



**YMCA of Metropolitan Chicago Youth Programs**  
**Parent Packet Checklist**

YMCA Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Program Child is enrolled \_\_\_\_\_

<b><u>Required Information</u></b>	<b><u>Completed</u></b>
Registration Form	_____
Payment Procedure Form	_____
Emergency Information/Pick Up Form	_____
Facility User/Field Trip Agreement Form	_____
DCFS Medical Forms	_____
Medication Permission Form	_____
Participant Information Form	_____
Character Contract	_____
Talent Release	_____

(\* All paperwork must be completed and at the YMCA prior to the start of the program)

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



**YMCA of Metropolitan Chicago Youth Programs**  
**Emergency Information/ Pick up Form**

Program \_\_\_\_\_ Date(s) Involved \_\_\_\_\_  
Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Allergies (food, medication, insects, asthma or other)

Reaction and management of the reaction

**Insurance Information**

Is the participant covered by family/medical/hospital insurance yes \_\_\_\_\_ no \_\_\_\_\_  
If yes, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_  
Carrier Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Name of Insured \_\_\_\_\_ Relationship to participant \_\_\_\_\_

**IMPORTANT: THIS BOX MUST BE COMPLETED FOR ATTENDANCE**

**I do hereby give permission for the YMCA of Metropolitan Chicago staff to transfer child named above off the property for the purpose of medical care or program activities as deemed appropriate by the Director and in the event that I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the Director, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above.**

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardians listed below are authorized to pick up participant and are able to be contacted in an emergency.

**Parent/ Legal Guardian #1** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Name of Company where employed \_\_\_\_\_  
Title \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

**Parent/Legal Guardian #2** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Name of Company where employed \_\_\_\_\_  
Title \_\_\_\_\_ Work Phone Number (\_\_\_\_) \_\_\_\_\_

*If either individual above can not be reached in an emergency please notify:*

Name \_\_\_\_\_  
Relationship to participant \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_  
Home Phone(\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_



**YMCA of Metropolitan Chicago  
Youth Program Pick Up/Drop Off Information**

Indicate approximate arrival time (Drop off):

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Indicate approximate departure time (Pick up):

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**IMPORTANT: MUST BE COMPLETED FOR ATTENDANCE**

I, \_\_\_\_\_ authorize the following people to pick up my child and be contacted in the event of an emergency from the \_\_\_\_\_ YMCA. In doing so, I relieve the YMCA of Metropolitan Chicago, its centers and employees of all responsibility for my child after he/she has been released from the program. *Attempts will be made to reach the parent/legal guardian first.*

**Additional people who are authorized to pick up my child (Identification will be required)**

1.) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
CellPhone(\_\_\_\_\_) \_\_\_\_\_ HomePhone(\_\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_

2.) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
CellPhone(\_\_\_\_\_) \_\_\_\_\_ HomePhone(\_\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_

3.) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
CellPhone(\_\_\_\_\_) \_\_\_\_\_ HomePhone(\_\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_

4.) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
CellPhone(\_\_\_\_\_) \_\_\_\_\_ HomePhone(\_\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_

**Unauthorized Pick-Up: People who CANNOT pick up your child from a YMCA youth program:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
1.) \_\_\_\_\_  
2.) \_\_\_\_\_  
3.) \_\_\_\_\_



# YMCA of Metropolitan Chicago Medication Permission Form To be completed by Parent/s and or Guardians

- Information you provide will be deemed confidential by the YMCA of Metropolitan Chicago and will be shared only with YMCA staff involved in the program.
- Only prescription drugs that are in their original container and are accompanied with specific written directions from a licensed physician will be dispensed to campers by authorized personnel.
- Non-Prescription drugs will only be dispensed under the signed instruction of the parent/guardian and Physician. Non-Prescription drugs must be in their original container.

