

**Early Release 2010****J.M. Tull-Gwinnett Family YMCA**

Tele: 770-963-1313 Fax: 770-963-6037 Address: 2985 Sugarloaf Parkway, Lawrenceville, GA 30045

CHILD'S NAME: \_\_\_\_\_ HOME NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_ AGE: \_\_\_\_\_ MEMBERSHIP # \_\_\_\_\_ E-MAIL \_\_\_\_\_ @ \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

WORK #: \_\_\_\_\_ EXT: \_\_\_\_\_ CELL # \_\_\_\_\_ HOME # (if different) \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

WORK #: \_\_\_\_\_ EXT: \_\_\_\_\_ CELL # \_\_\_\_\_ HOME # (if different) \_\_\_\_\_

ALLERGIES OR MEDICAL NEEDS: \_\_\_\_\_

CURRENT PRESCRIBED MEDICATION: \_\_\_\_\_

LIST NAMES APPROVED TO SIGN YOUR CHILD OUT:  Mom listed above  Father listed above

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Emergency Contacts: (if parent(s) cannot be reached)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy number \_\_\_\_\_

**Summer Camp starts May 31****Early release days \$5.00 per day, per child**  February 3  February 4**PARENT/GUARDIAN AUTHORIZATION INFORMATION**

As parent/guardian of the above child, I authorize \_\_\_\_\_ to attend and participate in all scheduled YMCA early Release activities (archery, sports and other camp type activities), and when scheduled, to be transported to and from field trip locations. In the event of an emergency involving my child, and if I cannot be reached, I hereby give permission for the YMCA to secure any medical or surgical treatment necessary for the health of my child. I understand that a conscious effort will be made to contact me or my spouse before any action is taken. I understand that this expense will solely be my responsibility, and hereby release the YMCA and staff from said responsibility. I also understand that it is my responsibility to carry primary accident insurance.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Remember to pack with labeled name on each item:** Extra snacks and drinks. Dress for the weather and wear closed toed shoes, including outdoor gear, rain jacket if needed.

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(FOR OFFICE USE ONLY)

Amt paid: \_\_\_\_\_ Cash Visa/MC Other Receipt# \_\_\_\_\_ Date: \_\_\_\_\_ Init: \_\_\_\_\_

