

YMCA of Tuscaloosa Mission Statement

To put Christian principles into practice through programs that build a healthy Spirit, Mind, and Body for all.

Medical Release and History

Health Statement: (to be completed by Parent/Guardian and/or Medical Doctor). YES responses will require an explanation.

	<u>YES</u>	<u>NO</u>
• Respiratory problems - Asthma, persistent cough, etc.	_____	_____
• Heart problems - High / low blood pressure, chest pain, etc.	_____	_____
• Kidney, Stomach, Gall Bladder or Liver problems	_____	_____
• Diabetes, hypoglycemia	_____	_____
• Recent fractures, illness, exposure to contagious disease, etc.	_____	_____
• Eye, ear, nose or throat problems - Skin disease	_____	_____
• Allergies - Bee stings, ant bites, plants, sun, food, penicillin, etc.	_____	_____
• Nervous disorders - Epilepsy, convulsions, dizziness, etc.	_____	_____
• Emotional disorders - Frequent anxiety, excessive fears, etc.	_____	_____
• Any hospitalization in the last two years?	_____	_____
• Do you have any physically limiting conditions?	_____	_____
• Do you currently take medication?	_____	_____
• The participant WILL be bringing medication to programs and activities	_____	_____

Explanations: _____

Emergency Medical Treatment: I understand that every effort will be made to contact the parent(s) or guardian(s) of participants. If this is not possible, I hereby Authorize the YMCA of Tuscaloosa to obtain medical treatment.

Parent / Guardian Signature _____ Daytime Phone _____
Family Physician/Clinic _____ Location _____
Phone _____ Insurance Company _____ Policy # _____

Authorization to remove child:

Father: YES ___ NO ___ **Mother:** YES ___ NO ___ (If no, documentation) _____
Other: Name _____ **Relationship** _____ **Phone** _____
Other: Name _____ **Relationship** _____ **Phone** _____

WAIVER

I hereby state that I/my child am physically and mentally capable of safe participation in the YMCA activities. I understand and expressly acknowledge that I release the YMCA of Tuscaloosa and its staff from all liability for any injury, loss or damage connected in any way to my/my child's participation in YMCA activities, whether on or off the YMCA's premises. I also authorize the YMCA to obtain medical treatment for me/my child in the event of an emergency. I give my permission to the YMCA of Tuscaloosa to use, without limitation or obligation, photographs, film footage, or tape recording which may include my/my child's image or voice for the purposes of promoting or interpreting YMCA of Tuscaloosa programs.

I hereby give my permission for my child _____ to be transported by the YMCA of Tuscaloosa..

I hereby give my permission for my child _____ to be transported to and from any scheduled field trips.

I hereby give my permission for my child _____ to participate in swimming activities provided by the facility.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

YMCA of Tuscaloosa - Building strong kids, strong families, strong communities