



The Adventure Group 14-20yrs

Please Print

Name _____ Date of Birth _____
 Address _____ Phone # _____
 City _____
 Postal Code _____

Parent /Guardian One

Name _____
 Home # _____
 Work # _____
 Cell # _____
 Email _____

Parent /Guardian Two

Name _____
 Home # _____
 Work # _____
 Cell # _____
 Email _____

Alternative Emergency Contact

Name _____
 Address _____
 City _____
 Home # _____
 Work # _____
 Cell # _____

Who is authorized to pick up the participant?

(only the names listed will be eligible for pick up)

Please use the space below to comment on any medication or medical concerns, allergies, special dietary needs or special assistance your child may require. We are happy to assist with any situations we are aware of.

Authorizations:

In the unlikely event that the participant named above is injured or becomes seriously ill while at the YMCA, and I cannot be reached, I authorize YMCA senior staff to seek and authorize any ad all hospitalizations, medical, dental and/or surgical treatment deemed advisable by the circumstances. While every reasonable precaution is taken with YMCA programs, it is agreed that the YMCA and its staff and volunteers are released from all liability for injury to the above names participants or for loss or damage to personal property. Yes No

Signature of Parent/Guardian _____ Date _____



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Additional Information

Home life

Health

Supervision / Safety Concerns:

Communication / Social Development

Other Comments
