

Name of family physician: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Date of last physical exam: \_\_\_\_\_  
 Clinic/Hospital: \_\_\_\_\_  
 Insurance carrier: \_\_\_\_\_  
 Dentist or Orthodontist: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Special needs – health, physical, special diet, educational or other special instructions for staff awareness:  
 \_\_\_\_\_  
 \_\_\_\_\_

Allergies: \_\_\_\_\_  
 \_\_\_\_\_

Other afflictions or details of above: \_\_\_\_\_  
 \_\_\_\_\_

Current medications (prescription only): \_\_\_\_\_  
 \_\_\_\_\_

Any specific activities to be encouraged or limited by physician's advice: \_\_\_\_\_  
 \_\_\_\_\_

Swimming Ability:  Non-swimmer  
 Beginner  Intermediate  Advanced

**PROMOTIONAL AGREEMENT**

The Two Rivers YMCA has my permission to use photographs of my children in YMCA promotional materials.  Yes  No

\_\_\_\_\_  
 SIGNATURE OF PARENT DATE

**PARENT AUTHORIZATION**

I hereby do declare my child to be physically sound, having medical approval to participate in the activities of the Two Rivers Young Men's Christian Association (YMCA). This health history is correct so far as I know and the person herein described has permission to engage in all prescribed program activities except as noted. I further understand that neither the YMCA nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. I certify that my child is amenable to discipline and free from habits or attitudes which would make him/her and undesirable participant. I understand that repeated disruptive, abusive, rude or otherwise inappropriate behavior will result in the dismissal of my child. The staff will determine when dismissal shall occur. I understand that advance notice of such dismissal is not required. I have studied the brochure and "Parent Guide" and understand the contents thereof. I understand the attendance and refund policies.

\_\_\_\_\_  
 SIGNATURE OF PARENT DATE

**EMERGENCY MEDICAL AUTHORIZATION**

I hereby give permission to the medical personnel selected by the directors/ coordinators to order X-rays, routine tests and treatment for me or my child. In the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician selected by the directors to hospitalize, secure proper treatment for, and order injections(s) and/or anesthesia and/or surgery for me or my child as named above. I will be fully responsible for any costs of such treatment, even if not covered by insurance. I give permission to program staff to administer immediate first aid to my child when injured.

\_\_\_\_\_  
 SIGNATURE OF PARENT DATE

**ACTIVITY AUTHORIZATION**

I hereby give permission for my child to participate in activities outside of the YMCA facility, which may include YMCA or public pools and traveling on YMCA or Johannes Buses. I agree to release the Two Rivers Young Men's Christian Association, its officers and directors, and the YMCA staff from any and all claims of damages, demands or liabilities which may arise as a result of my child's participation in activities. I give permission for my child to participate in neighborhood walks.

\_\_\_\_\_  
 SIGNATURE OF PARENT DATE

**TWO RIVERS YMCA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

\_\_\_\_\_  
 SIGNATURE OF PARENT DATE



FOR YOUTH DEVELOPMENT  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

# UNLIMITED POTENTIAL

REGISTER TODAY!

## Before & After School-Age Care

Before & After School-Age Care is available to you through your school district and is delivered and administered by the Two Rivers YMCA.

The SAC program is full of exciting and challenging activities that encourage children to learn new skills, develop their interests and spend meaningful time with friends and adults. All of this takes place in a safe, caring environment conveniently located in your local school.

Coordinated Approach to Child Health (CATCH) and 4-H After School Curriculum provide specialized activities that allow children to explore their interests in a variety of areas. We combine monthly themes with core areas to build experiences beyond what children are exposed to at home or in their school.

All this fun is also designed to provide children with the life skills and character development necessary to grow up to be caring, competent, responsible adults. Participants are constantly exposed to the four core values of Caring, Honesty, Respect and Responsibility and provided incentive for living these values outside of the SAC Program.



**TWO RIVERS YMCA**

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 Moline, IL 61265  
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