

YMCA OF METRO ATLANTA EMERGENCY INFORMATION, WAIVER, AND MEDICAL AUTHORIZATION FORM

PRINT PARENT/GUARDIAN NAME: _____ Date _____

CHILD'S INFORMATION: **Complete one form for each child.**

First Name: _____ Last Name: _____ Age: _____

Birth Date: _____ Male Female Unspecified

Are immunizations current? r NO r YES

Has child been hospitalized or had operations, serious injuries, fractures, etc. in the past five years? r NO r YES

Does he/she have any disability, special needs, chronic or recurring illness or conditions? r NO r YES

Does he/she have any conditions requiring medical, treatment or special considerations while in this program? r NO r YES

Are there any activities from which your child should be exempted for health reasons? r NO r YES

Name current medications (prescribed or over the counter) and give instructions: _____

List allergies and diet restrictions: _____

If you answered YES to any of the questions above, please give details: _____

HEALTH INSURANCE INFORMATION:

Physician's Name: _____ at (hospital/clinic/office): _____

Phone Number: _____ Medical Insurance Carrier: _____

Policy Number: _____ Group Number: _____

INITIAL EMERGENCY CONTACT:

Parent/Guardian to be contacted first: _____ Phone: _____

If the initial emergency contact cannot be reached, we will attempt to reach (Please include at least one relative and one available neighbor):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

YOUTH PROGRAM PARTICIPANT RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury, illness, or property damage however caused arising out of the named minor's participation in any YMCA programs, now or any time in the future.

- Acknowledgement of Risk.** I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge, and agree that participation in youth program activities conducted or sponsored by the **Young Men's Christian Association of Metropolitan Atlanta, Inc.**, and its subsidiaries and affiliates, and its past or present officers, directors, managers, employees, supervisors, agents, or representatives and assigns (collectively known as the "YMCA") comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with youth program and childcare activities (collectively, "Youth Program") participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with Youth Program participation and that said list in no way limits the operation of this Agreement.
- Coronavirus / COVID-19 Warning & Disclaimer.** Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YMCA Youth Program activities or accessing YMCA facilities could increase the risk of contracting COVID-19.** The YMCA in no way warrants that COVID-19 infection will not occur through participation in YMCA Youth Program activities or accessing YMCA facilities.
- Consent to Medical Treatment.** By signing this form I hereby give permission to YMCA staff to administer over-the-counter medications and physician-ordered medication to my child named below in cases deemed necessary, and in the event I cannot be reached in an emergency, I hereby give permission to the YMCA to hospitalize, or secure proper treatment for, my child. I hereby FOREVER release, discharge, indemnify, hold harmless, defend, exonerate, and covenant not to sue the YMCA from any and all liability or claim whatsoever which arises or may hereafter arise, directly or indirectly, on account of any first aid, treatment, or medical service rendered in connection with the Youth Program activities participated in by my minor child with the YMCA, and I assume all risk associated therewith. I also understand that the YMCA does not and shall not assume any responsibility for or obligation to provide financial assistance or other assistance to me or to my minor child (if applicable), including, but not limited to, medical, health, or disability insurance in the event of injury, illness, or other claim or loss.

4. **Consent to Transport.** I give permission for my child/ward to participate on supervised field trips away from the site and to be transported on a YMCA owned, leased or hired vehicle.

5. **Waiver, Release, Indemnification & Covenant Not to Sue.** In consideration of the participation of _____, [DOB] _____], in YMCA Youth Program activities, I, _____, the parent/guardian of the named minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the YMCA, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, together with the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the YMCA on account of personal injury, property damage, illness, death or accident of any kind, arising out of or in any way related to the use of the YMCA facilities/equipment, participation in YMCA Youth Program activities or other activities whether that participation is supervised or unsupervised, however the injury, illness, or damage occurs. In consideration of the named minor's participation in Youth Program activities, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's Youth Program participation.

6. **Other.** I expressly agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, and all other applicable laws, rules, and regulations wherever found, and that this Agreement shall be governed by and interpreted in accordance with the internal laws of the State of Georgia. I agree that jurisdiction and venue for any actions with respect to this Agreement shall only be had in a tribunal of competent jurisdiction in Fulton County, Georgia. I agree that in the event that any clause or provision of this Agreement shall be held to be invalid by any tribunal of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement, which shall continue to be fully enforceable.

7. **Policy on Photography.** I authorize and grant permission for the use and reproduction of any and all photographs or video footage of myself or my dependents for any lawful purpose including YMCA promotional purposes without compensation,

8. **Licensing Disclosure.** I understand that the YMCA day camp program is not licensed and is not required to be licensed by the State. The YMCA has been granted an exemption from licensing by the Department of Early Care and Learning.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in Youth Program participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks even those caused solely or partially by the negligence of Releasees. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, illness, or death, the named minor sustains while participating in Youth Programs and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, illness, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in Youth Programs.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

ACKNOWLEDGEMENT OF POLICIES & GUIDELINES: By signing below, I acknowledge that I have read the above information, and that I understand the policies and guidelines of the program and I agree to abide by them. Should I have any questions or concerns, I will contact the Program Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants and parents follow all rules, guidelines and procedures in order for the program to be a successful experience for all.

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____

Address: _____

City: _____ **State** _____ **Zip Code:** _____

Phone: _____

YMCA OF METRO ATLANTA AUTHORIZATION FOR CHILD PICK UP FORM

Child's Legal Name: _____ Age: _____ Date of Birth: _____

Child's Home address: _____

PICK UP INFORMATION: Complete one section for each person authorized to pick up your child.

Parent/Guardian - 1 Contact Information:

FirstName: _____ LastName: _____ Age: _____

Relation to Child: _____ MALE FEMALE Unspecified

Home Phone: (____) - ____ - ____ Cell Phone: (____) - ____ - ____

Work Phone: (____) - ____ - ____ ext. _____

Email: _____

Preferred Contact Method: Home Work Cell Other: (____) - ____ - ____

Parent/Guardian - 2 Contact Information:

FirstName: _____ LastName: _____ Age: _____

Relation to Child: _____ MALE FEMALE Unspecified

Home Phone: (____) - ____ - ____ Cell Phone: (____) - ____ - ____

Work Phone: (____) - ____ - ____ ext. _____

Email: _____

Preferred Contact Method: Home Work Cell Other: (____) - ____ - ____

AUTHORIZED PICK UP - 3:

Name: _____ Relation to Child: _____

Preferred Phone: (____) - ____ - ____ Phone Type: Home Work Cell Other: _____

AUTHORIZED PICK UP - 4:

Name: _____ Relation to Child: _____

Preferred Phone: (____) - ____ - ____ Phone Type: Home Work Cell Other: _____

AUTHORIZED PICK UP - 5:

Name: _____ Relation to Child: _____

Preferred Phone: (____) - ____ - ____ Phone Type: Home Work Cell Other: _____

AUTHORIZED PICK UP - 6:

Name: _____ Relation to Child: _____

Preferred Phone: (____) - ____ - ____ Phone Type: Home Work Cell Other: _____

AUTHORIZED PICK UP POLICIES

Only the people listed above may pick up your child from camp. No exceptions are made for family members. Additionally, please inform us below if there are specific people who are not allowed to pick up your child under any circumstances.

SIGNATURE OF PARENT/GUARDIAN: _____ Date: _____

UNAUTHORIZED PICK UP INFORMATION:
These people are specifically not allowed to pick up your camper.

UNAUTHORIZED PICK UP - 1:

Name: _____ Age _____ Male Female Unspecified

UNAUTHORIZED PICK UP - 2:

Name: _____ Age _____ Male Female Unspecified