

PROGRAM(S)  
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# Ashland Family YMCA HEALTH FORM

Sept.  
201\_\_  
to  
Sept.  
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Sept.  
201\_\_  
to  
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Sept.  
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to  
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**General Information**

Name of Participant \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_ M or F  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent #1 \_\_\_\_\_ Parent #2 \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contacts (Authorized to pick up child if unable to reach parents)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Information**

*If medications are to be administered during YMCA programs, a Medication Release Form is required.*

Medications taken within last 6 months \_\_\_\_\_ Reason \_\_\_\_\_  
Medication Allergies \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Dentist/Orthodontist's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Do you carry family medical/hospital insurance? \_\_\_\_\_ Policy/Group# \_\_\_\_\_ Carrier# \_\_\_\_\_

**Health History (check those applicable, add approximate dates)**

<u>ALLERGIES</u>		<u>DISEASES</u>	
Hay Fever _____	Frequent Ear Infections _____	Chicken Pox _____	
Ivy Poisoning _____	Heart Defect/Disease _____	Measles _____	
Insect Stings _____	Convulsions _____	German Measles _____	
Penicillin _____	Diabetes _____	Mumps _____	
Other _____	Bleeding/Clotting _____	Asthma _____	

Are all immunizations current \_\_\_\_\_  
Has this person menstruated \_\_\_\_\_ If not, has she been told about it \_\_\_\_\_ If so, is her menstrual history normal \_\_\_\_\_  
Comments (*Dietary restrictions, health restrictions, anything you feel the YMCA should be aware of, etc.*):  
\_\_\_\_\_  
\_\_\_\_\_

**Please complete both sides - signature required.**

**IMPORTANT – MUST BE COMPLETED FOR ATTENDANCE**

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Parent’s Authorization: The history is correct so far as I know, and the person herein described has permission to engage in all prescribed YMCA activities except as noted by me and the examining physician.

I hereby give permission to the medical personnel selected by the YMCA staff to order X-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. The authorization applies whether the charges are covered by participant insurance or by myself.

The Ashland Family YMCA does not carry accident insurance on its members or participants. All expenses incurred in the treatment of injuries due to accidents will be the responsibility of the participant or his/her own insurance carrier. I agree as a result of injury to hold harmless the Ashland Family YMCA. This form may be photocopied.

- I understand that my child may be photographed and such photography may be used for YMCA promotion.
- I grant permission for my child to participate in activities including, but not limited to, supervised swimming activities and field trips in YMCA vehicles or other modes of transportation authorized by the director.

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

**NOTIFICATION OF RISK**

**YMCA GYMNASTICS**

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Gymnastics, like any other athletic activity involving bodily motions that subject the body to contact with other objects that don’t move, involves risk of injury. Your child can be injured, and these injuries can be serious. These injuries can include broken bones and are painful. There is NO LANDING SURFACE that can entirely prevent this from happening. Also, no coach, no equipment, and no procedure can completely eliminate risks. Paralysis or death can result from landing improperly on your head or neck.

I certify that I have been notified of risk in gymnastics. I have been notified that the Ashland Family YMCA does not carry accident insurance on its members or participants. All expenses incurred in the treatment of injuries due to accidents will be the responsibility of the participant or his/her own insurance carrier. I agree as a result of injury to hold harmless the Ashland Family YMCA.

Tuition Policy: In order to hold your child’s spot in his/her current gymnastics class for the next month, the tuition must be paid in full by the 19th of the current month. After the 19th, any spots not confirmed with payment will be available to new participants until the class is full.

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_