

Family Password

**ASHLAND FAMILY YMCA
HEALTH FORM**



General Information

Name of Participant: _____ DOB: _____ Grade: _____ M or F

Child's Pronouns *please circle:* she/her he/him they/them

Address: _____ City: _____ State: _____ Zip: _____

Parent #1: _____ Parent #2: _____

Email: _____ Email: _____

Primary Phone: _____ Secondary Phone: _____ Primary Phone: _____ Secondary Phone: _____

Emergency Contacts *(Authorized to pick up child if unable to reach parents)*

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Information

If medications are to be administered during YMCA programs, a Medication Release Form is required.

Medications taken within last 6 months: _____ Reason: _____

Medication Allergies: _____

Dentist/Orthodontist's Name: _____ Phone #: _____

Doctor's Name: _____ Phone #: _____

Health History *(check those applicable, add approximate dates)*

Hay Fever _____	Gluten Allergy _____	Heart Defect/Disease _____
Ivy Poisoning _____	Frequent Ear Infections _____	Convulsions _____
Insect Stings _____	Chicken Pox _____	Diabetes _____
Penicillin _____	Asthma _____	Bleeding/Clotting _____

Are all immunizations current: _____

Has this person menstruated _____ If not, has she been told about it _____ If so, is her menstrual history normal _____

Comments *(Dietary/health restrictions, behavior, anything you feel the YMCA should be aware of, etc.)* It is the responsibility of the parent to verbally communicate all critical information to each program director for every program your child participates in. _____

PLEASE COMPLETE BOTH SIDES - SIGNATURE REQUIRED.

IMPORTANT – MUST BE COMPLETED FOR ATTENDANCE

Parent’s Authorization: The history is correct so far as I know, and the person herein described has permission to engage in all prescribed YMCA activities except as noted by me and the examining physician.

I hereby give permission to the medical personnel selected by the YMCA staff to order X-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. The authorization applies whether the charges are covered by participant insurance or by myself.

The Ashland Family YMCA does not carry accident insurance on its members or participants. All expenses incurred in the treatment of injuries due to accidents will be the responsibility of the participant or his/her own insurance carrier. I agree as a result of injury to hold harmless the Ashland Family YMCA. This form may be photocopied.

- I understand that my child may be photographed and such photography may be used for YMCA promotion.
- I grant permission for my child to participate in activities including, but not limited to, supervised swimming activities and field trips in YMCA vehicles or other modes of transportation authorized by the director.

YMCA GYMNASTICS / PARKOUR
NOTIFICATION OF RISK

Gymnastics/Parkour, like any other athletic activity involving bodily motions that subject the body to contact with other objects that don’t move, involves risk of injury. Your child can be injured, and these injuries can be serious. These injuries can include broken bones and are painful. There is NO LANDING SURFACE that can entirely prevent this from happening. Also, no coach, no equipment, and no procedure can completely eliminate risks. Paralysis or death can result from landing improperly on your head or neck.

Martial Arts is an activity that involves bodily contact and is inherently dangerous and may cause serious injuries, including bodily injury, broken bones and/or death. No instructor can completely eliminate risks.

I certify that I have been notified of risk in gymnastics/parkour/martial arts. I have been notified that the Ashland Family YMCA does not carry accident insurance on its members or participants. All expenses incurred in the treatment of injuries due to accidents will be the responsibility of the participant or his/her own insurance carrier. I agree as a result of injury to hold harmless the Ashland Family YMCA and all staff.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____