



# The Adventure Group Plus 21+ yrs

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 required. 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

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### Health

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### Supervision / Safety Concerns:

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### Communication / Social Development

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### Other Comments

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