

Parents ~ please sign this form and return to your COACH

MEDICAL AUTHORIZATION

As the parent/ legal guardian, I give full authorization to the Westside Family YMCA staff, volunteer or designated adult leaders to secure medical care or treatment for the youth named below. This treatment may include assistance from the nearest physician, dentist, medical clinic, hospital, trained nurse or EMT in the event of illness or injury that requires attention, as determined by the program staff or their designee. In the event that I cannot be contacted, and an emergency has occurred, I give permission to the treating medical institution and / or medical providers to hospitalize and administer the appropriate treatment deemed medically necessary.

I further agree that no YMCA of Columbia-Willamette employees, agents, or volunteers will be held responsible for injuries or damages arising from the provision of any such emergency medical treatment. I understand that as a parent/ legal guardian, I will be responsible for the cost of any service or treatment provided. The YMCA will not cover costs incurred.

The undersigned understand and agree that the YMCA shall not be legally or financially liable for any claim arising from any medical care provided pursuant to this authorization. The undersigned hereby agree to indemnify to save and hold harmless the YMCA from any claim made by or on behalf of said minor arising out of any medical care provided pursuant to this authorization.

This authorization shall remain effective until he/she completes their activities in this program unless sooner revoked in writing. I have read this document, I understand its contents, and I agree to its terms.

Youth Name: _____ Date: _____

Parent/ Guardian Signature: _____ Parent/ Guardian (Printed) Name: _____

Phone (Day): _____ Phone (Evening): _____

MEDICAL HISTORY

This information is confidential and will be used only in case of emergency.

Name of Physician: _____ Telephone: _____

Physician Address: _____

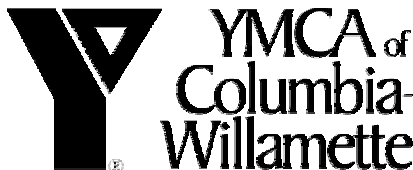
Currently under physician care? YES NO If yes, what condition? _____

Currently taking medication? YES NO

Name of Medication: _____ Dosage: _____ Time taken: _____

Any allergies, food, special dietary restrictions, drug reactions? YES NO Explain: _____

Are there any conditions or special needs that staff should be aware of?



We build strong kids, strong families, strong communities.

Parents ~ please sign this form and return to your COACH

Westside Family YMCA Parent Pledge of Conduct

I understand that my responsibilities as a parent are of great importance and I realize that my actions may have the potential to significantly influence the young athletes who participate in YMCA sports. Therefore, I promise to conduct myself in accordance with the following:

1. I understand that I am responsible for the actions of my child. The YMCA has and strongly enforces a “No Tolerance Policy” that will provide a safe environment for everyone. If my child physically harms, threatens or bullies another child, I understand that s/he may be removed from the program.
2. I will treat each player, coach, official, parent and administrator with respect and dignity.
3. I will become thoroughly familiar with the YMCA’s philosophies and Core Values of Love, Respect, Honesty, Responsibility and Service, and I will communicate them to my child.
4. I will serve as a positive role model by setting a good example for my child and other children on the team (i.e. stating only positive comments, not arguing with the referees, being supportive at all times, demonstrating positive sportsmanship, etc.).
5. I will be watchful of any sign of physical, sexual, drug or alcohol abuse involving players, coaches, referees or other parents and report them to the YMCA Youth Sports Director.

I also promise to follow the guidelines concerning the use of the Beaverton School District facilities as listed below:

1. I will continually supervise all siblings of the player/participants during practices and games.
2. I will not bring food or drink, including water bottles and coffee, into any gymnasium.
3. I will not allow my children (or myself) to “stray” into parts of the facility which are “off-limits” to the group and its participants.
4. I will not allow my children (or myself) to bounce balls in the facility (outside of the gym), run in the halls, play on the stage, or participate in any other activities which may damage the facility.
5. I will treat building supervisors, gym monitors, and custodians with respect at all times. If I have a concern regarding usage of the facility or any other issue, I will contact the YMCA Youth Sports Director.
6. I understand that the YMCA and its volunteers do not provide or arrange transportation for program participants to and from practices or games and that it is my responsibility to arrange such transportation for my child for the events.

With my signature, which I voluntarily affix to this contract, I acknowledge that I have read, understood, and will fulfill the promises made herein. I realize that failure to follow the contract can and will be grounds for removal from participation in this or any other Columbia-Willamette YMCA program.

Date

Parent Signature

Program

Participant’s Name



We build strong kids, strong families, strong communities.