



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CHILD WATCH INFORMATION FORM

## Mid-Willamette Family YMCA

### Child's Information

|                           |               |        |                        |
|---------------------------|---------------|--------|------------------------|
| Child's First & Last Name | Date of Birth | Gender | Allergies or Illnesses |
| _____                     | _____         | M    F | _____                  |
| _____                     | _____         | M    F | _____                  |
| _____                     | _____         | M    F | _____                  |

### Parent Information

Mother's Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Additional Information** – Please give any information concerning your child which would be helpful to him/her having a positive Child Watch experience (such as play habit, fears, likes, dislikes, ect.) This information is confidential and will be shared with appropriate staff on a NEED TO KNOW basis. \_\_\_\_\_

### Permission for Medical Treatment: Please read and initial \_\_\_\_\_

In an emergency, the YMCA has my permission to call an ambulance or take my child to any available physician or hospital at my expense. I understand that every effort will be made to contact me or the emergency contact person(s) indicated on this authorization form as soon as possible.

### Activity Permission (please initial your approval)

- \_\_\_\_\_ My child may have his/her picture taken and used for publicity or news purposes.
- \_\_\_\_\_ My child has my permission to use all play equipment used in YMCA programs.
- \_\_\_\_\_ My child has permission to participate in YMCA kids programs.
- \_\_\_\_\_ I understand if my child intentionally destroys any I.S. property, I may be charged a fee of \$4.00

### Emergency Contacts

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

### People who are authorized to pick up your child/children (List Below)

\_\_\_\_\_  
\_\_\_\_\_

### People who are NOT authorized to pick up your child/children (List Below)

\_\_\_\_\_  
\_\_\_\_\_

### Notice to Parents – Please read and initial \_\_\_\_\_

Child Watch is a member service program available for members and guests of the Mid-Willamette Family YMCA. Parents are able to leave their child/children in the care of the YMCA Child Watch staff while they are utilizing the facility. It is expected that these members and guests remain within the confines of the YMCA facility and its ground while utilizing Child Watch Services.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date