

YMCA After School Enrichment
Emergency Contact Form



Student's Last Name: _____ Student's First Name: _____

Date of Birth: _____ Home Phone: _____ Alt. Phone: _____

Parent or Guardian Name(s): _____

Address: _____

Email: _____

WAIVER OF LIABILITY:

I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children, which might arise directly or indirectly as a result of, and or participation in a YMCA Program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the YMCA of Columbia-Willamette, the various branches and subdivisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Directors of the YMCA of Columbia-Willamette, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors, and assigns.

SIGNATURE OF PARENT OR GUARDIAN

DATE

_____ **Initial here if your child has permission to walk home.**

Names of any other adults who may sign out your child:

Name Relationship

Name Relationship

EMERGENCY CONTACT (to be called if parent cannot be reached in an emergency):

Name Relationship Phone #

Allergy Information:
