

**YMCA of SUPERIOR CALIFORNIA  
FEATHER RIVER YMCA  
PROGRAM REGISTRATION**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Last First

Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Lives with: Mother    Father    Both    Other                      Sex of Child: Male    Female

Parent #1-Name: \_\_\_\_\_ Parent #2-Name: \_\_\_\_\_  
 Parent #1-Work Phone: \_\_\_\_\_ Parent #2-Work Phone: \_\_\_\_\_  
 Parent #1- Cell Phone: \_\_\_\_\_ Parent #2-Cell Phone: \_\_\_\_\_  
 Emergency Contact (other than parents): \_\_\_\_\_ Phone Number: \_\_\_\_\_

List all person authorized to pick-up child:

| Name     | Address | Phone Number | Relationship to Child |
|----------|---------|--------------|-----------------------|
| 1. _____ | _____   | _____        | _____                 |
| 2. _____ | _____   | _____        | _____                 |
| 3. _____ | _____   | _____        | _____                 |
| 4. _____ | _____   | _____        | _____                 |

List all persons who may NEVER pick-up child:

|          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

How did you hear about this program: \_\_\_\_\_

Child's Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Child's limitations and/or cautions (medication, allergies, drugs, other): \_\_\_\_\_  
 \_\_\_\_\_

Does your child have any special medical and/or behavioral problems? \_\_\_\_\_  
 \_\_\_\_\_

**Insurance:**  
 It is the responsibility of every individual, their parent or legal guardian to provide for their own accident and health coverage while participating in all YMCA activities. The YMCA of Superior California does not provide any accident or health coverage for its participants

**AUTHORIZATIONS**  
**Participation:**  
 I give permission for the YMCA to use any pictures of my child for future promotional purposes.

**Medical Treatment:**  
 I hereby give permission that my child may be given emergency treatment by a qualified staff member of the YMCA. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. In the event I cannot be contacted, I further consent to the medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital selected by the YMCA when deemed immediately necessary or advisable by the physician to safeguard my child's health.

I have read and understand the above and have completed this for to the best of my ability

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