



CHILDREN'S WAITING ROOM

FREE CHILDCARE

for Military Families with Medical Appointments.



Name of Child: _____ Gender: ☐ Female ☐ Male

Date of Birth: _____ Age: _____

Address: _____

(Street)

(Apt)

(City)

(Zip Code)

Parent/Guardian: _____ Date of Birth: _____

Military: ☐ Yes ☐ No Active: ☐ Yes ☐ No Branch: _____ Rank: _____

Parent/Guardian: _____ Date of Birth: _____

Military: ☐ Yes ☐ No Active: ☐ Yes ☐ No Branch: _____ Rank: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Work Phone: _____ Rank: _____

Authorized Person for Pick-Up and Emergency Contacts: (Minimum of 3 contacts)

Name: _____ Contact Number: _____ Relationship: _____

Name: _____ Contact Number: _____ Relationship: _____

Name: _____ Contact Number: _____ Relationship: _____

Please answer the following questions.

Is your child physically and mentally able to participate in this program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child require special attention, medicine, or other routine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have any physical conditions of which we should be aware?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the child had any illness of which we should be aware?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child allergic to bee stings? If yes, is treatment required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No?
Is your child allergic to any medication(s)? If yes, which medication(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please initial and sign the following:

Media Release: I give consent for my child to be photographed or videotaped in program activities that may be used in releases or promotional brochures. I understand I will not be reimbursed for such photographs or videotapes. The Y also make every attempt to notify me of any such use of the likeness of my child. _____ (Initial)

Waiver (mandatory for participation): Participant specifically assumes all risks of injury arising out of his/her presence on the premises of the Watertown Family YMCA, use of equipment or facilities, and participation in activities, whether on premises or at another location, and for son/daughter, legal guardian and his/her heirs and assigns hereby waive, release and hold free from all claims for damages the Watertown Family YMCA and its officers, directors, members, employees, or agents. I understand the risks and dangers involved in my son/daughter participating in the programs and activities of the Y agree that he/she will not participate in any activity that may injure themselves or others. _____ (Initial)

Parent/Guardian Signature: _____ Date: _____