Stevens Point Area YMCA

PARENT/GUARDIAN CONSENT/RELEASE FORM

Parents Night Out – 6-9pm any of the following dates: Jan.11; Feb 8, 22; Mar. 8, 29; Apr. 5, 26; May 3 2019 Grades K-5

Contact: Tiffany Praeger, Camp & Teen Director, 715.342.2980 ext. 326

____ **P/G Initials** I hereby certify that my child is in good health and capable of safe participation, and can participate in the **Parents Night Out Program – 6-9pm any of the following dates: Jan.11; Feb 8, 22; Mar. 8, 29; Apr. 5, 26; May 3, 2019**

____ **P/G Initials** I understand and acknowledge that the activity in which my child is about to participate in has inherent risks. I agree that my child's voluntary participation in this YMCA activity shall be undertaken at his/her sole risk, and that the YMCA, its directors, employees, and volunteers shall not be liable for any claims, injuries, damages, losses, illness, diseases, death, actions or causes of action whatsoever, to my child and his/her property, arising out of or connected to participation in this program.

____ **P/G Initials** In the event that I or emergency contact listed below cannot be reached in an emergency, I give my consent for YMCA staff to act in my behalf in granting permission for my child to receive emergency treatment. I will be responsible for the payment of any and all medical services rendered.

____ **P/G Initials** I give my permission for the YMCA or other media to use photographs, slides, and/or videotapes of my child for promotional purposes.

____ **P/G Initials** Participants with special needs or challenges will be accepted provided that reasonable accommodations can be made for their participation in the program and/or their participation does not require an inordinate amount of staff time. I understand that if my child or I requires an unusual amount of one to one attention, whether due to special needs or behavior, my child may be denied or removed from the program without refund.

Participant Name _____ Birth Date _____ Grade ____ M or F

Participant Address _____

Street City State Zip

Parent/Guardian Name(s) _____ Email:_____

Home Phone _____ Other Phone(s) _____

Emergency Contact Name & Relationship _____

Phone(s) _____ Other Emergency Info _____

Person(s) authorized to pick-up participant _____

Please list and describe any participant **Allergies** (medications, food, insects, animals, plants, etc...) _____

_____

_____

Please name any **Medications** taken by participant (Also describe reason for taking) _____

_____

_____

Will participant medication need to be taken during this program __ Yes __ No __ Maybe *If yes or maybe a medication authorization form must be completed at check-in. All medications are required to be in their original container and be clearly labeled.*

Please list and describe any other participant **Health or Behavioral Conditions/Disorders/Impairments/Special Needs and indicate if there are any Restrictions** _____

_____

*Please list any participants your child would like to be grouped with:_____

___ *P/G Initials* The information I provided above is accurate and complete and I understand that it is my responsibility to provide any changes/updates to the YMCA.

I have carefully read and initialed each of the above parental/guardian consent sections. I fully understand that by signing this form I have given my consent on all sections contained within.

_____ _____

Signature of Legal Parent/Guardian **Date**