Magdalena Ecke Family YMCA
200 Saxony Road • Encinitas, CA 92024
(760) 942-9622 • FAX (760) 944-9329

MAGDALENA ECKE FAMILY YMCA
IT'S FOR EVERYBODY
We build strong kids, strong families, strong communities.

Magdalena Ecke Family YMCA Gymnastics Center
6100-B Avenida Encinas • Carlsbad, CA 92011
(760) 635-3070, ext. 2002, or 2003 • FAX (760) 804-8174

2009 MEDICAL RELEASE & LIABILITY WAIVER

THIS FORM MUST BE COMPLETED ANNUALLY

First Name: _____

Last Name: _____

◆ CHILD INFORMATION

PLEASE PRINT IN INK

CHILD'S NAME		
BIRTHDATE (MO./DAY/YEAR)	**AGE**	**FEMALE MALE**
HOME ADDRESS		
CITY/STATE/ZIP	**HOME PHONE**	
MOTHER'S NAME	**WORK PHONE**	
FATHER'S NAME	**WORK PHONE**	
PARENT/GUARDIAN E-MAIL ADDRESS		

◆ YMCA of San Diego County Branch Release/Waiver

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor being permitted to enter any branch of the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation in any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby:

1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document.
2. Release the YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence In, upon or near the YMCAs branch: whether caused by the negligence of Releasees or otherwise.
4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
5. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician oral the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.
6. I have read and agree to the Magdalena Ecke Family YMCA credit and refund policies.
7. I give the YMCA of San Diego county permission to use any picture or likeness of me, or a picture or likeness of my children, in the YMCA's general publicity and campaign materials.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California: if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

_____ _____
Parent/Guardian Signature Date

◆ MISCELLANEOUS INFORMATION

REQUIRED BY STATE LAW

NAME OF HEALTH INSURANCE CO.
POLICY NUMBER
FAMILY DOCTOR NAME
PHONE NUMBER
DENTIST NAME
PHONE NUMBER

◆ MISCELLANEOUS INFORMATION

VACCINES	YEAR IMMUNIZED
DPT	
MUMPS	
RUBELLA	

LIST ALLERGIES, SERIOUS INJURIES, DISEASES, OPERATIONS AND ANY RESTRICTIONS ON PHYSICAL ACTIVITY:

_____

_____

_____

MY CHILD TAKES THE FOLLOWING MEDICATIONS ON A REGULAR BASIS:

MEDICINE	TIME GIVEN	DOSAGE

There is a separate form required for medication taken during camp. That form is available from the camp Unit Leader or from the Front Desk.

◆ CHILD RELEASE AUTHORIZATION • PERSONS AUTHORIZED TO PICK UP CHILD FROM THE FACILITY:

NAME RELATIONSHIP HOME PHONE # WORK PHONE #

1. _____

2. _____

3. _____

☒**IMPORTANT •THIS FORM MUST BE COMPLETED ANNUALLY. It can be dropped at the Registration Desk during regular business hours, mailed to the Magdalena Ecke Family YMCA, attn: Registration Department, 200 Saxony Road, Encinitas, CA 92024; or faxed to (760) 944-9329, attn: Registration Department. It must be received at the Magdalena Ecke Family YMCA prior to the start of all classes, programs or camps.**