



Youth's Information:				
Youth's Last Name		Youth's First Name		Gender
Home Address			City	Zip code
Birthdate (Month, Date, Year)	Current Age	COMPLETED Grade in 18-19 SY	School	
Ethnicities (Optional):			Do you have a Family Membership?	
Any Medical Conditions/Allergies/Limitations:				
Physician		Phone:	Alt. Phone:	Choice of Hospital
If in the judgement of the YMCA staff, my youth requires medical care, I authorize and instruct the YMCA to inform me or an authorized person listed. The YMCA may take my youth in for medical treatment to the physician, hospital or clinic I designate, or contact 911 per my request. If the authorized person, the physician, or I can't be promptly reached, I authorize the YMCA to contact 911 and have an ambulance or YMCA transport my youth to the nearest hospital or clinic for medical treatment.				
Name of Medical Insurer:			Card/Policy Number:	
Parent's Full Name Printed:			Parent's Signature:	

Parent/Guardian's & Family Information:			
<b>Mother/Legal Guardian</b>	Last Name		First Name
	Home Address (If not the same as child)		
	Primary Number	Secondary Number	Other Number
	Email		

<b>Father/Legal Guardian</b>	Last Name		First Name
	Home Address (If not the same as child)		
	Primary Number	Secondary Number	Other Number
	Email		

Are youth's parents/guardians divorced or separated?    ___ Yes    ___ No		If Yes, who has custody?	
Non-Custodial parent/guardian name:			
Email:	Primary Number:	Secondary Number:	
Should non-custodial:	___ Be authorized pick up person	___ Be contacted in emergency	___ Receive duplicate mailings    ___ Be contacted regarding payment
Please specify any related notes regarding relationship with child that will be helpful to staff:			

**Mission of the YMCA:** The YMCA of Honolulu is a fellowship dedicated to putting Christian principles into practice through programs that build a healthy spirit, mind, and body for all.

**Learn. Grow. Thrive.**

**ADDITIONAL ADULTS AUTHORIZED FOR PICK UP (NOT INCLUDING PARENTS)  
 AUTHORIZATION LIST IS THE SAME FOR ALL YMCA PROGRAMS (including A+).  
 Changing this list will change the list for all programs.**

	<input type="checkbox"/> Use the list currently on our account	<input type="checkbox"/> Replace the current list in entirety with the names below	<input type="checkbox"/> Amend the current list to add/drop the names below
Add/Drop	Last Name, First Name	Relation to Youth	Primary Number

**ASK FOR FORM TO AUTHORIZE A MINOR AS A PICK UP PERSON**

**YMCA Photo Release Waiver  
 Photos, videos, artwork, and profiles help us tell the Y story.**

I am 18 years of age or older (if not, my parent or legal guardian has also provided their consent by signing below) and grant the YMCA of Honolulu, National Council of Young Men’s Christian Associations of the United States of America and its chartered YMCA member associations in the United States (“YMCA”) and collaborating third parties permission in perpetuity to use my, and those of my minor children and persons listed on this registration form; image, voice, and personal story in photographs, videos, social media, artwork, profiles and all forms of promotional materials and venues without limitation or obligation to provide compensation for the purposes of promotion or interpreting YMCA programs. I release YMCA and collaborating third parties from any and all claims, causes of action, and liability arising out of any use of my, and those of my minor children and persons listed on this registration form; images or likeness.

<input type="checkbox"/> Yes I agree to the above statement	<input type="checkbox"/> No, I do not agree to the above statement
Parent's Full Name Printed:	
Parent's Signature:	

Please see the following pages and put an X next to the programs you would like to register for. Note the age requirements. This will help the registration process.

Would you like to apply for financial assistance?  Yes  No  
 Would you like to sign up for a payment plan?  Yes  No

THANK YOU FOR CHOOSING THE Y.