



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

JACKSON YMCA KIDS ZONE REGISTRATION FORM

Member Unit ID# _____

Child's Name: _____ Date of Birth: _____ Gender: _____ Allergies: Y/N
 Child's Name: _____ Date of Birth: _____ Gender: _____ Allergies: Y/N
 Child's Name: _____ Date of Birth: _____ Gender: _____ Allergies: Y/N
 Child's Name: _____ Date of Birth: _____ Gender: _____ Allergies: Y/N

Emergency Contact Information

1) Parent/Legal Guardian's FULL Name: _____
 Phone Number: _____

2) Parent/Legal Guardian's FULL Name: _____
 Phone Number: _____

3) Emergency contact (Other than Parent/Legal Guardian; Must be someone not on the Family Membership)
 Name: _____
 Phone Number: _____

Name of ALL persons, not including parent/guardians, to whom the child may be released. Must be 18+

Please print clearly!

1) Name: _____

Phone: _____

Relationship to family: _____

2) Name: _____

Phone: _____

Relationship to family: _____

Please specify allergy type and necessary information if listed 'Yes' above:

Please include any information that can help us get to know your child(ren), such as toys or activities they like, potty training, etc.

I give permission to the Jackson YMCA to secure emergency medical and/or treatment for the above-named child(ren) while in their care. I have also read the Jackson YMCA Kids Zone Parent Handbook, and I understand and agree to follow the guidelines. I also give permission to the Kids Zone staff to take my child(ren) to other areas within the Jackson YMCA (i.e. gym, studio).

Signature of Parent/Legal Guardian: _____ Date: _____

Staff Member Accepting form: _____ Date: _____