



## Lakewest

### Child Care Program

3737 Goldman Ave • Dallas, Texas 75212 • (214) – 630 – 9880

Name of Child	Date of Birth	T-shirt Size (if applicable)	Home Phone	Age	Grade
Hours & Days in Care M T W Th F ___ am to ___ pm All Day Outs ___ am to ___ pm	Entry Day	School		School #	
Child's Home Address	City	State	Zip Code	Gender	
Parent or Guardian Name	Work Phone ( )	Employer Name		Emergency Number ( )	
Are your child's immunization records on file at your child's School? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Mother's Driver License / ID.Number			Father's Driver License / ID.Number		

I hereby authorize the YMCA to allow my child to leave the facility ONLY with the following persons (emergency contacts):

Name Driver License / ID. No. Phone Number ( )	Name Driver License / ID .No. Phone Number ( )	Name Driver License /ID. No. Phone Number ( )
Parent's Marital Status: __Married __Separated __Divorced __Widowed __Single If separated, who has custody of the child _____ May YMCA release child to non-custodial parent? _____		
<b>Transportation:</b> I hereby __give __do not give my consent for my child to be transported to and from the YMCA.		
<b>Water Activities :</b> I hereby __give __do not give my consent for my child to participate in water activities.		
<b>Field Trips :</b> I hereby __give __do not give my consent for my child to participate in field trips.		
I certify that my child has been examined by a licensed physician in the past year.I have attached a Health Care Professional's Statement from his/her doctor to verify that he/she is able to participate in YMCA programs:_____		
List dietary restrictions:	List all medical conditions,allergies and/or daily medications:	
__I have received and agree to abide by YMCA's policies. __I have attached my child's shot records __I have attached a copy of his/her Dr's Statement __ Picture release form	By my signature, and of my free will, I do hereby agree to indemnity and save harmless the Young Men's Association from any and all or claims or demands, cost or expense arising out of any injuries or damage sustained by me or sny party I am responsible to or for  _____	
Signature of YMCA Staff Verifying info	Signature - Parent/Legal Guardian	Date

List any special problems that your child may have, such as previous serious illness, injuries during the past 12 months and any pertinent information. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Does your child have:
- Convulsions
  - Epilepsy
  - Diabetes
  - Asthma
  - Hayfever
  - Hyperactivity

- Does your child have allergic reactions to:
- \_\_ Penicillin
  - \_\_ Foods (specify)
  - \_\_ Insect Bites

List any medications your child is taking  
 \_\_\_\_\_

Parent's Comments: \_\_\_\_\_

**AUTHORIZATION FOR MEDICAL TREATMENT**

In the event that I cannot be reached to make arrangements for medical treatment, I authorize the YMCA staff to administer first aid and/or transport my child to the nearest hospital.

**Name of Licensed Physician**

**Address**

**Telephone No.**

NOTARY PUBLIC:

SEAL

SWORN TO AND SUBSCRIBED BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

PRINT OT TYPE NAME OF NOTARY PUBLIC HERE

MY COMMISSION EXPIRES THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

I give consent for necessary medical treatment from physician and/or hospital/clinic.

\_\_\_\_\_  
Signature - Parent/Legal/Guardian

\_\_\_\_\_  
Date

Office Use

Source \_\_\_\_\_ Date \_\_\_\_\_

Source \_\_\_\_\_ Date \_\_\_\_\_

Source \_\_\_\_\_ Date \_\_\_\_\_



**Lakewest YMCA  
Child Care Program**

**Hearing and Vision Screening**

I certify that \_\_\_\_\_ hearing and vision screening test and shot Records  
Childs Name

are on file at \_\_\_\_\_ Elementary School, located at  
School Name

\_\_\_\_\_ Dallas, TX \_\_\_\_\_ . Phone \_\_\_\_\_  
Address Zip

Parent/Guardian Name \_\_\_\_\_  
Print

Parent/Guardian Signature \_\_\_\_\_  
Sign

Date: \_\_\_\_\_, 2009



Lakewest YMCA  
Child Care program

Doctors Health Statement

I certify that I have examined \_\_\_\_\_ and he/she may participate in the child care program.

Special instructions or limitations \_\_\_\_\_

Date of examination: \_\_\_\_\_ Printed/typed name  
of Physician \_\_\_\_\_

Physician's address: \_\_\_\_\_ Signature of Physician: \_\_\_\_\_  
(stamp)

We build strong kids, strong families, strong communities



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3737 Goldman St.  
Dallas, TX 75212  
214-630-9880  
214-689-6460 (fax)

## Swim Registration Form and Waiver of Liability

Name \_\_\_\_\_

Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name (if applicable) \_\_\_\_\_ Birth date \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

List any special problems your child may such as, allergies, tubes in ears, medications, injuries or illnesses, fear of water, past pool or boating accidents:

\_\_\_\_\_  
\_\_\_\_\_

Please list or describe any previous swimming instruction or water experiences you/your child has had: \_\_\_\_\_

I hereby give permission for \_\_\_\_\_ to participate in water activities sponsored and supervised by Lakewest YMCA Aquatic Staff.

I hereby authorize the Lakewest YMCA or its representative to take me/my child: \_\_\_\_\_ to the nearest medical facility or \_\_\_\_\_ if parents cannot be reached in an emergency.

By my signature and of my free will, I do hereby indemnify and save harmless the YMCA of Metropolitan Dallas from any and all claims or demands, costs or expenses arising out of any injuries, damages or other losses whether personal or property, sustained by me or any party to whom I am responsible.

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_



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### PHOTO RELEASE

In exchange for good and valuable consideration, the adequacy of which is hereby acknowledged, I hereby give the **YMCA of Metropolitan Dallas**, its legal representatives, successors, and assigns, including its member YMCA associations, or those for whom it is acting, and all persons and corporations acting with its permission or upon its authority the absolute right and permission to take, copyright, use, and publish photographs of or concerning \_\_\_\_\_, in  
Name

whole, in part, or in composite, for purposes of YMCA art, advertising, education, or promotion, or for any other purpose consistent with the YMCA mission.

I agree that the photograph becomes the exclusive property of the YMCA of the USA and I waive all rights thereto.

I waive all rights to inspect and/or approve any printed matter that may be used in conjunction with the photograph and the use to which it may be applied.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (if minor child, parent or guardian signs)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

#### YMCA Mission:

To put Christian values into practice through programs that build healthy spirit mind and body for all