

Y AFTERSCHOOL™

Kidstop Registration

Child Information

Camper Name: _____ **Grade** _____
Date of Birth _____ Age _____ Sex _____ Child's school _____
Start Date: _____ Days Attending: ___ Mon ___ Tue ___ Wed ___ Thur ___ Fri

Family Information

Father:

Last Name: _____
First Name: _____
Home Telephone #: (____) _____
Bus. #: (____) _____
Cell. #: (____) _____
Email: _____
Billing Address: _____

Mother:

Last Name: _____
First Name: _____
Home Telephone #: (____) _____
Bus. #: (____) _____
Cell. #: (____) _____
Email: _____

Is there a Divorce or separation in the family? _____
Are there any special circumstances that camp staff should be aware of relating to the family situation? _____

*Please note that if there are special custody arrangements the YMCA must have all necessary paperwork on file.

Emergency Contacts- also authorized to pick up child from Kidstop

1st Contact _____ Work # _____ Home # _____ Cell# _____
2nd Contact _____ Work # _____ Home # _____ Cell# _____

Health History

Family Doctor: _____ Phone # _____

Does your camper have any allergies? Yes ___ No ___

If yes, what are they allergic to? _____

Is there any behavior/special considerations that the YMCA should know about?

Immunizations Current: Yes ___ No ___ Please attach copy.

Parent's Authorization:

- My child may use the equipment and participate in all activities associated with the Kidstop program.
- I give the YMCA permission to seek emergency medical attention for my child if I am unable to be reached. I further understand that the YMCA is not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment.
- I, as the parent, release and agree to indemnify and hold harmless the Oahe YMCA, its Board of Directors, employees, sponsors, officials and volunteers for any injury or illness which my directly or indirectly result from my child's participation.
- To the best of my knowledge, my child is in good health and I will notify the YMCA if he/she is exposed to any infectious diseases.
- I give permission to the YMCA to use any photograph my child is in for promotional material.
- I understand the Kidstop administration reserves the right to dismiss a child who, in their opinion, is a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of the YMCA.
- I have read and agree with the written policies covered in the YMCA Kidstop handbook.

Parent Signature _____ Date _____