Child's Name: \_\_\_\_\_ Parent/s Name \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

Physician's Diagnosis: \_\_\_\_\_

Type of Medication: \_\_\_\_\_ Prescription No.: \_\_\_\_\_

Dosage: \_\_\_\_\_ Refrigerate \_\_\_ yes \_\_\_ no

Time(s) Medication is taken at home, or indicate "as needed": \_\_\_\_\_

Time(s) Medication is taken at YMCA or indicate "as needed" : \_\_\_\_\_

Specific dates child will be taking medication at YMCA:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any side effects from this medication:

\_\_\_\_\_  
\_\_\_\_\_

The YMCA staff is hereby authorized to administer the above stated medication as required by the child's physician and which is described on this document.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Food Restrictions (please circle any foods that your child is restricted from eating)

Red Meat Pork Dairy products Poultry Seafood Eggs Peanuts

Other (describe) \_\_\_\_\_

Activity Restrictions (i.e. what can not be done, what adaptations or limitations are necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Confidential Camper Information Form

This form is designed to improve communication between the camp and the families we serve and to help the counselors make sure your child is having a great summer. Information you provide will be deemed confidential by the YMCA of Metropolitan Chicago and will be shared only with YMCA staff involved with program who need to know. Please take time now to complete it carefully.

Camper's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Has child been away from home before? \_\_\_\_\_

What does he/she like best? \_\_\_\_\_

Special talents or abilities \_\_\_\_\_

Hobbies and/or special interests \_\_\_\_\_

Is there an activity your child particularly wants to do at camp? \_\_\_\_\_

How does your child get along with others of the same age? \_\_\_\_\_

Does your child have any serious fears? If so, please tell us about them.

\_\_\_\_\_

Are there any problems that may confront your child while at camp (homesickness, anxiety, allergies, etc...) \_\_\_\_\_

\_\_\_\_\_

Does your child have any communication difficulties? \_\_\_ yes \_\_\_ no

If yes, please explain, including extent of difficulties and any methods used to compensate for difficulties (e.g. sign language, speech board, lip reading).

\_\_\_\_\_

\_\_\_\_\_

Does your child need special supervision during swimming? \_\_\_ yes \_\_\_ no

If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

Does your child have any behavior disorders? \_\_\_ yes \_\_\_ no

If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Confidential Camper info con't**

**What is your child's usual personality/behavior? (If your child has a current behavior plan/program; please provide us with a copy of that plan.)**

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**Please list the rewards your child receives for appropriate behavior.**

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**Please explain the discipline your child receives for inappropriate behavior.**

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**Does your child qualify to receive Special education Services through Schools? \_\_\_ yes \_\_\_ no**

**List any specific disabilities, allergies, or special health conditions of your child.** \_\_\_\_\_

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**What type of class is your child in during the school year?**

- |   |  |
|---|--|
| <input type="checkbox"/> Nonspecial education               | <input type="checkbox"/> OH (orthopedically handicapped)   |
| <input type="checkbox"/> MH (multiply handicapped)          | <input type="checkbox"/> VH (visually handicapped)         |
| <input type="checkbox"/> DH (developmentally handicapped)   | <input type="checkbox"/> SBH (severe behavior handicapped) |
| <input type="checkbox"/> SLD (specific learning disability) | <input type="checkbox"/> HH (hearing handicapped)          |
| <input type="checkbox"/> OHH (other health handicapped)     | <input type="checkbox"/> Inclusion classroom               |

**Please provide any other information you feel may put us in a better position to understand your child and his/her needs.**

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**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_





**TALENT RELEASE AND AUTHORIZATION**

For good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, the undersigned hereby permits and allows YMCA of Metropolitan Chicago and/or its agents, including its advertising agency, to make use of any motion or still photography of the undersigned and/or any of the undersigned's statements concerning the products, merchandise and services of the YMCA of Metropolitan Chicago in any form, with or without the products, merchandise and services of the YMCA of Metropolitan Chicago, including the use of the undersigned's name and statements in commercials, news stories, print advertising or publicity material. The undersigned hereby releases the YMCA of Metropolitan Chicago and its agents, as well as any and all media entities that publish or disseminate said statements or photography and the respective agents and employees of each of them, from all claims, causes of action or suits that the undersigned may now or hereafter have against them arising out of the use of such statements and/or photography in any shape, form or manner.

PRINTED NAME: \_\_\_\_\_  
*(If form applies to a minor, name of minor, with name of parent or guardian in the space below.)*

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY AND STATE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

If this relates to a participant under the age of 18, the parent's or legal guardian's signature is required:

PRINTED NAME OF  
PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

SIGNATURE OF PARENT  
OR LEGAL GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_