



## Participant Emergency Information Packet

This form must be completed and returned with the registration form. Only one of these forms is needed for some program registrations throughout the session. The following questions are being asked so that our program staff can better serve your child and all other participants. Your answers are strictly confidential. Please be as specific as possible. Please print clearly. Thank you.

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

School name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Family e-mail address: \_\_\_\_\_

Parent/Guardian#1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Work hours: \_\_\_\_\_ Work phone: \_\_\_\_\_

Parent/Guardian#2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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 Parent/Guardian (minimum of 2 are required)

	Name	Relationship	Cell phone	Home phone
1.				
2.				
3.				
4.				
5.				
6.				

### UNAUTHORIZED PICK-UP: People who CANNOT pick up your child from YMCA Session program:

1. Name \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship: \_\_\_\_\_

**INSURANCE INFORMATION:** Is the participant covered by family medical/hospital insurance?    Yes    No

If yes, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

Carrier address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship to participant \_\_\_\_\_

**HEALTH HISTORY:** Describe any of your child's current health conditions requiring medical attention, treatment or special restrictions or considerations while at program \_\_\_\_\_

Does your child take any medications? \_\_\_\_\_

Does your child have any allergies, including food? \_\_\_\_\_ If so, please list \_\_\_\_\_

Reaction to allergy/management of allergy \_\_\_\_\_

Are there any activities that your child should be exempted from for health reasons?    Yes    No

Description: \_\_\_\_\_

All immunizations required for school are up to date    Yes    No (exemption letter must be attached)

Date of last TETANUS shot (mm/yy) \_\_\_\_\_

Please list any past medical treatments: \_\_\_\_\_

**DEVELOPMENTAL HISTORY OF CHILD:** Please describe your child's interaction with children of the same age

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How would you describe your child's personality? \_\_\_\_\_

Swimming ability:                  Non-swimmer                  Fair Swimmer                  Good Swimmer

Does your child have any special fears that we should be aware of? \_\_\_\_\_

Does your child have any special needs that we should be aware of to better understand your child and be able to work with your child? (Please be specific) \_\_\_\_\_

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### **YMCA CHARACTER CONTRACT**

The goal of our program is to provide an atmosphere for children to develop a variety of satisfying skills and relationships, while enjoying healthy activities. Throughout the year we continue with our Character Development mission to develop Respect, Responsibility, Caring, and Honesty among our participants. As a family, please read and discuss the Character Contract together.

1. **Appropriate Conversation** – Children will not be allowed to discuss inappropriate topics or contribute to demeaning conversations about other children or staff.
2. **Appropriate Language** – Children must refrain from using obscene language or gestures for any reason.
3. **Respect** – When asked to do or not to do something, a child needs to follow directions first time given. This is for the safety of all children. Please speak to staff & other children with respect.
4. **Play** – Children are asked not to engage in any horseplay with each other or with a teacher. No one will be allowed to hit, push, or display any type of aggressive behavior. We will use words to settle our differences. We keep our hands and feet to ourselves.
5. **Responsibility** – All children need to remain with their group and within eyesight of their teacher. This applies here on the YMCA grounds and on off-site fieldtrips. At all times we want participants to be safe.
6. **Caring** - It is important to use and care for equipment, toys and games properly so that other children can enjoy them. We will care for the property of the YMCA, of other participants and of the YMCA staff.

**What will happen when this contract is violated:** If an incident occurs where a child conducts himself/herself in such a manner which jeopardizes their safety, the safety of others, or is not in accordance with the mission of the YMCA, the following steps will be taken.

1. **First Violation** – a staff member will address and document the issue directly with the child. The child may be removed from an activity for the day such as swimming, free time, etc.... Parents will be contacted during the day or at the end of the program depending on the time of the incident. Parents must sign the character contract at the time of pick-up.
2. **Second Violation** – a staff member will address and document the issue directly with the child. The parent or guardian will receive a phone call and may be asked to pick up their child within the hour. The child may or may not be allowed to attend the program the next day that he/she is registered for. Parents must sign the character contract at the time of pick-up.
3. **Third Violation** – a staff member will address and document the issue directly with the child. Parents may be contacted immediately to pick up their child from the program. The child will be suspended for the day or week that he/she is registered for depending on the severity of the incident. Parents must sign the character contract at the time of pick-up.

4. **Fourth Violation** – Child will be dismissed from program for the remainder of the program.

**\*\*We reserve the right at any time to dismiss your child from the program immediately if we deem unsafe placement due to environment, physical, emotional or other harm to themselves, other children, staff and members. In the event of removal of program we will refer you to either the YMCA Child Care Resource and referral at 630.790.8137 (ymcadupage.org/) or Action for Children at 312.823.1200 (actforchildren.org).**

I have read and understand the policy regarding dismissal from the program. Initials \_\_\_\_\_

The following character contract guidelines have been read and discussed.

Child's Signature \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**YMCA PARENT HANDBOOK**

I/We have read and understand and adhere to the policies and procedures set forth in the Parent Handbook.

Initials \_\_\_\_\_

**TALENT RELEASE FORM**

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 to 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 insure 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 YMCA with respect to the subject matter herein. This release shall be governed by Illinois law without regard to its conflict of laws principles.

SIGNATURE OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**AUTHORIZED PICK-UP/EMERGENCY PICK-UP:** I, \_\_\_\_\_ authorize the people listed above to pick up my child and be contacted in the event of an emergency from the \_\_\_\_\_ YMCA. In doing so, I relieve the YMCA of Metropolitan Chicago, its centers and employees of all responsibility for my child after he/she has been released from the program. Attempts will be made to reach the parent/legal guardian first. Initials \_\_\_\_\_

**MEDICAL RELEASE:** I do hereby give permission for the YMCA of Metropolitan Chicago staff to transfer child named above off property for the purpose of medical care as deemed appropriate by the Director and in the event that I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the Director, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above. Initials \_\_\_\_\_

**FACILITY USER/FIELD TRIP AGREEMENT:** 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 as to location, 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.

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 PARTICIPATION IN PROGRAMS, CAN INVOLVE MOVEMENT, STRAIN AND OTHER ELEMENTS THAT CREATE RISK OF SERIOUS INJURY OR DEATH. I ALSO UNDERSTAND THAT PROGRAM ACTIVITIES INCLUDE FIELD TRIPS TO LOCATIONS OUTSIDE THE YMCA PREMISES, AS DESCRIBED IN DETAIL IN THE PROGRAM MATERIALS, AND THAT PUBLIC OR PRIVATE TRANSPORTATION MAY BE UTILIZED TO TRANSPORT PARTICIPANTS TO AND FROM THESE FIELD TRIP LOCATIONS. I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE OR LOSS, regardless of severity, that I or my minor child/ward may sustain 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, or while being transported to and from field trip locations outside the YMCA premises, 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 of Metropolitan Chicago, its operating centers, their respective officers, directors, Board of Managers, Trustees, members, volunteers, employees or agents (the "Releasees") and each of them from any and all claims for injuries, damage or loss 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 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 locations, or while being transported to and from field trip locations outside the YMCA premises, 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, or while being transported to and from field trip locations outside the YMCA premises, except for any loss, liability, damage or cost that is caused 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 held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THIS AGREEMENT APPLIES TO ALL PAST, PRESENT AND FUTURE VISITS AND USES BY ME TO ANY YMCA FACILITY OR PROPERTY.

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

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AGREEMENT. THIS AGREEMENT CONTAINS A WAIVER AND RELEASE.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Parent/Legal Guardian \_\_\_\_\_