

CHILD NAME _____

DATE OF BIRTH _____

PARENTS NAME _____

EMERGENCY CONTACTS (Other than Parent/Guardian) WHICH ARE AUTHORIZED TO PICK UP CHILD

1. Name _____ Relationship to child _____
_____ Phone _____

2. Name _____ Relationship to child _____
_____ Phone _____

HEALTH HISTORY CONDITIONS

PROVIDE ANY ALLERGIES OR CONDITIONS THAT YOUR CHILD HAS

PLEASE BE DETAILED

Emergency Medical Authorization: I give my consent for emergency first aid to be administered to my child by a staff member certified in first aid. I understand that for an accident involving injury of a more serious nature, an ambulance will be called. In the event of my child's sickness or accident, I expect to be contacted. However, if I cannot be reached, I the undersigned, hereby give my consent for the attending Y staff member to provide emergency care and/or treatment for my child through a clinic, OSF Medical Center, or private doctor. I give my express consent for x-rays if the attending physician feels it is advisable or necessary. I give permission to the physician selected by the director to hospitalize, either at OSF Medical Center or another hospital that is deemed necessary, secure proper treatment, and to order injection, anesthesia, or surgery for my child as names above. I also agree to pay all costs and fees contingent upon any emergency medical care and/or treatment for my child as secured or authorized under this consent. This agreement shall continue as long as your child is enrolled in a program of the Mendota Area YMCA. I have adequate medical and liability insurance and will provide proof of such upon request.

PARENT/GUARDIAN SIGN

Waiver Release & Photography Release: In consideration of the Mendota Area YMCA (hereafter YMCA) Sand Volleyball League allowing my child to participate including participation in any and all activities where located, and travel to and from such activities. I/we do hereby Release and Discharge the YMCA, its Board of Directors, the Administration, the agents, representatives, and employees thereof, from any and all claims, demands and causes of action which may accrue to us/me, our/my heirs, executor or assigns, as a

consequence of, and resulting from undertaking such activity, including personal injury or property damage which my child may sustain in the course of such activity participation.

I/we acknowledge that this activity is being provided as a benefit to my child and not for the benefit of the YMCA. I understand that the YMCA will assume no responsibility for damage, accidents, injuries, or medical injuries (including, but not limited to; broken bones, torn ligaments or tendons, back injury, or soft tissue injury) and/or dental injuries/expenses incurred as a result of my child's participation in this activity.

I/we assume all responsibility for any damage that my child may cause to themselves, others, and/or property while participating in the activity. I/we release and waive, and further agree to indemnify, hold harmless, and reimburse the Board of Directors, the individual members, agents, employees and representatives thereof, from and against, any claim which I/we, or any other persons, firm or corporation may have to claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of my child's participation in the activity or the rendering of emergency medical procedures or treatment, if any.

As the YMCA Sand Volleyball League is held offsite, any use of the host facilities and/or its services are at the discretion of the parent(s) of the youth participant(s). I/we assume all responsibility for the use of the goods and services provided by the host facility.

Photo: I hereby authorize the YMCA to publish photographs taken during my youth's attendance in any of the 2024 programs. This authorization includes magazine publications, online, and video-based marketing materials, as well as other publications. I hereby hold harmless the YMCA from any reasonable expectations of privacy or confidentiality associated with the images specified above. I further acknowledge that my or my youth's participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in marketing materials or other publications of the YMCA. I acknowledge and agree that publication of said photos confers no right of ownership or royalties whatsoever. I hereby release the YMCA, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third-party connection with my or my youth's participation.

CHILD NAME _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____