



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Ann Arbor YMCA 2018 Child Watch Registration Form

Member Number: _____

Child's **FULL LEGAL** Name: _____ Date of Birth: _____ Gender: M F Allergies Y/N: _____

Child's Name: _____ Date of Birth: _____ Gender: M F Allergies Y/N: _____

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<p align="center">Emergency Contact Information</p> <p>1). Parent/Legal Guardian's FULL Name: _____ Phone Number: _____</p> <p>2). Parent/Legal Guardian's Name: _____ Phone Number: _____</p> <p>3). Emergency Contact (Other than a Parent/Legal Guardian; Must be someone who is NOT on your Family Membership)</p> <p>Name: _____</p> <p>Phone Number: _____</p>	<p align="center">Name of ALL persons, not including parent and legal guardians, to whom the child may be released (i.e. <i>Nanny, Grandparent, Friend of the family</i> etc. Must be 18+ Please print clearly!</p> <p>Name: _____ Phone Number: _____ Relationship to family: _____</p> <p>Name: _____ Phone Number: _____ Relationship to Family: _____</p> <p>Name: _____ Phone Number: _____ Relationship to Family: _____</p>
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Please Specify Allergy Type and Necessary Information (If listed 'Yes' above):

***Useful Information that can help us get to know your child(ren)** (i.e. Toys or activities that your child likes, Sitting up, crawling, potty training, etc.):

I give permission to the Ann Arbor YMCA to secure emergency medical and/or treatment for the above-named child while in their care. I have also read the YMCA Child Watch Terms of Use and guidelines (see Parent Handbook), I understand and agree to follow them. I also give permission to the Child Watch staff to take my child/ren to other areas within the Ann Arbor YMCA (i.e. gym, studio).

Signature of Parent/Legal Guardian: _____ Date: _____

Staff Member Accepting Form: _____ Date: _____

