



GREATER WICHITA YMCA KID ZONE ENROLLMENT FORM

Please fill this form out completely and with a blue or black pen, please print.

Child 1: _____ Gender: M F Birth Date: _____

Child 2: _____ Gender: M F Birth Date: _____

Child 3: _____ Gender: M F Birth Date: _____

Child 4: _____ Gender: M F Birth Date: _____

IDENTIFYING INFORMATION (Parents/Guardians)

Name 1: _____ Email: _____

Address: _____ Home Phone: _____

Employer _____ Work/Cell Phone: _____

Name 2: _____ Email: _____

Address: _____ Home Phone: _____

Employer _____ Work/Cell Phone: _____

LOCAL EMERGENCY CONTACTS

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Doctor: _____ Phone _____

Hospital Preference: _____

Please indicate if your child has any of the following conditions:

- _____ Special Needs
- _____ Speech, Vision, Hearing Impairment
- _____ Asthma
- _____ Epilepsy or Seizures
- _____ Diabetes
- _____ Allergies (please list)

If your child has special needs, please see the Youth & Family Coordinator to fill out an Intake Form.

**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

CONSENT & LIABILITY WAIVER

- I have read and agree to follow the policies & procedures brochure. I understand any violation may result in my child's suspension from the Kid Zone.
- I will not hold the Greater Wichita YMCA responsible for any loss or damage to personal property.
- I release the Greater Wichita YMCA, its staff and volunteers from all claims of injury which may be sustained by above child while participating in any YMCA-sponsored activity, whether caused by the negligence of the YMCA or otherwise. If I am unavailable and medical attention is required, I give my permission for such medical care.
- I understand I will be notified in case of an accident or illness to my child so I may make arrangements for medical care with the physician or hospital of my choice. I realize medical expenses are the responsibility of the parent/guardian.
- I understand that if my child has an allergy I will alert the Kid Zone staff every time I check in my child by placing a bright colored name tag on their back identifying their allergy.
- I grant permission to use photographs or videos of the above child(s) in the YMCA promotional/educational materials.

Signature of Parent/Guardian

Date