

Youth Development/Urban Services/CCE "Helping Youth Reach New Heights"
"Nashville United 4 Haiti" Soccer Tourney (Downtown YMCA) Registration Form

PARTICIPANT NAME _____
(First) (MI) (Last)
Address _____ City _____ State _____ Zip _____
SS# _____ Phone _____ E-mail _____
Birth Date _____ Age _____ Current School & Grade _____ Gender: M F

PARENT INFORMATION

Mother's Name _____ Guardian: ___Yes ___No
(First) (MI) (Last)
Mother's Home Phone _____ Work Phone _____ Cell _____
Father's Name _____ Guardian: ___Yes ___No
(First) (MI) (Last)
Father's Home Phone _____ Work Phone _____ Cell _____
Parent/Guardian Home Address _____ City _____ State _____ Zip _____

If parents are divorced, who is Custodial Parent? _____
If there are special circumstances involving visitation and pick up rights, you must provide the Program Director with legal documentation for those arrangements.

EMERGENCY INFORMATION

In case of emergency, after attempting the above phone number(s); please list the name of each person who is authorized to act for the parent in an emergency:

Contact Name _____ Relationship _____
Work Phone _____ Home Phone _____ Cell _____

Other than those listed above, who may pick up your child?

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

PARTICIPANT INSURANCE/MEDICAL INFORMATION

Height _____ Weight _____ Eye Color _____ Hair Color _____ Race _____
Physician's Name _____ Phone _____ (required)
Insurance Coverage _____ Group# _____ Phone _____
Name of Insured _____ Relationship _____
Hospital of Choice _____

Does your child have any **ALLERGIES** or **MEDICAL CONDITIONS** that should be considered? ___Yes ___No
If yes, please specify _____

Are there any **SPECIAL INSTRUCTIONS** or **RESTRICTIONS** from you or the child's doctor? ___Yes ___No
List _____

HEALTH INFORMATION (This information is necessary to have on file in the event your child should suddenly become ill. Please feel free to attach a separate sheet of paper listing any additional information that you feel would be helpful to the staff working with your child).

Please place a **CHECK MARK** by **ALL** conditions that may apply to your child:

MEDICAL HISTORY

Ever had a reaction to a TB skin test / Been with anyone having TB / Ever been hospitalized / Ever had surgery
 Any recent injury, illness, or infectious disease / Chronic or recurring illness or condition
 Ever had emotional or psychological difficulties for which professional help was sought?
Which of the following has your child had? (circle all that apply)

Measles – Chicken Pox – German Measles – Mumps – Hepatitis – Varicella Zoster

My child's immunization records are on file at: _____ School and are up to date.
Date of last doctor's visit _____ (mo/yr) Doctor's Name: _____

HEAD/CHEST

Frequent headaches / Ever had a head injury / Been knocked unconscious / Frequent ear infections
 Has tubes in ears / Ever passed out during or after exercise / Ever been dizzy during or after exercise
 Ever had chest pain during or after exercise / Ever had seizures, fits, or shaking spells?

DIAGNOSED CONDITIONS

Ever had high blood pressure / Ever been diagnosed with: heart murmur – diabetes - asthma (circle)
 Had problems with diarrhea/constipation / Have any skin problems (i.e., itching, rash, acne)
 Ever had a bladder - kidney infection (circle) / ADD or ADHD (circle)

SPECIAL CHARACTERISTICS OR CONDITIONS

Any problems with: speech – vision – hearing (circle) / Has allergies / Has an eating disorder
 Any reactions to: medicine - DPT - insects (circle) / (Female) Has an abnormal menstrual history
 Is your child a hemophiliac (free bleeder) / Has difficulty with adult/child relationships
 Has reading limitations / Participates in special education classes in school / Respects authority
 My child has a good attitude towards school / Is generally happy – sad (circle)

ROUTINE MEDICATIONS

Please list **ALL** medications*, including non-prescription, taken routinely. The YMCA prefers that all medication be administered at home. However, if it is necessary, please send enough medication to last the entire session. Keep it in the original packaging that identifies the prescribing physician (prescription drugs only), the name of the medication, the dosage, and the frequency of administration. The participant takes medications on a routine basis: Yes No *(Attach a list of all routine meds & reasons)

~STATEMENT OF UNDERSTANDING, PERMISSION, & WAIVER~

My child has permission to participate in all YMCA of Middle Tennessee Youth Development activities, including field trips and transportation where applicable. The health history provided is correct as far as I know, and my child named above has permission to engage in all activities except as noted. I grant permission for YMCA staff to monitor my child's behavior and performance in school and to obtain copies of report cards, attendance, disciplinary, and other school records as it relates to program goals. I understand that my child is solely responsible for his/her actions. Therefore, if actions warrant, and my child's behavior is not acceptable (according to YMCA guidelines), I understand that my child may be sent home at any time and at my expense. I grant permission for photographs, written/art work, quotes, videos or other media which may include my child, to be used in media releases which benefit the YMCA. In the event of an emergency, I hereby give permission to the physician selected by the YMCA to order x-rays, routine tests, and treatment for the health of my child. In the event that I cannot be reached in an emergency, I give permission to the physician selected by the YMCA to secure proper treatment for, hospitalize, and/or to order injections, anesthesia, or surgery if necessary. In the event it becomes necessary for the YMCA staff to give consent for us, we agree to hold such person and the YMCA free and harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. By signing this form, I expressly assume the risk of damage or harm to person or property. Accordingly, neither the YMCA nor any of its agents, employees, volunteers, or invitees shall be liable to me or any of my family, agents, employees, volunteers, servants, or invitees for any damage to persons or property when and to the extent that any such damage or injury may be caused, either proximately or remotely, wholly or in part, by any act or omission, whether negligent or not, of the YMCA or any of its agents, employees, volunteers, or invitees or due to the condition, design, or defect in the building, its mechanical systems, or its equipment.

Signature of Parent or Guardian

Date

The YMCA is a non-discriminating organization and welcomes all participants regardless of race, sex, origin, or handicapping condition.