



MISSION VALLEY YMCA

5505 Friars Road, San Diego, CA 92110-2682 Phone: (619) 298-3576 Fax: (619) 298-9262

MEDICAL FORM (One Form Per Child)

Version en Español disponible en la area de recepcion y en el internet en:
www.missionvalley.ymca.org

Child's name _____ M _____ F _____ Age _____ Grade _____ Birth Date _____ Home Phone _____

Address _____ City _____ Zip _____ - _____ School _____

Parent's name _____ Parent's name _____

Employed by _____ Employed by _____

Occupation _____ Occupation _____

Parent's work phone/cell _____ Parent's work phone/cell _____

Email: _____ Email: _____

INFORMATION REQUIRED BY STATE LAW

HEALTH INSURANCE CO. _____

Policy number: _____

FAMILY DOCTOR: _____

Address: _____

Phone: _____

HEALTH RECORD (check all that apply)

☐ Peanuts ☐ ADHD ☐ Bleeding ☐ Disorders

☐ Insect Sting

☐ Asthma ☐ Diabetes ☐ Penicillin ☐ Seizures

Is the child currently taking medications? ☐ Yes ☐ No

If so, please indicate:

Description of any current physical, mental, or psychological conditions requiring medication, treatment or special restrictions or consideration while in the program:

Are your child's immunization current/up to date? ☐ Yes ☐ No

Date of last tetanus shot _____

CHILD RELEASE AUTHORIZATION/EMERGENCY CONTACTS

Authorized persons, other than parents, to pick up child from the facility or to be called in case of emergency:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Persons **UNAUTHORIZED** to pick up child from the facility:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

Child in custody of/lives with:

☐ both parents ☐ mother ☐ father ☐ other: _____

The Mission Valley YMCA may use my child's photos for promotional purposes.

☐ Yes ☐ No

BRANCH RELEASE/WAIVER FOR YMCA YOUTH (MINORS)

Name of Minor _____

Please Print

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor being permitted to enter any branch of YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above or any program, I, on behalf of myself (as parent, guardian, coach aide, spectator or participant) hereby:

1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended, and (iv) I voluntarily sign this document.
2. Release the YMCA, its directors, officers, employees, and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA branch; whether caused by the negligence of Releasees or otherwise.
4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
5. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full legal force and effect.

Signature of Parent/Guardian

Date

Print Name

This form must be completed every 6 months for all programs except camp; for all camps, a new form must be completed at the time of each registration.