



FAMILY YMCA OF THE DESERT

43-930 San Pablo Ave., Palm Desert, CA 92260
 Phone: 760-341-9622 Fax: 760-779-9651

--	--

Program Registration

PARTICIPANT(S) INFORMATION - ACTIVE ANNUAL REGISTRATION FEE IS REQUIRED AT THE TIME OF PROGRAM PARTICIPATION

Name	Age	Gender	Grade	Date of Birth
Program			Shirt Size <input type="checkbox"/> Adult <input type="checkbox"/> Youth <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	
Name	Age	Gender	Grade	Date of Birth
Program			Shirt Size <input type="checkbox"/> Adult <input type="checkbox"/> Youth <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	

Home Address	<i>Note: Sharing your e-mail information will allow you to receive current Y bulletins; if not interested please do not include.</i> E-mail Address			
City	St	Zip Code	Home/Cell Phone No.	
Parent/Guardian			Cell Phone No./Work Phone No.	
Parent/Guardian			Cell Phone No./Work Phone No.	

LIST ALL CHILD RELEASE AUTHORIZATION/EMERGENCY CONTACTS BELOW:

Name	Relationship	Home Phone No.	Cell Phone No.	Pick Up	Emergency
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

VOLUNTEER INFORMATION

I would like to volunteer as Coach Assistant Coach Team Parent

Name	Player's Name	Home/Cell Phone No.
------	---------------	---------------------

In order to better serve your child, please complete the following health history information.

Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ADD/ADHD	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Defect/Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Head Lice (recent)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recent Hospitalization	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Currently under Dr.'s care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Seizures	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Allergies

Hay Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bee Stings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Oak/Ivy Poisoning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Require bee-sting kit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foods	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Penicillin	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes to any of the above questions, please explain: _____

Dietary Restrictions? Yes No If yes, please explain: _____

Any reason to restrict full activity including swimming, long hikes, strenuous physical games? Yes No

If yes, please explain: _____

PLEASE READ STATEMENT AND INITIAL BELOW:

All Y staff working directly with children are required to take training beyond their current education and experience in child abuse prevention and positive guidance within the first 90 (ninety) days of employment. As part of our policies on the protection of children, staff is not allowed to relate to members/participants outside of the Y programs. Please do not put staff in a difficult position by asking them to provide personal childcare or engage in any other outside events.

Parent or Authorized Representative Initials: _____

WAIVER OF LIABILITY - Parent's signature required in order for minor to participate in the program (Medical, Behavior, etc.)

I, the undersigned parent/guardian having legal custody of the above said minor, give permission for the minor to participate in the program described above. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. I, on behalf of myself (as parent, guardian, or participant) hereby:

1. Acknowledged that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document.
2. Release the YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near the YMCA.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA's branch; whether caused by the negligence of Releasees or otherwise.
4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
5. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.
6. **PHOTO RELEASE:** I give my permission to the Family YMCA of the Desert to use child's picture or other likeness in any of the YMCA's general publicity and campaign materials.

Parent or Authorized Representative Signature: _____ Date: _____