



Grade 6 Soccer Tournament

Friday October 30th 2015 – 6:00-8:00 PM

Please return to the Youth Coordinator at your local branch

General Information

Name of Child: (First) _____ (Last) _____

Address: _____ City: _____ Province: _____

Home Phone: (____) _____ Birthdate (DD/MMM/YYYY): ____/____/____ Age: _____

Parental e-mail address: _____ (For program updates only)

Are you in Grade 6? Yes No Are you a Grade 6 Member? Yes No

In case of Emergency

Emergency Contact #1 (name): _____ Relationship to child: _____

Cell Ph (____) _____ Home Ph: (____) _____ Work Ph (____) _____

Emergency Contact #2 (name): _____ Relationship to child: _____

Cell Ph (____) _____ Home Ph: (____) _____ Work Ph (____) _____

Authorization of Release

I hereby authorize the following people and the parent/guardian mentioned above to pick up my child at YMCA Calgary.

1. Name: _____ Cell Ph (____) _____ Home Ph: (____) _____

2. Name: _____ Cell Ph (____) _____ Home Ph: (____) _____

3. Name: _____ Cell Ph (____) _____ Home Ph: (____) _____

**Changes in these arrangements must be given via advanced written notice.

Guardian Signature: _____ Date: _____

Authorized Self-Signer

Children arriving and departing alone must be eight years of age or older. In addition, the following statement must be signed by a parent or guardian:

I hereby authorize my child to arrive and depart from YMCA Calgary on his/her own accord.

Guardian Signature: _____ Date: _____



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Health History

1. Does your child have any allergies or special medications? (circle one) Yes No

Food Allergies: _____

Other Allergies: _____

- Does your child carry any medications for their allergies? Yes No

If yes, please provide details: _____

2. Does your child have any physical disabilities or limitations? Yes No

If yes, please describe: _____

3. Does your child have any of the following diagnoses? (Please circle all those that apply and provide additional information as needed).

Diabetes Persistent Ear Infections Asthma Epilepsy ADD/ADHD Behavior Disorders

Additional Details (including medication): _____

Media Release

****The following is not mandatory, however must either be consented to or not. If you do not consent, simply write “No” beside each statement.****

I give my permission for YMCA Calgary to use any photographs, videotapes, or audio tapes that may be taken of my child on social media.

Guardian Signature: _____

Date: _____

I give my permission for YMCA Calgary to use any photographs, videotapes, or audio tapes that may be taken of my child for promotional purposes.

Guardian Signature: _____

Date: _____

Parental Authorization

I hereby certify that the health history provided on this form is correct, so far as I know. The child herein described has permission to engage in all activities, including out-trips and off-site trips except as noted by me. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by YMCA Calgary staff and/or Alberta Health Services to hospitalize my child as named.

Guardian Signature: _____

Date: _____

Building healthy communities