

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)	
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE



PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. You will be asked to sign an identical form to be kept on file.

Please keep and refer to your copy of YMCA Program Policies.

I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program. The YMCA will take immediate disciplinary action toward staff & volunteers if a violation is discovered.

I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick-up my child must either be listed with the YMCA or other arrangements must be made by calling the YMCA office to inform them of a change.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, staff may have no recourse but to contact the police for the child's safety. Please do not put staff in a position where they have to make this judgment call.
(NSACA 30b)

I understand that state law mandates the YMCA to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I understand that no accident or medical insurance is provided with YMCA after school and day camp activities.

I have received, read and understand the Parent Guidelines to Policies and Procedures for the YMCA Child Care/Day Camp programs.

Signature Parent/Guardian

Date

Printed Name Parent/Guardian

Child's Name

Please circle the YMCA program your child attends:

Oakland Day Camp

Youth & Government

Sunnyside After School

Y-Changes



YMCA of Greater Pittsburgh
 We build strong kids,
 strong families, strong communities.

PHOTO/VIDEO RELEASE

In exchange for good and valuable consideration, the adequacy of which is hereby acknowledged, I hereby give the YMCA of Greater Pittsburgh, its legal representatives, successors, and assigns, including its member YMCA associations, or those for whom it is acting, and all persons and corporations acting with its permission or upon its authority the absolute right and permission to take, copyright, use, and publish photographs of or concerning

_____, in whole, in part, or in composite, for purposes of YMCA art, advertising, education, or promotion, or for any other purpose consistent with the YMCA mission.

NAME

I agree that the photograph/video becomes the exclusive property of the YMCA of Greater Pittsburgh and I waive all rights thereto.

I waive all rights to inspect and/or approve any printed matter that may be used in conjunction with the photograph and the use to which it may be applied.

 Date

 Signature *(if minor child, parent or guardian signs)*

 Address

 Phone Number

YMCA of Greater Pittsburgh

Y MEMBERSHIP™

We build strong kids, strong families, strong communities.

Collegiate **YMCA - MEMBERSHIP APPLICATION**

Branch name

FOR OFFICE USE ONLY

Join Date: ___/___/___	Type of Membership Youth Program	Membership #	Facility Access #
Payment Method:			
Cash_____	Check#_____	Visa_____	MC_____
		Discover_____	Amex_____
Receipt #_____	Begin Date	Inv. Date	Net Amt

ALL INFORMATION IS KEPT CONFIDENTIAL

(00) Your First Name _____ MI _____ Last _____ DOB ___/___/___ M F

(01) Spouse First Name _____ MI _____ Last _____ DOB ___/___/___ M F

Address _____ City _____ State _____

Zip Code _____ - _____ Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____ Your Employer _____ Title _____

Employer Address _____ City _____ State _____

Zip Code _____ E-mail Address _____

Emergency Contact _____ Relationship _____ Phone _____

Family Membership Information (List Last Name if Different)

#	Dependent/Children's Names	Gender	Birthdate	Relationship
02		M F		
03		M F		
04		M F		
05		M F		
06		M F		
07		M F		

NAME: _____

Renewal Information

Additional Comments

Renewal Date	Membership type	Exp. Date	Amount Paid	Payment type	Rec. #

How did you hear about the Y? Newspaper TV Radio

YMCA Brochure Member Other: _____

What are you looking to do most at the Y? _____

Referred by? _____

-over please-

Income Level of Household: \$30,000 \$30,001 to \$50,000 \$50,001 to \$70,000 \$70,001+

Ethnicity: Asian African-American Hispanic Latino Caucasian Other:

The YMCA is a volunteer-driven organization. We utilize volunteers in our programs such as YMCA Youth Super Sports coaches, special events like YMCA Health Kids Day, facility projects, fundraisers, and YMCA Branch/Committee. We can certainly use your help.

Would you like a staff member contact you regarding volunteer opportunities at this time? Yes No

If yes, what special skills do you have? _____

(e.g. carpenter, coaching, plumber)

What area are you interested in? _____

(e.g. youthsports coach, facility, special events))

I desire to engage voluntarily in the use of YMCA facilities and exercise programs. I understand that I am responsible for monitoring my own condition at all times when I am engaging in exercise at the YMCA or in a YMCA sanctioned program either on or off YMCA premises.

I agree to consult my physician and obtain permission prior to the commencement of any physical activity.

I understand that the physical activities which I may participate in at the YMCA either as a part of an exercise program or on my own, could include but may not be limited to cardiovascular training, weight lifting, aerobic exercise classes, tennis, racquetball, volleyball, wallyball, basketball and softball.

I agree to assume responsibility for any risk associated with my presence, participation and/or use of YMCA facilities or programs and, I release the YMCA, its agents, servants, and/or employees, from liability for the risk or injury, illness, or death on account of my involvement in any such physical activity at the YMCA facility.

(member signature)

(date)

The YMCA of Greater Pittsburgh is a not-for-profit health and human services organization committed to helping people to grow in spirit, mind and body. YMCAs exist to serve people of all ages, backgrounds, abilities and incomes, which is why the YMCA offers a Scholarship program based on available funding. This funding comes primarily from donations raised during our annual **Strong Communities Campaign**. Will you help to support our efforts to provide programs to every member of our community, regardless of their financial situations? Now, you can make your tax-deductible gift and take care of your membership dues at the same time. Spread your gift throughout the year by checking the box below.

I would like to make a one-time gift of \$ _____ OR

Please draft \$ _____ / month for the **Strong Communities Campaign**

CANCELLATION POLICY

It is to my complete understanding that if I wish to terminate or change my membership in any way, I must give the YMCA a 30 day written notice. I understand that I must turn in all of my membership cards upon termination, and that I will receive temporary cards for the balance of the time I have paid or will be paying.