Cape Ann YMCA – YMCA OF THE North Shore

Teen Information and Emergency Form 2017-2018

Name	Age	Date of Birth / /	Your Cell Phone Number / /	Text? Y/N	FB? Y/N

Address	Town	School	Grade

Primary Guardian Contact Name	Phone Number	Relationship
Secondary Guardian Contact Name	Phone Number	Relationship
Alternative Emergency Contact Name	Phone Number	Relationship

Physician's Name	Address	Phone Number	Insurance Carrier and Policy #

Are you on any medication? ____ If yes, please specify ____

Do you have any allergies? _____ If yes, please specify ____

Do you have any limitations that would prohibit your full participation in activities? ____________________

If yes, please specify ____

(May be provided with a separate page)

- I give permission for my child to participate in the regular activities of the YMCA of the North Shore, and when necessary to be transported by the YMCA.
- I give staff of the YMCA permission to take photos of my child for YMCA promotional purposes.
- I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the YMCA to transport my child to the nearest medical care facility and the hospital staff may administer emergency medical care.

Parent/Guardian Signature ______________________________________ **Date** _______________

18 YEARS OF AGE AND OLDER MAY SIGN FOR SELF

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I UNDERSTAND THAT CERTAIN BEHAVIORS MAY CAUSE THE YMCA TO PROHIBIT CONTINUED PARTICIPATION IN THE PROGRAM. IN THE EVENT A PARTICIPANT IS REMOVED FROM THE PROGRAM FOR SEVERE VIOLATION OF THE RULES (INCLUDING BUT NOT LIMITED TO: STEALING, DESTRUCTION/VANDALISM OF PROPERTY, POSSESSION OF DRUGS OR ALCOHOL, VERBAL OR PHYSICAL ABUSE, AND/OR SMOKING), THERE WILL BE NO CREDITS ISSUED OR REFUNDS GIVEN FOR LOST TRIPS AND/OR EVENTS.

Participant Signature ____ **Date** ______________