

Family YMCA of Northwest Illinois  
Camp Discovery  
Emergency Information / Pick Up form

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Nickname \_\_\_\_\_ Parents Name \_\_\_\_\_

Does your child have a BIP? YES NO Does your child have an IEP? YES NO

Allergies (food, medication, insects, asthma, or other)

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Reaction and management of the reaction

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**Insurance Information**

Is the participant covered by family/medical/hospital insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

Carrier Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to participant \_\_\_\_\_

**Authorized Pick Ups**

The people listed below are authorized to pick up and are able to be contacted in an emergency.

Name: \_\_\_\_\_ Relation \_\_\_\_\_

Home number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell \_\_\_\_\_

Where do you work \_\_\_\_\_ Schedule \_\_\_\_\_

Name: \_\_\_\_\_ Relation \_\_\_\_\_

Home number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell \_\_\_\_\_

Where do you work \_\_\_\_\_ Schedule \_\_\_\_\_

Name: \_\_\_\_\_ Relation \_\_\_\_\_

Home number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell \_\_\_\_\_

Where do you work \_\_\_\_\_ Schedule \_\_\_\_\_

Unauthorized Pick- Up: People who CANNOT pick up your child.

1). \_\_\_\_\_ 2). \_\_\_\_\_

How does your child get along with others of the same age? \_\_\_\_\_

Does your child have any serious fears? \_\_\_\_\_

Does your child need special supervision during swim times? \_\_\_\_\_

Are there any activities that your child cannot participate in? \_\_\_\_\_

Are there any home situations you feel we need to be aware of in order to properly care for your child?        Yes    No

If yes please explain: \_\_\_\_\_

### Facility/User Field Trip Agreement

I agree to follow all rules and regulations of the YMCA of Northwest Illinois ("YMCA") while in, upon, or about the premises or while using or observing the premises of any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location and understanding and agree that I may be expelled at any time, with no refund of any monies paid for failure to abide by such rules and regulations.

1. I understand that activities at the facility or elsewhere including use of equipment and participation in programs, can involve movement, strain and other elements that create risk of serious injury or death. I also understand that program activities include field trips to locations outside the YMCA premises. As described in detail in the program materials. And that public or private transportation may be utilized to transport participants to and from these field trip locations. I hereby assume full responsibility for and risk of bodily injury death or property damage or loss.
2. I, for myself, any personal representatives, assigned heirs and next of kin, hereby fully release, waive, discharge and covenant not to sue the YMCA of Northwest Illinois, its operating centers, their respective officers, directors, Board Managers, Trustees, members, volunteers, employees or agents and each of them from any and all claims for injuries, damages or loss that I or my minor child/ward's presence in, upon or about the premises or while participating in said program.
3. I hereby agree to indemnify and save and hold harmless the releases and each of them from any loss, liability, damage or cost they may incur from me or my minor child's/ward presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, or while being transported to and from field trip locations outside the YMCA premises, except for any loss, liability, damage or cost that is caused solely by the YMCA's gross negligence.
4. I hereby, agree that weekly program fees are due by Friday prior to the next week's services. Any account unpaid after two weeks is grounds for dismissal. In the event that the YMCA should be required to take any action to collect unpaid fees I understand that I shall be responsible for all costs of litigation, including attorney's fees.

I have read and voluntarily signed this assumption of risk, release, waiver and indemnity agreement, and further agree that no oral representations, statements or inducements apart form the foregoing written agreement have been made.

Signature \_\_\_\_\_ Date \_\_\_\_\_