



**Piedmont Family YMCA  
Health Information Form and Parental Agreement**

Participant's Name: \_\_\_\_\_ D/O/B \_\_\_\_\_ Gender \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Information**

Father's Name: \_\_\_\_\_ Cell(\_\_\_\_\_) \_\_\_\_\_ Phone 2(\_\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell(\_\_\_\_\_) \_\_\_\_\_ Phone 2(\_\_\_\_\_) \_\_\_\_\_

**In case of emergency, if parents cannot be reached, please contact:**

Name: \_\_\_\_\_ Phone 1(\_\_\_\_\_) \_\_\_\_\_ Phone 2(\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone 1(\_\_\_\_\_) \_\_\_\_\_ Phone 2(\_\_\_\_\_) \_\_\_\_\_

Allergies or other health conditions: \_\_\_\_\_  
\_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Parents' Approval and Medical Release:**

Recognizing the possibility of physical injury associated with sports and in consideration for the Piedmont Family YMCA and its associates accepting the registrants for its programs and activities, I hereby release, discharge and/or otherwise indemnify the Piedmont Family YMCA, its employees, volunteers and associated personnel, sponsors and its associated organizations, sponsors, their employees and associated personnel including the owners and operators of fields and facilities utilized for the programs and events against any claim by or on the behalf of the registrant as a result of the registrant's participation in the programs or events and/or being transported to or from the same, which transportation I hereby authorize. My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the program. I hereby give my consent to have a physician or EMT to provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

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

\_\_\_\_\_  
Date

1. I allow the Piedmont Family YMCA to print, publish and/or display pictures taken of my child during practices or other team events for promotional purposes through publications and the websites: [www.swimcyac.org](http://www.swimcyac.org) and [www.piedmontymca.org](http://www.piedmontymca.org).
2. I support the YMCA Youth Sports Philosophy, which is based on physical fitness, skill development, fair play, positive competition, teamwork, family involvement and the YMCA core values of caring, honesty, respect and responsibility.

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

\_\_\_\_\_  
Date