



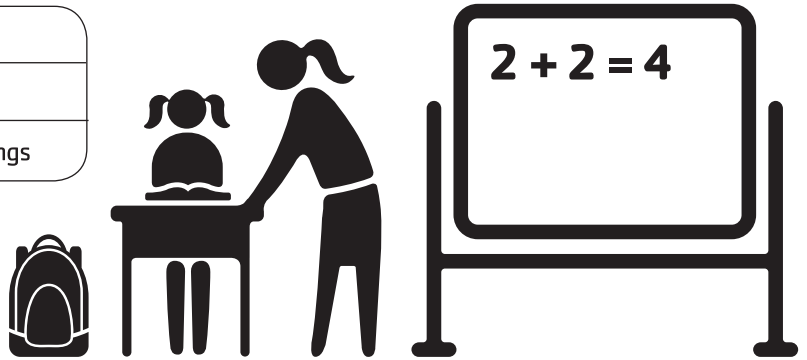
YMCA OF CALHOUN COUNTY

After School Academy Participant Information Form

WHICH SCHOOL WILL YOUR CHILD BE ATTENDING?

- COUNTY SCHOOLS**
- Alexandria
 - Pleasant Valley
 - Saks
 - Wellborn
 - White Plains

- CITY SCHOOLS**
- Cobb
 - Golden Springs



PARTICIPANT INFORMATION

Name	Age	Birthdate	Gender
Grade	School	Family email	
Mailing Address			
City	State	Zip	
Parent/Guardian	Birthdate	Home Phone	Cell Phone
Employer	Employer Phone		
Parent/Guardian	Birthdate	Home Phone	Cell Phone
Employer	Employer Phone		
Child's Doctor	Phone	Address	
Insurance Company	Insurance Policy #	Allergies/Medical	

• Please complete Medication/Medical Information Form •

Emergency Contact	Phone
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Children will not be allowed to leave the premises without being signed out by an authorized parent/legal guardian or designated adult. The child will be released ONLY to the listed names authorized below. A copy of a photo ID of the authorized person must accompany the authorization and IDs will be checked before child will be released. The pick-up authorization must be signed by the parent/guardian prior to authorize pickup. Telephone authorization is not acceptable. The YMCA staff will question those with whom it is unfamiliar and check their authorization as well as ask for proper identification. Should this information change, the parent/guardian must complete an updated authorization form by coming to the YMCA with proper documents at least 24 hours prior to child being picked up.

Persons Authorized to Pick up My Child

1. Name/Phone	2. Name/Phone
3. Name/Phone	4. Name/Phone

As a parent/guardian, I authorize my child to attend YMCA of Calhoun County Summer Camp. In case of an emergency, the Y staff has my permission to give first aid or take my child to a physician for treatment. I give my permission to the YMCA staff to call a doctor for medical or surgical care if an emergency arises. I understand a conscientious effort will be made to locate me. I understand that any medical expenses incurred will be my responsibility. I also consent that my child may be shown videos, photographs, or digital images for YMCA promotional purposes.

Parent/Guardian Signature	Date
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