



# GREATER WICHITA YMCA KID ZONE ENROLLMENT FORM

Please fill this form out completely and with a blue or black pen, please print.

Child 1: \_\_\_\_\_ Gender: M F Birth Date: \_\_\_\_\_

Child 2: \_\_\_\_\_ Gender: M F Birth Date: \_\_\_\_\_

Child 3: \_\_\_\_\_ Gender: M F Birth Date: \_\_\_\_\_

Child 4: \_\_\_\_\_ Gender: M F Birth Date: \_\_\_\_\_

## IDENTIFYING INFORMATION (Parents/Guardians)

Name 1: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Name 2: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

## LOCAL EMERGENCY CONTACTS

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please indicate if your child has any of the following conditions:

- \_\_\_\_\_ Special Needs
- \_\_\_\_\_ Speech, Vision, Hearing Impairment
- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Epilepsy or Seizures
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Allergies (please list)

If your child has special needs, please see the Youth & Family Coordinator to fill out an Intake Form.

**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## CONSENT & LIABILITY WAIVER

- I have read and agree to follow the policies & procedures brochure. I understand any violation may result in my child's suspension from the Kid Zone.
- I will not hold the Greater Wichita YMCA responsible for any loss or damage to personal property.
- I release the Greater Wichita YMCA, its staff and volunteers from all claims of injury which may be sustained by above child while participating in any YMCA-sponsored activity, whether caused by the negligence of the YMCA or otherwise. If I am unavailable and medical attention is required, I give my permission for such medical care.
- I understand I will be notified in case of an accident or illness to my child so I may make arrangements for medical care with the physician or hospital of my choice. I realize medical expenses are the responsibility of the parent/guardian.
- I understand that if my child has an allergy I will alert the Kid Zone staff every time I check in my child by placing a bright colored name tag on their back identifying their allergy.
- I grant permission to use photographs or videos of the above child(s) in the YMCA promotional/educational materials.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_



# GREATER WICHITA YMCA KID ZONE ENROLLMENT FORM

AUTHORIZED USERS TO DROP OFF AND PICK UP (please print all information)

Child(ren): \_\_\_\_\_

Authorized User: \_\_\_\_\_ YMCA ID: \_\_\_\_\_

Authorized User: \_\_\_\_\_ YMCA ID: \_\_\_\_\_

Authorized User: \_\_\_\_\_ YMCA ID: \_\_\_\_\_

I authorize the above individuals to drop off and pick up my/our child(ren) at all Greater Wichita YMCA Kid Zone's on my/our behalf.

\_\_\_\_\_  
Parent/Legal Guardian (print)

\_\_\_\_\_  
Parent/Legal Guardian (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian (print)

\_\_\_\_\_  
Parent/Legal Guardian (signature)

\_\_\_\_\_  
Date