



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

KIDS ZONE HALE YMCA

Parent/Guardian 1

First and Last Name: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Parent/Guardian 2

First and Last Name: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Emergency Contact *(Not located in the Y Facility. This person will have permission to pick up child.)*

First and Last Name: _____

Home Phone #: _____ Cell Phone #: _____

Child's Information #1

First & Last Name: _____

Date of Birth: _____ **Staff reserves right to confirm date of birth on membership application*

List of allergies and current medical conditions: _____

Child's Information #2

First and Last Name: _____

Date of Birth: _____ **Staff reserves right to confirm date of birth on membership application*

List of allergies and current medical conditions: _____

Child's Information #3

First and Last Name: _____

Date of Birth: _____ **Staff reserves right to confirm date of birth on membership application*

List of allergies and current medical conditions: _____

I, (parent/guardians name) _____ authorize the Hale YMCA Youth and Family Center staff to consent to emergency medical treatment for the above child/children when the need for such treatment is immediate and when efforts to contact me are unsuccessful.

I received the Kids Zone parent handbook: YES NO

Signature of Parent or Guardian: _____ **Date:** _____

Signature of Parent or Guardian: _____ **Date:** _____

3rd Authorized Person to Drop off or Pick up (if 3rd person is member of YMCA):

Name: _____

3rd Authorized Person's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Member ID: _____