

# Snow Squad Registration Form

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Start Date: \_\_\_\_\_

Child's First and Last Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Allergies: \_\_\_\_\_

Does your child have any health problems? (circle one)      Yes      No

If yes, please list: \_\_\_\_\_

Medications: \_\_\_\_\_

NOTE: YWCA Staff members are NOT able to hold, store, or administer medication. If your child will need medication during the day, please speak to the Lead Youth Development Instructor in advance to discuss possible arrangements.

Immunizations up to date? (circle one)      Yes      No

Insurance: \_\_\_\_\_

Child's physician: \_\_\_\_\_

Name

Address

Phone

Emergency contact: \_\_\_\_\_

Name

Phone

Emergency contact: \_\_\_\_\_

Name

Phone

I hereby give the YWCA permission to administer basic first aid and/or CPR to my child and/or take my child to the hospital for medical treatment when I cannot be reached or when my delay would be dangerous to my child's health.

Parent signature

\_\_\_\_\_ I hereby give permission for my child to go outside for winter activities.

Initials

## IMPORTANT INFORMATION:

Please send your child with **lunch, a snack, a bathing suit and towel, and cold-weather gear** (snow pants, boots, hat, gloves, etc).

Snow Squad will be open when Worcester Public Schools are closed due to snow. In the event of a State of Emergency, please call 508-767-2505 to find out whether or not Snow Squad will be occurring.

**Your child must be picked up by 4:00 PM.** In the event that a State of Emergency is declared while your child is at the YWCA, you will be expected to pick him/her up within an hour.

Parent/Guardian Signature

Date