

YWTeen Program Participation Form

No costs for enrollment - just complete & return to confirm your daughter's registration!

YWTEEN NAME: _____ DOB: _____

ADDRESS: _____ CITY: _____ ZIP: _____

SCHOOL NAME: _____ GRADE: _____

PARENT/GUARDIAN NAME: _____ CELL PHONE #: _____

PLACE OF EMPLOYMENT: _____ PHONE #: _____

EMAIL ADDRESS: _____

MY CHILD RECEIVES FREE OR REDUCED LUNCH: YES _____ NO _____

ETHNICITY (**Check One**): HISPANIC _____ ANGLO (WHITE) _____ AFRICAN AMERICAN _____
ASIAN _____ AMERICAN INDIAN _____ MIXED _____ OTHER: _____

PARENTAL RESPONSIBILITY

Please initial verifying you have read and understand the following:

___ For programs/activities that occur after school and/or beyond regular school hours, I acknowledge and accept responsibility to pick up my daughter immediately after YWTeen events end.

___ I give permission for pictures/video to be taken and published for YWCA Corpus Christi and YWCA publications, including website, print, electronic and digital media, publicity, and advertising.

___ My daughter may participate in water activities at the YWCA. I understand that a LIFEGUARD will be on duty while my daughter is in the pool.

___ My daughter is in good physical condition at present and has no serious illness or operations since her last health examination. I will make sure that she does not attend if she is not feeling well.

___ I understand that YWCA volunteers, staff, and the YWCA Corpus Christi are not responsible for loss of valuables.

MEDICAL RELEASE/WAIVER

___ (**Initial**) I hereby authorize the YWCA to seek medical treatment for my daughter in case of an emergency and in the event I am unreachable. I further authorize the treatment to be provided by the licensed medical practitioner or facility determined by staff to best serve my daughter's needs. I understand that I am totally responsible for any expense associated with such treatment. The safety of my daughter is always the YWCA's number one concern; I understand that every effort will be made to contact me, or the person who has been designated by me, as soon as possible. I hereby agree not to sue the YWCA if my daughter is injured in any manner while participation in YWTeens. I will hold the YWCA and staff harmless from all monetary damages, including punitive damages, imposed by any lawsuit filed related to any injury my child may receive while participating in the YWTeen program. I understand that by signing this waiver I give up all rights to sue the YWCA.

ALTERNATE EMERGENCY CONTACT: _____

CONTACT #: _____ CONTACT EMAIL: _____

PREFERRED HOSPITAL OR CLINIC: _____ PHONE #: _____

FAMILY DOCTOR: _____ PHONE #: _____

ADDRESS: _____

PLEASE LIST YOUR DAUGHTER'S SPECIAL NEEDS, DIETARY RESTRICTIONS, ALLERGIES, MEDICAL CONDITIONS, & MEDICATIONS (INCLUDE PRESCRIBED DOSAGE): _____

PARENT SIGNATURE: _____ DATE: _____

The YWCA is a 501 (C)(3) non-profit organization