

REACH



AFTER SCHOOL PROGRAM

Helping children reach their potential through academic support, enrichment & recreation activities.

YOUTH INFORMATION						
Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Gender	Ethnicity
Home Address			Apt	City	State	Zip Code
School	Grade	Teacher	Check One <input type="checkbox"/> Pick Up from School at 5:30pm <input type="checkbox"/> Transportation by Activity Bus at 5:30pm			

SPECIFIC MEDICAL, BEHAVIORAL OR DEVELOPMENTAL NEEDS	
Date of Last Physical	Date of Last Tetanus
<p>Depending upon your child's need, additional paperwork and a meeting with a REACH Program Director may be required prior to your child's start to ensure your child can best be accommodated. Failure to share information that identifies your child's special care, accommodations or supervision needs may jeopardize the placement of or continued participation by your child in the program. Write "none" if none.</p>	
Dietary Modifications/Allergy	Chronic/Recurring Illness
Current Medications (medication authorization may be required)	Operations/Serious Injury
Physical Disability	Behavioral Disorder
Developmental Delays	
List any activities from which your child should be exempted for health reasons:	

EMERGENCY & INSURANCE INFORMATION	
Child's Physician	Phone Number
Local Emergency Contact (other than parents or doctor) & Phone Number	Out of Area Emergency Contact & Phone Number
<p>It is the responsibility of every individual, their parent or legal guardian, to provide for their own accident and health coverage while participating in all YMCA and City of Tukwila activities. NO accident or health coverage is provided for participants.</p>	
Medical Insurance Company	Policy Number

PARENT OR GUARDIAN						
Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Gender	Ethnicity
Home Address (if different than child)			Apt	City	State	Zip
Phone Number	Cell Phone	Work Phone	Does Child Live With You?			
Primary Email						
Employer Name						

PARENT OR GUARDIAN						
Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Gender	Ethnicity
Home Address (if different than child)			Apt	City	State	Zip
Phone Number	Cell Phone	Work Phone	Does Child Live With You?			
Primary Email						
Employer Name						

PICK UP AUTHORIZATIONS

Legal First Name	M	Legal Last Name	Phone Number		
Address		Apt	City	St	Zip
Legal First Name	M	Legal Last Name	Phone Number		
Address		Apt	City	St	Zip
Legal First Name	M	Legal Last Name	Phone Number		
Address		Apt	City	St	Zip
Legal First Name	M	Legal Last Name	Phone Number		
Address		Apt	City	St	Zip

POLICIES

Everyone is Welcome: The YMCA and City of Tukwila does not discriminate based on race, creed, color, ethnicity, national origin, age, sex, marital status, sexual preference or gender identity.

Personal Safety Discussions: Our staff will engage children in discussions to help them understand how they can set their own personal safety and touching limits. These discussions will emphasize respect, set the ground rules for appropriate behavior, and encourage children to tell if someone touches them in a way that makes them feel uncomfortable. The YMCA and City of Tukwila respect the diversity and rights of the individuals it serves.

CPS Statement: The City of Tukwila and YMCA are mandated to report all suspected and visual signs of child abuse or neglect to the Department of Social Health Services division of Child Protective Services.

AUTHORIZATIONS and LIABILITY RELEASE

Participation: I give permission for my child to participate in all activities, including field trips, climbing wall, overnights, and swimming and to be transported as authorized by the YMCA of Greater Seattle (“YMCA”) and City of Tukwila Parks and Recreation (“City of Tukwila”).

Medical Treatment: I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of the YMCA or City of Tukwila. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify I am the parent or legal guardian of the above mentioned child and in the event I cannot be contacted, I have authority to authorize disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by the YMCA or City of Tukwila staff when deemed immediately necessary or advisable by the physician to safeguard my child’s health.

Property Loss: I understand that the YMCA and City of Tukwila are not responsible for personal property lost, damaged or stolen while participating in these activities.

Photo Release: I give permission for City of Tukwila and the YMCA (local, national and international) to use, without limitation or obligation, photographs or other media that may include my or my child’s image or voice to promote or interpret programs.

Release from Liability and Indemnification: Recognizing that the YMCA and City of Tukwila will do their best to ensure a safe experience, I understand that accidents may occur both from my child’s participation in program activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release the City of Tukwila Parks and Recreation Department and the YMCA of Greater Seattle, their employees, volunteers, independent contractors, directors and agents from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me from participation in the REACH program. I further agree to indemnify and hold the YMCA and City of Tukwila harmless from all claims which are in any way connected with my child’s participation in this program.

I have read and understand the above and have completed this form to the best of my ability.

Signature of parent or legal guardian: _____

Date: _____