

HEALTHY YOUTH
Est. USA 2004

A Sandy Springs & Dunwoody After School Tradition

1. Child's Name: _____ Gender: _____ Grade Level: _____

2. I would like a Big Brother or Big Sister (Mentor) assigned to my child this year. Yes ___ No ___

Date of Birth: ___/___/___ Age: _____ School Attending: _____

Address: _____

City: _____ Zip: _____ Phone (Home): (____) _____ - _____

Sibling Name Attending: _____ Gender: _____ Grade Level: _____

Sibling(s) Date of Birth: ___/___/___ Age: _____ School Attending: _____

Parent/Guardian #1: _____

Home Address: _____ City _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Parent/Guardian #2: _____

Home Address: _____ City _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Parents Marital Status (circle one): Married Single Divorced Widowed

If separated or divorced who has legal custody? _____

NOTE: Court orders are needed if a parent is denied access to the child.

Medical:

Medications child is presently taking: _____

Allergies: _____

In case of allergic reaction, what action should be taken:

Does your child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart conditions, history of respiratory illness or any other significant medical conditions? YES or NO If yes please state the condition:

Any services received through school: _____

Consent to release information:

I give permission for my child to be released from Healthy Youth USA with the following people. I further understand that the people listed below must show ID for my child to be released. It is required that when possible, parents notify staff in advance if someone other than themselves or someone on the list is picking up child.

1) Name: _____ Relationship: _____

Home Number: _____ Cell: _____

2) Name: _____ Relationship: _____

Home Number: _____ Cell: _____

3) Name: _____ Relationship: _____

Home Number: _____ Cell: _____

4) Name: _____ Relationship: _____

Home Number: _____ Cell: _____

Please Read Carefully

I hereby authorize the director of the Healthy Youth USA to act in any emergency requiring medical attention. My child is physically able to participate in camp activities according to our family physician stating the camper is physically fit.

PARENT/GURDIAN SIGNATURE: _____

Emergency

In care of emergency, person to contact first (circle one): Parent 1 Parent 2 Other

Other Name: _____ Telephone: _____

Child Physician: _____ Telephone: _____

Name of Insurance Company: _____ Policy # _____

Other Local Emergency Contact: _____ Telephone: _____

Other Local Emergency Contact: _____ Telephone: _____

Emergency Authorization:

I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the coached, counselors, supervisor of Healthy Youth U.S.A. act as my Agents to consent to medical, surgical or dental examination and/or treatment. In care of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the above emergency contact.

Authorization Signature:

Agreements

Please read and initial each statement and sign at the bottom of the page

____ I understand that I must adhere to the policies and procedures set forth by Healthy Youth U.S.A.

____ I have read and understood the guidelines printed in the After School Club brochure.

____ I understand that Healthy Youth U.S.A. does not carry health and accident insurance and that I am responsible for Health/Accident incurred cost.

____ I understand that I must notify Healthy Youth U.S.A. staff if my child is going to be absent from the program.

____ I understand that I must give Healthy Youth U.S.A. staff two week notice if I choose to remove my child from the program.

____ I understand that I must submit updated immunization forms and ensure this information is always current.

____ I understand that I must pay fees established by Healthy Youth U.S.A.'s payment policy.

____ I understand that at anytime, if my childcare account is delinquent, my child may be terminated from the program and may not be picked up from school to attend program.

____ I give permission for Healthy Youth U.S.A. to take and or use video and or photographs of myself and or my children for the purpose of promoting Healthy Youth USA programs.

Print Name

Signature

Date

WAIVER OF LIABILITY, DISCLAIMER, AND PERMISSION

I, the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that Healthy Youth USA are primarily administered by college students, high school student and other sports enthusiast, rather than by trained professionals. In consideration for accepting the registration of the named individual and permitting the voluntary participation of said individual in its Camp, I (for myself as well as for my child, his heirs and assigns) hereby release, discharge, and hold harmless Healthy Youth USA, and it's employees, volunteers and other representatives or affiliates (including without limitation the participating church, organizations participating through such churches, sponsors, game or event workers, officials, facilities and volunteers) from and against any and all claims arising out of or relating to illness, physical injury, death or other damages that may result to said individual while participating in an Healthy Youth USA event, including any physical injury by negligence of any official, counselor or coach while performing his/her duties during camp. I attest that my child is physically capable to participate in this event. However, should officials, representatives or volunteers determine in their sole discretion that completion or participation in any physical activity or events would be injurious to my child's health, or should my child become ill or injured, I consent to his or her removal and treatment by any physician or medical care provider at the direction of the camps staff person, sponsor, representatives and/or volunteers. I give my permission for free use of my child's name and picture in broadcasts, telecasts or written accounts of any participation in any Healthy Youth USA camps or events.

Signature: of Parent or Guardian _____ **Date:** ____/____/____