

SCHOOLS OUT SAFARI

Registration 2009-10

CHILD'S INFORMATION

CHILD'S NAME		GRADE	AGE	CARSEAT	Y	N
			BIRTHDAY			
PARENT/GUARDIAN		RELATIONSHIP		HOME PHONE		
ADDRESS		CITY ZIP		CELL PHONE		
				WORK PHONE		
EMAIL ADDRESS						
EMERGENCY CONTACT		RELATIONSHIP		PHONE		
CIRCLE ONE				MEMBER #		
YMCA COMMUNITY MEMBER		FACILITY MEMBER				

	Friday, October 9
	Wednesday, November 11
	Monday, December 21
	Tuesday, December 22
	Wednesday, December 23
	Thursday, December 24
	Monday, December 28
	Tuesday, December 29
	Wednesday, December 30
	Thursday, December 31

	Monday, January 18
	Friday, January 29
	Monday, February 15
	Monday, March 22
	Tuesday, March 23
	Wednesday, March 24
	Thursday, March 25
	Friday, March 26
	Friday, April 16
	Friday, June 11

SCHOOL CHILD ATTENDS:

FEES PAID:

RECEIPT #:

EUGENE FAMILY YMCA

2055 Patterson Eugene OR 97405 541.686.9622 www.eugeneymca.org

We build strong kids, strong families, strong communities.



YMCA Health Form

Information and Authorization

YMCA Program		Does your child have a YMCA Membership?		
		Yes		No
Name of Child	Nickname	Birthday	Age	
Child's Home Address			Phone Number	
Parent/Guardian Name	Home Address		Phone Number	
Employer	Work hours	Work Phone	Cell Phone	
Parent/Guardian Name	Home Address		Phone Number	
Employer	Work Hours	Work Phone	Cell Phone	
Child's Doctor	Address		Phone Number	
Child's Dentist	Address		Phone Number	

Besides those listed above, the following people are authorized to pick up my child

Please contact this person
in case of an emergency

Name	Relationship	Phone	Yes	No

My child has allergies	Yes		No	
-------------------------------	------------	--	-----------	--

List:	
-------	--

My child needs a car seat/booster	Yes		No	
--	------------	--	-----------	--

	weight		age	
--	--------	--	-----	--

Child has a physical, developmental condition, chronic illness or other problem?

Explain:

Up to Date Immunizations	Yes		No	
---------------------------------	------------	--	-----------	--

	Date of last Tetanus		Date of Last DTP	
--	----------------------	--	------------------	--

Current Medication	
---------------------------	--

List:	
-------	--

Has your child had	
---------------------------	--

Measles		Whooping Cough		Scarlet Fever	
---------	--	----------------	--	---------------	--

Mumps		Chicken Pox	
-------	--	-------------	--

Meal Considerations:	
-----------------------------	--

Vegetarian		Vegan		Diabetic	
------------	--	-------	--	----------	--

General Information	
----------------------------	--

Please give any information concerning your child which will be helpful for staff:

--

Emergency Medical Treatment Authorization & Registration Agreement

◆ As a parent or legal guardian of the following child: _____, I hereby authorize the Eugene Family YMCA, 2055 Patterson, Eugene OR, 97405, 686-9622, to seek dental, medical or surgical treatment for the above named child, when qualified staff deem necessary, if a parent or legal guardian cannot reasonably be located when the child is brought for treatment. In an emergency, the Eugene Family YMCA has my permission to call an ambulance or take my child to any available physician or hospital at my expense.

◆ I have read the parent handbook and I understand and will adhere to all YMCA policies. As a participant in programs at the Eugene Family YMCA I understand the following: my child will be taken on field trips or excursions by van, bus or private motor vehicle under proper supervision, my child may participate in swimming activities at the YMCA, my child may have sunscreen applied, and my child may be photographed and the photos may be used for publicity or news purposes for the YMCA.

Signature		Date	
------------------	--	-------------	--

EUGENE FAMILY YMCA

It's Where Your Family Belongs!
--

2055 Patterson Eugene OR 97405 541-686-9622 www.eugeneymca.org
--