



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**MDI YMCA
AFTER SCHOOL/PRESCHOOL
EMERGENCY CONTACT, MEDICAL,
AND WAIVER FORM**

PRESCHOOLERS
Circle Your Program Choice
5-DAY: MON/TUES/WED/THURS/FRI
3-DAY: MON/WED/FRI
2-DAY: TUES/THURS
ASP: 5-Day Mon/Tues/Wed/Thurs/Fri

In filling out and signing this form, I understand that I'm agreeing to the following:

1. I understand that all deposits are nonrefundable and nontransferable and fees of students who leave the Y for behavioral reasons will not be refunded.
2. I understand that all cancellations, other than verifiable medical reasons, requires a 14-7 day written notice in order to receive full or partial refunds. (Refer to Parent Handbook for more details).
3. I give permission for my child to participate in all of the activities for his/her age group.
4. I give permission for my child to be transported by the MDI YMCA for activities.
4. I give permission to the medical personal selected by the YMCA staff to transport my child to a medical facility and secure treatment in the event of an emergency.
5. I understand the certain hazards of participating in swimming/water activities and I assume the risk of possible injury in my child's participation in these activities. I hereby waive and hold harmless the MDI YMCA, its agents and employees from any liability in regards to my child participating in swimming/water related activities.
6. I understand that I am responsible for payment of all medical bills.
7. I will hold the YMCA and staff members harmless for any accident or injury that may occur.
8. I recognize that the YMCA is not responsible for lost, stolen, or damaged personal property.

STUDENT INFORMATION

Last Name: _____ First Name: _____ Gender: (circle one) Male Female

Birthdate: _____ Age: _____ Grade: _____ First Time at Preschool? _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Home Phone: _____

Parent/Guardian: _____ Work Phone: _____

Name/Address of Employer: _____

Parent/Guardian: _____ Work Phone: _____

Name/Address of Employer: _____

Do custody arrangements exists? (circle one) Yes No If Yes, please explain and attach supporting documents

EMERGENCY CONTACTS (please put contacts in preferred calling order)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PICK-UP AUTHORIZATION (other than Emergency Contacts)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

STUDENT’S SPECIAL NEEDS/MEDICAL INFORMATION

Your child’s safety is our #1 priority. Please provide as much detailed information as possible regarding special needs and medication. Please also refer to the Parent Handbook found on our website www.mdiymca.org for more information. **If your child is enrolling in our Preschool Program, a current immunization record is required before the beginning of school. You may drop it off, fax it at (207) 288-3019, or email it to our Child Care Director at angelique@mdiymca.org.**

Date of Last Tetanus Shot: _____

Has your child previously been hospitalized/had surgery? (circle one) Yes No If Yes, please describe below.

Identify any medical or emotional illness or disorder that could affect the child’s functional ability to participate in After School activities: _____

Should activities be limited? (circle one) Yes No If Yes, please explain: _____

Does the student have any allergies? (circle one) Yes No If Yes, explain: _____

List any allergy medicine your child takes: _____

Indicate any other medicine your child takes on a daily basis: _____

Does your child have any medical conditions (asthma, diabetes, seizures, etc) that Camp Cadillac needs to be aware of? If Yes, please explain: _____

Please refer to our Parent Handbook for more detailed instructions concerning prescription medications at the MDI YMCA.

Name of Current Physician: _____ Office Number: _____

Address: _____

Name of Current Dentist: _____ Office Number: _____

Address: _____

Name of Current Specialist: _____ Office Number: _____

Address: _____

Parent/Guardian Signature: _____ Date: _____

Photo Release Waiver

I permit the use of photos, slides, moving pictures of my child and/or myself for purposes of YMCA records, public relations, and/or advertising. I understand that there will be no identifying information accompanying these images.

Parent/Guardian: _____ Date: _____