



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YOUTH & FAMILY PROGRAM REGISTRATION

## Preschool 2018-2019

### YMCA of Southern Nevada

#### PARTICIPANT INFORMATION

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Preferred Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Grade Entering in Fall \_\_\_\_\_  Male  Female  
Home Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_

#### PRIMARY/EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Home Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Preferred  H  C  W  
Primary Custody  Mother  Father  Grandparent(s)  Other \_\_\_\_\_

#### OTHER PERSONS AUTHORIZED TO PICK UP CHILD

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

#### ENROLLMENT AGREEMENT (PLEASE INITIAL)

##### \_\_\_\_ ENROLLMENT/PAYMENT AGREEMENT

I understand that I am responsible for paying all program fees while my child is enrolled. I also understand that cancellation requires a 30 day written notice. Payment due dates are located in the Parent Handbook.

##### \_\_\_\_ TRANSPORTATION

I give consent for my child to be transported by the YMCA of Southern Nevada for field trips or emergency care.

##### \_\_\_\_ HANDBOOK/CODE OF CONDUCT

I have received and am responsible for the information in the Parent Handbook. I have also received and will read the Parent and Participant Code of Conduct.

##### \_\_\_\_ IMMUNIZATIONS

I have provided, or will provide upon request, a copy of my child's most recent immunization records.

##### \_\_\_\_ PARENT/GUARDIAN NOTIFICATION OF NRS.178

I am aware that I have the right to request and review any complaints the facility has received within the last twelve months of my child's enrollment. **Chemical Air Freshener** – We are required by the Health Department to notify all parents that chemical air fresheners are used on the premises, i.e. the bathrooms and hallways. They are NOT used in our classrooms.

##### \_\_\_\_ PEST CONTROL

The Southern Nevada Health Department permits that all parents are informed that the YMCA of SN utilizes a third party for pest control at our facility.

##### \_\_\_\_ PERMISSION TO RELEASE INFORMATION

I understand that during the time my child is at this facility that the staff may be asked for information regarding my child, and hereby give permission to release information to official persons from schools, health care personnel, welfare or other government officials. I understand that the Bureau of Services for Child Care has access to my child's record as the state licensing agent.

#### PARENT/GUARDIAN

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 2017-2018 MEDICAL INFORMATION

## YMCA of Southern Nevada

### PARTICIPANT INFORMATION

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Preferred Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Male  Female Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any allergies to food, medications, or insect bites? If so, what are the allergies and what are the treatments for them?  
\_\_\_\_\_  
\_\_\_\_\_

Will this treatment be left in the YMCA First-Aid box?  Yes  No

Does YMCA staff have permission to administer treatment if an allergic reaction occurs?  Yes  No

Is your child currently taking any medications?  Yes  No

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Times to Administer \_\_\_\_\_

Instructions to administer medication \_\_\_\_\_  
\_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Times to Administer \_\_\_\_\_

Instructions to administer medication \_\_\_\_\_  
\_\_\_\_\_

\*Any medication to be administered must be in original packaging and given to YMCA staff prior to camp attendance.

Medical History (Please include any information that would affect diagnosis or treatment)  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special needs?  Yes  No  
If so, what are they?  
\_\_\_\_\_  
\_\_\_\_\_

Are there any special accommodations that we need to make for your child?  
\_\_\_\_\_  
\_\_\_\_\_

### MEDICAL INSURANCE INFORMATION

Company Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Policy Holder Name \_\_\_\_\_

#### PERMISSION TO SEEK MEDICAL TREATMENT

In the event that I am unable to answer for my child, I hereby give permission to the YMCA of Southern Nevada staff to seek emergency medical treatment for my child. Unless noted otherwise, your child will be taken to the nearest hospital available. Please see the Parent Handbook for branch specific information.

#### PERMISSION TO APPLY SUNSCREEN

I give consent for YMCA staff to apply spray sunscreen to my child.

### YMCA OF SOUTHERN NEVADA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

The YMCA of Southern Nevada does not assume responsibility for any injury incurred while participating in athletic events, childcare programs, parent/child events and outings, special events, sports programs, or any related YMCA sponsored activity. Certain risks of injury are inherent during participation in these programs and events. The YMCA of Southern Nevada is not responsible for lost or stolen items while members and/or program participants are using the YMCA facilities, on YMCA premises, or on off-site YMCA program locations.

I, the undersigned hereby agree to hold harmless and indemnify the YMCA of Southern Nevada and/or any of its employees and/or volunteers from and against any claims, demands, liability, costs of suit, damages, loss, and/or judgments in connection with any use of the YMCA properties. This includes any injury caused by negligence, if any, of the YMCA, its officers, employees, agents, volunteers, or the negligence of anyone else. I give permission to the YMCA of Southern Nevada to use photographs, film footage, or tape recordings, which may include my image or voice, for purposes of promoting or interpreting YMCA programs for no compensation.

PARENT/GUARDIAN  
SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_