



Grade 6 Basketball Tournament

Friday December 11th 2015 – 6:00-8:00 PM

Please return completed forms to the Youth Coordinator/Director at your local branch

General Information

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

Address: _____ City: _____ Province: _____

Home Phone: (_____) _____ - _____ Birthdate (DD/MM/YYYY): ____/____/____

Age: _____ Are you in Grade 6? YES NO Are you a Grade 6 Member? YES NO

Parent/Guardian E-mail: _____ (For program updates only)

In case of Emergency

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

Cell: (_____) _____ - _____ Home: (_____) _____ - _____ Work: (_____) _____ - _____

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

Cell: (_____) _____ - _____ Home: (_____) _____ - _____ Work: (_____) _____ - _____

Authorization of Release

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

1. Name: _____ Contact Number: (_____) _____ - _____

2. Name: _____ Contact Number: (_____) _____ - _____

3. Name: _____ Contact Number: (_____) _____ - _____

Guardian Signature: _____ Date: _____

Authorized Self-Signer

Children arriving and departing the YMCA must be 8 years of age or older. In addition the following must be signed by a parent/guardian:

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

Guardian Signature: _____ Date: _____

Building healthy communities



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Health History

Does your child have any allergies? YES NO

If YES, please provide details: _____

Does your child take or carry any medications? YES NO

If YES, please provide details: _____

Does your child have any disabilities or limitations? YES NO

If YES, please provide details: _____

Does your child have any of the following diagnoses? (please circle)

Diabetes Persistent Ear Infections Asthma Epilepsy ADD/ADHD Behavior Disorders

Additional details (including medications): _____

Media Release *The following is not mandatory*

I give permission for YMCA Calgary to use any photographs, videos or audio recording that may be taken of my

child on social media YES NO

Guardian Signature: _____ Date: _____

I give permission for YMCA Calgary to use any photographs, videos or audio recording that may be taken of my

child for promotional purposes YES NO

Guardian Signature: _____ Date: _____

Parent/Guardian Authorization

I hereby certify that the information provided on this form is correct, to the best of my knowledge. The child herein described has permission to engage in all activities including off-site trips. In the unlikely event of an EMERGENCY, I hereby give permission for YMCA Calgary Staff to provide medical care for my child as named.

Guardian Signature: _____ Date: _____