



Ann Arbor YMCA  
Child Watch Registration Form

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Member Number: \_\_\_\_\_

Child's First Name	Last Name	Birthday	Age	Allergies Y/N

<b>Emergency Contact Parent/Guardian</b>
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Full Name	Phone Number	Permission to Release child to Y/N:

<b>REQUIRED Emergency Contact Information (Must NOT be on your family membership)</b>
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Full Name	Phone Number	Permission to Release child to Y/N:
<b>REQUIRED:</b>		
<b>Additional:</b>		

<b>Allergy Information (If you marked yes)</b>
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Allergy	Reaction	Requires Immediate Response Y/N

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: \_\_\_\_\_

See back for additional information:

**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.):**

Child's First Name	Information

See back for additional information: