

# BIG HORN FRIDAYS

## 2022-2023 ENROLLMENT FORM.

This form must be submitted to the Sheridan County YMCA before children will be admitted into the Big Horn Fridays (BHF) program. For families wanting to enroll more than two children, attach another form with just the student information ("1<sup>st</sup> child," etc.) provided.

Parent / Guardian Name(s) (These are the primary contacts)
Mailing Address
Parent 1 Name: Phone: Work Phone:
Parent 2 Name: Phone: Work Phone:

### 1<sup>ST</sup> CHILD

Name Date of Birth // Gender: M F Age:
Physical Conditions/ Special Needs Medications/Allergies
Grade in school:

### 2<sup>ND</sup> CHILD

Name Date of Birth // Gender: M F Age:
Physical Conditions/ Special Needs Medications/Allergies
Grade in school:

### PHYSICIAN INFORMATION

Name of physician Physician phone
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**PLEASE LIST AT LEAST 1 OTHER ADULT (OVER 18) OTHER THAN THOSE LISTED ABOVE THAT MAY BE PICKING UP THIS CHILD –OR- THAT MAY BE CONTACTED IN AN EMERGENCY. ONLY THESE AUTHORIZED PERSONS WILL BE ALLOWED TO PICK UP YOUR CHILD(REN).**

Name Phone 1 Phone 2
Name Phone 1 Phone 2
Name Phone 1 Phone 2
Name Phone 1 Phone 2

**ARE THERE ANY SPECIAL CONSIDERATIONS REGARDING TRANSPORTATION, MEDICATION, OR COMMUNICATION THAT YOU WOULD LIKE US TO KNOW?**

I have the legal authority to sign up the child/children named on this form and to the best of my knowledge the information on this application form is complete and accurate. I acknowledge that it is my responsibility to pay for the program each week that my child attends, and that my child will be unable to participate if they have an outstanding balance.

I understand that I am responsible for signing my child out of the program or informing the staff of any programs that they will need to bring my child to in the Y. The YMCA is not responsible for lost or damaged personal items.

I understand that it is my responsibility to sign my child up for the BHF program each week I intend for my child to participate, and I can do this by registering online or stopping in at the front desk. I understand that the BHF Enrollment Form must be completed before my child will be eligible for registration. I acknowledge that the BHF program admits only 20 children per week on a first-come, first-served basis.

I understand that there are inherent risks involved with school-based programs. In the event I cannot be reached in an emergency, I hereby give permission to the director of the program or designee to secure emergency medical services, including transportation and medical care. I also give permission for the attending physician to order injections, anesthesia or surgery for this child as named above. I understand that medical and accident insurance is the responsibility of the parent or guardian. I understand that this release may be revoked by me at any time by written request.

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_