



YOUNG ATHLETES PARTICIPATION INFORMATION

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

1) Resides with: Mother Father Both Other _____

2) Please list all persons, other than parents, who are also **authorized to pick up your child**:

*Under no circumstances will your child be released to anyone unknown to this program without written authorization from a parent or guardian and proper identification at pick-up.

3) In case of an **EMERGENCY**, when unable to reach the parent/guardian, call:

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

4) Please note any **health-related limitations or cautions to be observed** when working with your child:

5) Please note all **medications and conditions** currently being treated by a health care professional.
(Program Coordinators will not be responsible for the administration or supervision of a child's medication use.)

INSURANCE. It is the responsibility of each individual, or their parent or legal guardian to provide accident and health coverage while participating in YMCA programs. YMCA of the Palouse does not provide any accident or health coverage for program participants.

MEDICAL TREATMENT. As the parent/legal guardian of _____, I hereby authorize YMCA staff to transport my child and to consent to any medical or surgical treatment of the above named child, which such persons deem advisable, if a parent/legal guardian cannot reasonably be located when the child is brought for treatment. In my absence, I want my child to be taken either to their Primary Care Physician or to _____ Hospital/Medical Center. I also give permission for YMCA Staff to administer CPR and/or First Aid if deemed necessary.

The above authorization will be effective as of ____/____/_____.

PHOTOS. As a parent/legal guardian of the above named child, I hereby grant permission for my child to be included in evaluations and photographs associated with the YMCA; this permission will also extend to any family members present in the photographs.

Signature of Parent/Legal Guardian

Printed Name

Date

