



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## YMCA of Metro Chicago PARTICIPANT EMERGENCY INFORMATION PACKET

### PERSONAL INFORMATION PLEASE PRINT

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

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

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

Name of School child attends: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Workhours: \_\_\_\_\_ Work phone: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Workhours: \_\_\_\_\_ 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/Age	Relationship	Address	Preferred 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: \_\_\_\_\_

**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 \_\_\_\_\_

### INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance?  Yes  No

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

Phone number: \_\_\_\_\_ Carrier address City/State/Zip: \_\_\_\_\_ Name of insured: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

The following questions are asked so that we may best serve your child in programs.

Any information that you choose to 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?

No  Yes, \_\_\_\_\_

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

No  Yes, \_\_\_\_\_

Allergic reaction (describe) \_\_\_\_\_

Treatment \_\_\_\_\_

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

No  Yes If you have any 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 (please provide exemption letter)  Yes Date of last Tetanus \_\_\_\_\_

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### 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, to secure proper treatment for and to order injection, anesthesia or surgery for my child as named above. Initials \_\_\_\_\_

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Please describe your child's interactions with children of the same age \_\_\_\_\_

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

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### SWIMMING ABILITY

Non Swimmer  Fair Swimmer  Good Swimmer

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

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Is there any other information that you would like to share so that we may better understand and work with your child? \_\_\_\_\_

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### YMCA PARENT HANDBOOK

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

### YMCA CHARACTER PLEDGE

My child and I have read and understand the character pledge found 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 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.

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

## PARENT CONSENT FOR ASSESSMENT

The YMCA of Metropolitan Chicago ("YMCA" or "we") is asking to collect assessments (i.e. surveys) from your child during the program day. We use these measures to evaluate how our programs currently serve the academic and social needs of your child and to plan ways to continue nurturing their development. Assessments often happen in the beginning and the end of the programming session, this way we can measure the growth of your child's development. The results of the assessment will be used to inform how YMCA staff trains and plans to best support your child.

We will use assessments widely utilized in child and youth programming that can provide reliable, valid scores to tell us more about a child's development across our mission anchors: Academic Readiness, Character Development, Violence Prevention, and Fitness and Healthy Living.

To allow your child to participate in the assessment, please fill in the form below. Results will be stored anonymously with the YMCA. Your child's name and any other identifying information will never be shared with parties outside the YMCA or published with information identifying your child. Results will not impact your child's participation or enrollment in YMCA programs.

Thank you for your participation!

I (Print your name) \_\_\_\_\_, the parent/guardian of  
(print child's name) \_\_\_\_\_ give my consent to  
YMCA's Learning and Evaluation staff and other professionals secured by the YMCA to conduct the assessments:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Staff: Please return to Learning and Evaluation at [lande@ymcachicago.org](mailto:lande@ymcachicago.org)

## 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 or 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 incur whether 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 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 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 this 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 remaining Agreement 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 FACILITY USE/FIELD TRIP AGREEMENT, and further agree that no oral representations, 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 \_\_\_\_\_

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### AUTHORIZATION FOR SUNSCREEN

By signing this form, 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.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_