losses, claims, actions, costs, expenses, judgments, or other damages. These damages include loss resulting from injury to any person (including injury resulting in death), loss or damage to property of any kind, arising out of incident to participants and/or activities on or off the premises, or any condition existing on the used premises (including, but not limited to the acts of employees, agents and others to this agreement).

I have read, understand, and agree to the above medical authorization and release from liability. To the best of my knowledge the above named minor is free of any health problems which may restrict his/her participation or communicable diseases which might endanger other participants and or staff.

I hereby give permission for the above named child to participate in Grants Pass Family YMCA youth programs including but not limited to swimming and other waters activities.

Parent or Guardian Signature

Date