

One Form per child, please.

| Date: | : | | |
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Childwatch Application

| Child's Name: | |
|---|--|
| Child's Birthdate: | |
| Address: | |
| Parent/Guardian Name: Home Phone: | Cell Phone: |
| 2. Parent/Guardian Name: Home Phone: | Cell Phone: |
| Child's Doctor: | Phone #: |
| In case of emergency: 1. Name: Phone #: | |
| 2. Name: Phone #: | |
| Please list any health concerns: | |
| Please List any food allergies: | |
| for full participation by this child in all representatives, from all liability deriv | 's agreement to provide childcare, I give my consent activities in the YMCA, its officers and ing from pursuits of said activities by my child. watch Rules/Regulations and agree to comply. |
| Signature of Parent/Guardian: Date: | |