

**Seeley-Swan YMCA
Registration/Health History/Medical Release**

Camp/Program: _____

Participant's Name: _____

Address: _____ Zip Code: _____

Phone: _____ Cell Phone: _____ Email: _____

Email address to be used for program updates. It will not be shared with any other organization or entity.

Emergency Contact: _____ Phone: _____

Age: _____ Date of Birth: _____

Grade: _____ School: _____

PERSONAL HISTORY (if yes, please explain):

Note: This medical form must be carried with the coach, assistant, or team manager at all practices and games until the season is complete. All information provided will be kept confidential. Health history will not affect eligibility to participate in program.

Heart Disease: Yes No _____

Heart Murmur: Yes No _____

Heart Surgery: Yes No _____

Diabetes: Yes No _____

Muscle Disease: Yes No _____

Lung Disease: Yes No _____

Epilepsy: Yes No _____

Other _____

Do they have:

Dizzy spells
or blackouts? Yes No _____

Irregular heart beat? Yes No _____

Has your child had any broken, sprained, or bruised bones or muscles in the past 6 months? Yes No _____

Please list any medications your child is currently taking:

Please list any known allergies to medication:

Please list any specific needs or explain any medical problems that might not have been covered:

Serious, catastrophic, and perhaps fatal injury may result from participation in any sport, athletic, or recreational activity or physical exercise. I have enrolled _____ in this YMCA program. I know, understand, and appreciate the nature of this YMCA program and its activities, benefits to be expected, discomforts, dangers, and inherent risks involved in participation and agree that my child participate on that basis. I fully know and understand that my child's participation is voluntary and I am free to discontinue my child's participation at any time. I also understand that the YMCA does not provide insurance coverage for participants in any YMCA activity.

As the parent or legal guardian of the above-named participant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.

Parent/Guardian

Date

My signature above authorizes the YMCA to use any photographs or videos for marketing and local news.

Insurance Carrier: _____

Certificate/Group #: _____

Amount Paid: _____ Check Number: _____

Family discounts are available for families with 2 or more children participating in the same program. \$5 off for each child (If the program fee is \$20, pay \$15 per child.)

Please contact me:

I am interested in volunteering.

I am interested in coaching.

Last updated 2/6/2007 7:46:00 AM