

**Lynch/van Otterloo YMCA  
Family Fun Night Drop Off**



Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

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

Email Address \_\_\_\_\_

Parent/guardian #1 \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Cell (     ) \_\_\_\_\_

Parent/guardian #2 \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Cell (     ) \_\_\_\_\_

Email address \_\_\_\_\_

Other than the parent/ guardian listed above, please list anyone authorized to pick your child up from the Friday Kids Night.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Release**

Does your child have allergies? allergy \_\_\_\_\_

on medication? medication \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Subscriber \_\_\_\_\_

Medical Insurance Number: \_\_\_\_\_ Subscriber DOB \_\_\_\_\_

In case parents cannot be reached, emergency contact

Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

I hereby give permission for my child to be photographed while attending Friday Kids Night and for those photographs to appear in YMCA promotional materials.

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

**I understand that my child has the opportunity to go swimming in the pool, rock climbing, and we will be using the Gymnastics Center.**

In the event of a medical emergency, every effort will be made to contact a parent/guardian or emergency contact of my child. In the event a parent/guardian cannot be reached, I hereby give the Lynch/Van Otterloo YMCA permission to transport my child to the nearest medical facility or appropriate emergency medical treatment facility.

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