

# • Palomar Family YMCA Program Registration

1050 N. Broadway, Escondido, CA 92026 • Phone 760-745-7490 • Fax 760-745-7942

**PLEASE** PRINT LEGIBLY - USE ONE FORM PER CHILD

Child's name \_\_\_\_\_  M  F Age \_\_\_\_\_ Grade \_\_\_\_\_

Birth Date \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

School \_\_\_\_\_ Email \_\_\_\_\_

Palomar Family YMCA Member?  No  Yes –  Family M'ship  Youth M'ship Expiration Date: \_\_\_\_\_

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

Employed by \_\_\_\_\_ Employed by \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's work phone \_\_\_\_\_ Father's work phone \_\_\_\_\_

Mother's email \_\_\_\_\_ Father's email \_\_\_\_\_

## INFORMATION REQUIRED BY STATE LAW

HEALTH INSURANCE CO.: \_\_\_\_\_

Policy number: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## HEALTH RECORD (check if applicable or allergic)

- Ear Infections  Poison oak  Rheumatic Fever  
 Diabetes  Insect stings  Convulsions  Penicillin  
 Hay Fever  Behavioral Problems  
 other: \_\_\_\_\_

Description of any camp activities from which the camper should be exempted for health reasons: \_\_\_\_\_

Past Medical Treatment: \_\_\_\_\_

Allergies / Dietary Restrictions: \_\_\_\_\_

Immunization Dates: \_\_\_\_\_

Tetanus immun. date: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Description of any current physical, mental, or psychological conditions requiring medication, treatment or special restrictions or consideration while at camp: \_\_\_\_\_

## EMERGENCY INFORMATION

Authorized persons, other than parents, to be called in case of an emergency:

Name Phone Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CHILD RELEASE AUTHORIZATION

Persons AUTHORIZED to pick up child from the facility:

NAME RELATIONSHIP

\_\_\_\_\_

\_\_\_\_\_

Persons UNAUTHORIZED to pick up child from the facility:

NAME RELATIONSHIP

\_\_\_\_\_

\_\_\_\_\_

## BRANCH RELEASE/WAIVER FOR YMCA YOUTH (MINORS)

NAME OF MINOR \_\_\_\_\_

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. In consideration of said minor being permitted to enter any branch of YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above or any program, I, on behalf of myself (as parent, guardian, coach aide, spectator or participant) hereby:

1. Acknowledge 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 any YMCA branch.

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 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. The PALOMAR FAMILY YMCA may use my child's photos for promotional purposes.  
I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full legal force and effect.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME