



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 19-20 SY	School	
Ethnicities (Optional)			Do you have a Family Membership? __ Yes __ No	
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					
Parent/Legal Guardian 1	Last Name		First Name		
	Home Address (If not the same as child)				
	Primary Number		Secondary Number		Other Number
	Email				

Parent/Legal Guardian 2	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: (Check all that apply)		__ 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:					

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.

Use the list currently on our account

Replace the current list in entirety with the names below

Amend the current list to add/drop the names below

Add/Drop	Last Name, First Name	Relation to Youth	Primary Number	Secondary Number

Need to add a minor as a pick up person? Ask us for the form to authorize a minor.

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.

Yes I agree to the above statement

No, I do not agree to the above statement

Parent's Full Name Printed:

Parent's Signature:

PROGRAMS REGISTERING FOR

Program Name	Barcode	Cost of Program

To apply for **Financial Assistance** please see our Welcome Center or a Youth Program Director.

Payment Plans are available for select Youth Programs and can be automatically drafted on the 1st and 15th of each month. Please see our Welcome Center or speak to a Youth Program Director for details.

Sub Total	
Financial Assistance or Employee Discount (Restrictions Apply)	
Final Cost	