

Youth program registration form

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Please fill out one form for each child.

Program

Program name _____

Session, weeks or days attending _____

Start date _____

Child

Full name _____

Name they go by _____

Date of birth _____

Grade in fall 20__ _____

School _____

Language spoken at home _____

Parent or guardian 1

Name _____

Relationship to child _____

Cell phone _____

Email _____

Address _____

Parent or guardian 2

Name _____

Relationship to child _____

Cell phone _____

Email _____

Address (if different) _____

Emergency contacts (other than parents)

An emergency contact can pick up your child only if they're also listed under authorized pickup.

Name, relationship, phone _____

Name, relationship, phone _____

Authorized pickup (other than parents or guardians)

Name, relationship, phone _____

Name, relationship, phone _____

Name, relationship, phone _____

Anyone who may NOT pick up this child (if it's a parent or legal guardian, attach a copy of the court order; without one, we may not be able to refuse pickup)

Health

Allergies (and how serious) _____

Medications (note any that staff must give during the program)

Medical conditions staff should know about _____

Doctor's name and phone _____

Health insurance company and policy or member ID

Permissions

Check each one you agree to. Leave a box blank to say no. If we give you a separate photo release, your answers there are the ones we'll follow.

- ☐ The program may use photos and video of my child in newsletters and reports
- ☐ The program may use photos and video of my child on its website and social media
- ☐ My child may go on field trips
- ☐ My child may swim (staff may give a swim test first)
- ☐ Staff may apply sunscreen and bug spray

Swimming ability (non-swimmer, beginner, intermediate or strong swimmer)

Payment

Need help paying? Ask us for our separate scholarship application.

Program fee _____

Deposit paid _____

Payment plan (dates and amounts) _____

Agreement

In an emergency, staff will call 911 if needed and contact me as soon as they can. If they can't reach me, I authorize program staff to get emergency medical care for my child, including ambulance transport and treatment by a doctor or hospital, and to share this form with the medical staff who treat my child.

Parent or guardian's printed name _____

I have received, read and agree to the program's policies, including the refund policy, and I give the emergency care consent in this section. Parent or guardian signature

Date _____

Free to use and change, but not legal or medical advice. Check your state's licensing rules and your insurer's requirements, and have a lawyer review any consent or waiver language.

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