



Warren County YMCA Academy Form



ENROLLMENT APPLICATION

Child's Name _____ Sex _____ Birthdate _____
 Child's Name _____ Sex _____ Birthdate _____
 Child's Name _____ Sex _____ Birthdate _____
 Child's Name _____ Sex _____ Birthdate _____

IDENTIFICATION INFORMATION

Child(ren) live(s) with _____ Guardian's Birthdate _____

Mother's Name _____ Email Address _____
 Address _____ Cell Phone _____
 Employment _____ Work Phone _____
 Address _____ Hrs. of Employment __:__:__ to __:__:__
 Single _____ Married _____ Divorced _____ Remarried _____

Father's Name _____ Email Address _____
 Address _____ Cell Phone _____
 Employment _____ Work Phone _____
 Address _____ Hrs. of Employment __:__:__ to __:__:__
 Single _____ Married _____ Divorced _____ Remarried _____

Stepmother's Name _____ Email Address _____
 Address _____ Cell Phone _____
 Employment _____ Work Phone _____
 Address _____ Hrs. of Employment __:__:__ to __:__:__
 Single _____ Married _____ Divorced _____ Remarried _____

Stepfather's Name _____ Email Address _____
 Address _____ Cell Phone _____
 Employment _____ Work Phone _____
 Address _____ Hrs. of Employment __:__:__ to __:__:__

Single _____ Married _____ Divorced _____ Remarried _____

SCHOOL INFORMATION

Which school does your child(ren) attend? _____

If they attend United, what days will they be in school?

Monday Tuesday Thursday Friday

★United lunch distribution is still a work in progress and will have more information before Y Academy begins.

If they attend Monmouth-Roseville, will they need hot lunch everyday or will they be bringing their own lunch everyday? (M-R will be delivering students hot lunch) you **MUST** choose one option as we need to present the school with the same numbers each day.

Hot Lunch Cold Lunch

PHYSICIAN INFORMATION

Physician _____ Clinic/Hospital _____

Address _____ Phone Number _____

EMERGENCY CONTACTS IN IMMEDIATE AREA

1. Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

2. Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

PICK-UP AUTHORIZATION

1. Name _____ Relationship _____

Address _____ Phone Number _____

2. Name _____ Relationship _____

Address _____ Phone Number _____

3. Name _____ Relationship _____

Address _____ Phone Number _____

4. Name _____ Relationship _____

Address _____ Phone Number _____

PHOTO & VIDEO RELEASE

I hereby grant permission for my child(ren) to be included in videos or photographs connected with the Warren County YMCA Academy that may be used for The Warren County YMCA social media pages.

Parent/Guardian Signature _____ Date _____

MEDICAL INFORMATION

Is your child(ren) allergic to anything? (bee stings, food, medications, etc.) _____

Are there any health conditions/physical problems that would impair your child(ren)'s activity?

Does your child(ren) have ADD, ADHD, or any type of behavioral disorder we should be aware of?

Does your child(ren) have any speech problems? _____

Are there any special diet requirements or other special instructions? _____

1. Tetanus Immunizations – Date: _____ Booster Dates: _____

2. Tetanus Immunizations – Date: _____ Booster Dates: _____

3. Tetanus Immunizations – Date: _____ Booster Dates: _____

4. Tetanus Immunizations – Date: _____ Booster Dates: _____

CONSENT TO ADMINISTER MEDICATION

I hereby give permission for my child(ren), _____, to take medication while attending the YMCA Academy, under the supervision of authorized YMCA personnel.

Parent/Guardian Signature _____ Date _____

All medications must be brought in a pharmacy container appropriately labeled by a pharmacist or a physician. Be sure your child's name is clearly marked. List below the medication you wish your child to be given during YMCA Academy and circumstances for which medication is being taken. Please state dosage information clearly.

Name of Medication	Reason for taking Medication	Dosage Information
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PERMISSION STATEMENTS

I give permission for my child to participate in neighborhood walks and/or go to the parks. Yes No

I give permission for my child to participate in athletic activities, including swimming, at the Warren County YMCA. Yes No

I give permission to the staff to administer immediate first aid to my child when injured. Yes No

In case of an emergency or sudden illness, I hereby give authority to any hospital/doctor to render immediate emergency aid as might be required at the time for his/her safety. It is understood that I will accept the expense for this service. Yes No

I understand that repeated disruptive, abusive, rude, or otherwise inappropriate behavior will result in the dismissal of my child(ren). The YMCA Academy Director will determine when dismissal shall occur. I understand that advanced notice of such dismissal is not required. Yes No

I understand that the YMCA Academy is not licensed or regulated by DCFS. Yes No

LIABILITY WAIVER FOR PARTICIPANT

Participants in the Warren County YMCA Academy are not covered by any medical or accident insurance. Each participant must furnish his/her own personal coverage. Many sports activities and programs have

inherent elements of danger. As a parent of an enrolled child in the Warren County YMCA Academy, I hereby agree to save harmless and indemnify the Warren County YMCA, its board and employees, from any responsibility for any accident, injury, or damage that may occur as a result of the participant's acts or omissions. In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel.

Parent/Guardian Signature _____ Date _____

PARENT MANUAL

I have received and read the Parent Manual that was given to me. I agree to follow the policies and guidelines within.

Parent/Guardian Signature _____ Date _____

Warren County YMCA
700 W. Harlem Ave
Monmouth, IL 61462
Phone: 734-3183 Fax: 734-7347
Website: www.warrencountyyymca.org

