

Teen & Camp Services YMCA

Participant Information and Emergency Form 2011 - 2012

Name	Age	Date of Birth	Your Phone Number (cell)
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Address	Town	School/Grade	E-mail Address
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Parent/Guardian Name(s)	Contact Phone Numbers
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Emergency Contact Name	Phone Number	Relationship
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Physician's Name	Address	Phone Number	Insurance Carrier and Policy #
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Is Teen on any medication? _____ If yes, please specify _____

Does Teen have any allergies? _____ If yes, please specify _____

Does Teen have any limitations that would prohibit their full participation in activities? _____

If yes, please specify _____

- I understand these are "at will" programs and it is the responsibility of my teen to choose whether or not to participate and/or remain on the premises with YMCA staff.
- I give permission for my child to participate in the regular activities of the YMCA and when necessary to be transported by the YMCA vehicles & staff.
- I give the YMCA permission to take photos of my child for YMCA promotional purposes.
- I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the YMCA to transport my child to the nearest medical care facility and the hospital staff may administer emergency medical care.

Parent/Guardian Signature _____ **Date** _____

Are you presently a member of the Cape Ann YMCA? _____

Teen Signature _____ **Date** _____

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