

Kids' Nite Out Waiver Form

Child's Name: _____ **DOB:** _____

parent/guardian information:

Parent/Guardian Name:	Parent/Guardian Name:
Phone:	Phone:

I authorize YWCA staff who are trained in the basics of first aid & cpr to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. If I am not available, I hereby authorize the YWCA to contact EMS to transport my child to the nearest medical care facility and to secure medical treatment for my child.

Child's Allergies:	
Child's Medications:	
Chronic Health Conditions/Special Diet/Limitations/Concerns:	

Emergency Contact

Please note that in the case of an emergency, the program will release your child to person listed.
(You must indicate one (1) emergency contacts who can be reached during program hours and are 18+)

Name	Relationship to Child	Best Phone Number

acknowledgment of program supervision

I understand that the YWCA will do its best to create an inclusive environment. It does not provide individual support services. The YWCA reserves the right to determine if a program can support the needs of each child. Please reach out to the program coordinator prior to registration if you have concerns.

swimming

I understand that my child needs to swim independently without a flotation device and that this determination is at the discretion of the YWCA lifeguarding staff.

photo release

All YWCA youth programs reserve the right to use photos taken during the program for promotional purposes, to enhance program activities and for the purpose of safety/identity. We have accounts on Instagram and Facebook currently.

Parent/Guardian Signature: _____

Date: _____