



Adventures in After School Program Registration Form

Child's Name: _____

Parent's Name(s): _____

Phone: _____

Address: _____

Grade (2018-19): _____

Child's Date of Birth: _____

Parent's Phone Numbers:

Name: _____ Work: _____ Cell: _____

Name: _____ Work: _____ Cell: _____

Please list 2 people who we can contact in case of an emergency if the parent's cannot be reached:

Name: _____ Phone(s): _____

Name: _____ Phone(s): _____

If we are unable to reach the parents or emergency contacts do we have permission to seek emergency medical care as we see fit? YES NO

Please list any allergies your child has:

Please list any medications your child takes: (If we need to dispense medicine at camp the medication must be in its original bottle and we must have written instruction from the physician to dispense.)

Please give us any information about your child you feel we should know in order to keep your child happy and safe at camp.

Consent and Release

I understand that the activities I desire to participate in or have my child participate in at the Southwestern Montana Family YMCA, Inc. can result in injury or harm to me or my child. I accept full responsibility for my own welfare and the welfare of my child. I voluntarily waive all claims for liability for injury or harm that I or my child may be entitled to bring against the Southwestern Montana Family YMCA, Inc. This release is intended to be as broad as permitted by law and I understand that Southwestern Montana Family YMCA, Inc. is relying on this release and agreement to allow me or my child to participate in the Southwestern Montana Family YMCA, Inc. event(s). I agree to indemnify and hold harmless the Southwestern Montana Family YMCA, Inc., its directors, officers, employees, agents, and representatives from any cause of action, claims, demands, losses, expenses (including attorney fees), and all other costs arising from my use or my child's use of the Southwestern Montana Family YMCA, Inc. facilities or programs

Parent's Signature

Date