



YMCA OF METRO CHICAGO

Participant Emergency Information Packet

PERSONAL INFORMATION

Child's name: _____ Birthdate: _____ Age: _____ Gender: _____

Address: _____ City: _____ State: _____

School child attends: _____ Grade: _____

Primary family email address: _____

PARENT/GUARDIAN INFORMATION

1 Parent/Guardian : _____ Relation: _____ Age: _____

Address (if different from the child): _____ City: _____ State: _____

Cell phone: _____ Employer: _____ Title: _____

Work hours: _____ Work phone: _____

2 Parent/Guardian : _____ Relation: _____ Age: _____

Address (if different from the child): _____ City: _____ State: _____

Cell phone: _____ Employer: _____ Title: _____

Work hours: _____ Work phone: _____

Child lives with: Both Parents Mother Father Other _____

ADULTS AUTHORIZED TO PICK UP MY CHILD/EMERGENCY CONTACTS

*Other than parents/guardians
*Minimum of 2 required

	Name/Age	Relationship	Address	Preferred Phone
1				
2				
3				
4				
5				

UNAUTHORIZED PICKUP: People who CANNOT pick up your child from YMCA programs:

1. Name _____ Relationship _____

2. Name _____ Relationship _____

HEALTH INFORMATION

The following questions are asked so that we may best serve your child in programs. Any information you disclose is confidential.

While in program, are there any health conditions that you would like us to be aware of?

No YES, _____

While in program, will your child need to take medication?

Please complete the Permission to Dispense Medication form.

No YES, _____

While in program, are there allergies we should be aware of?

No YES, _____

Allergic reaction (describe) _____

Treatment _____

Does your child require a modification due to disability in order to participate in programs?

No Yes Questions? Please contact inclusion@ymcachicago.org

Are there activities that your child should be exempt from due to health reasons? _____

Are all immunizations up to date? No (provide exemption letter) Yes

Date of last Tetanus TDap _____

RELEASES

Initials

MEDICAL RELEASE

I do hereby give my permission for the YMCA of Metropolitan Chicago staff to secure proper medical treatment and care for child/children named below, and further, if deemed appropriate by the YMCA of Metropolitan Chicago staff, to transfer child/children named below off site by ambulance to secure medical treatment and care.

Initials

AUTHORIZATION FOR SUNSCREEN

I acknowledge that I will sufficiently apply sunscreen to all of my child's exposed skin, and agree that YMCA of Metropolitan Chicago Staff may reapply the sunscreen that I provide, labeled with my child's name.

Initials

YMCA BEHAVIOR MANAGEMENT PROCEDURES

My child and I have read and understand the behavior expectations and procedures, found on the YMCA of Metro Chicago website.

Initials

YMCA CHILDCARE TRANSPORTATION POLICY & PROCEDURE

I/We acknowledge that I have received a copy of and agree to the transportation policy and procedure for the YMCA childcare programs.

TALENT RELEASE

In consideration of my participation in activities to be conducted and/or sponsored by the YMCA, the receipt and sufficiency of which is hereby acknowledged, I hereby freely and without restraint consent to and grant the YMCA of Metropolitan Chicago and its agents, successors, licensees, assigns, and affiliated entities (collectively, the "YMCA") the right to publish, print, photograph, videotape, record or otherwise reproduce my voice, appearance, opinions, statements, biographical information, name, place of residence (city and state) and other personal information concerning me, to own all the results thereof as a work for hire for copyright purposes, and to exhibit, display distribute, transmit and/or otherwise exploit any and all such reproductions containing my voice, opinions, statements, appearance, and/or other contributions, altered as the YMCA may see fit, in any and all media now or hereafter known, including without limitation by means of internet, email, still photography, billboard, radio, television, video, soundtrack recordings, printing, merchandising, public displays, exhibitions, and in advertising and/or publicity in connection therewith, and the right to use my name, city and state of residence in any connection with any of the foregoing. The rights granted by me hereunder are granted for the entire universe and shall inure in perpetuity and no further compensation shall be payable to me at any time in connection there with.

I hereby release the YMCA from any and all claims and demands arising out of or in connection with the uses stated above, including without limitation any and all claims for libel, slander, invasion of privacy, infringement of my right of publicity, defamation, copyright or trademark violation, and any other personal and/or proprietary rights, and I agree that I shall not now or in the future assert or maintain any such claim against the YMCA with respect to the subject matter herein. The release shall be governed by Illinois law without regard to its conflict of laws principles.

ACCEPT

DECLINE

FACILITY USE WAIVER

Agreement to the facility use waiver also applies to offsite field trips, if applicable.

I agree to follow all rules and regulations of the YMCA of Metropolitan Chicago ("YMCA") while in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect to location, whether in-person, remote, or virtual, and understand and agree that I may be expelled at any time, with no refund of any monies paid, for failure to abide by such rules and regulations. I agree that I am responsible for the supervision of my minor child/ward while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA, where the YMCA is not expressly providing direct supervision as part of specific program objectives, of my minor child/ward without respect to location, whether in-person, remote, or virtual. IN CONSIDERATION OF BEING PERMITTED TO UTILIZE THE FACILITIES, SERVICES AND PROGRAMS OF THE YMCA FOR ANY PURPOSE, INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA WITHOUT RESPECT AS TO LOCATION, I HEREBY AGREE TO THE FOLLOWING:

1. I UNDERSTAND THAT ACTIVITIES AT THE FACILITY OR ELSEWHERE, INCLUDING USE OF EQUIPMENT AND PARTICIPATING IN PROGRAMS, CAN INVOLVE MOVEMENT, STRAIN, EXPOSURE TO ILLNESS, OR INFECTION, AND OTHER ELEMENTS THAT CREATE RISK OF SERIOUS INJURY OR DEATH. I HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, ILLNESS, INFECTION, DEATH, PROPERTY DAMAGE, OR ANY OTHER LOSS, regardless of severity, that I or my minor child/ward may sustain from my or minor child/ward's presence in, upon, or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, except for any injury, damage or loss that is caused solely by the YMCA's gross negligence.
2. I, FOR MYSELF, ANY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN, HEREBY FULLY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE YMCA, its operating centers, their respective Officers, Directors, Managers, Trustees, Members, Volunteers, Employees, agents, or representatives (the "Releasees") and each of them from any and all claims for injuries, illness, damages, or losses that I or my minor child/ward may have or which may accrue to me or my minor child/ward from my and/or my child/ward's presence in, upon, or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, except for any injury, damage or loss that is caused solely by the YMCA's gross negligence.
3. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage, or cost they may incur from my or my minor child/ward's presence in, upon, or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location except for any loss, liability, damage, or cost that caused solely by the YMCA's gross negligence. I further expressly agree that the foregoing ASSUMPTION OF RISK, RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and if any portion thereof is deemed or held invalid or unenforceable, it is agreed that the remainder of this agreement shall continue in full legal force and effect.

THIS AGREEMENT APPLIES TO ALL VISITS AND USAGE BY ME OF ANY YMCA FACILITY OR PROPERTY OR PARTICIPATION IN ANY YMCA PROGRAM, WHETHER IN-PERSON, REMOTE OR VIRTUAL WITHOUT RESPECT TO LOCATION.

I HAVE READ AND VOLUNTARILY SIGNED THIS ASSUMPTION OF RISK, RELEASE, WAIVER AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Parent/Guardian Signature _____ Date _____