

Snow Squad Registration Form

Parent/GuardianName:	
Address:	
Phone: Email:	
Start Date:	
Child's First and Last Name:	
Child's Age: Child's Date of Birth:/ Child's School: Grade Level:	
OPTIONAL DEMOGRAPHIC INFORMATION:	
Child's Gender: Number of people in your household (including adults):	
Annual Income (check one):	
Race/Ethnicity (check all that apply): $\ \square$ American Indian/Alaskan Native $\ \square$ Asian $\ \square$ Black/African-American	1
☐ Hawaiian Native/Pacific Islander ☐ Hispanic/Latino ☐ White/Caucasian ☐ Other:	
HEALTH INFORMATION:	
Allergies:	
Does your child have any health problems? (circle one) Yes No	
If yes, please list:	
Medications:	ment
Immunizations up to date? (circle one) Yes No	
Insurance:	
Child's physician:	
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 n treatment when I cannot be reached or when my delay would be dangerous to my child's health.	nedical
Parent signature	
I hereby give permission for my child to go outside for winter activities.	

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 hazardous travel or a State of Emergency, please call 508-767-2505 to find out whether or not Snow Squad will be occurring.

Your child <u>must</u> 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