



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Ann Arbor YMCA 2019 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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Emergency Contact Information

1). Parent/Legal Guardian's **FULL** Name: _____

Phone Number: _____

2). Parent/Legal Guardian's Name: _____

Phone Number: _____

3). **Emergency Contact (Other than a Parent/Legal Guardian;**

Must be someone who is NOT on your Family Membership)

Name: _____

Phone Number: _____

Name of ALL persons, not including parent and legal guardians, to whom the child may be released (i.e. *Nanny, Grandparent, Friend of the family* etc.
Must be 18+)

Please print clearly!

Name: _____

Phone Number: _____

Relationship to family: _____

Name: _____

Phone Number: _____

Relationship to Family: _____

Name: _____

Phone Number: _____

Relationship to Family: _____

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: _____

