

Downtown Athletic Club

YOUTH PROGRAMS REGISTRATION AND RELEASES

Child's name: _____ Date of birth: _____ Age: _____
Parent's name: _____ DAC member #: _____
Address: _____ City: _____ Zip code: _____
Daytime phone#: _____ Evening phone#: _____
Alternate emergency contact: _____ Phone#: _____
Relationship to child: _____
Name of child's physician: _____ Phone#: _____
Preference of medical facility: _____
Insurance carrier: _____ Policy#: _____
Are there any medications, medical conditions or allergies that the DAC youth staff should be aware of?

Please list any other individuals that are authorized by your to pick up your child.

REMINDERS:

- Please let individuals know to be prepared to show valid identification when picking up your child.
- Please remember to pack nonperishable, nutritious snacks and lunches.
- No glass containers, please.
- No peanut products, please.
- Children should wear play clothes and non-marking tennis shoes (no sandals).
- Your child should bring a jacket.
- Your child should bring a swimsuit (if applicable).
- Toys are not permitted from home.
- The Downtown Athletic Club will not be legally or obligatorily responsible for lost or stolen items.

By signing this registration and release form, you agree that you have read and understand the above policies including having photos of the children involved in DAC youth programs used for advertising and publicity purposes in relation to the Downtown Athletic Club. The names of children will not be released nor published in any form. I waive and release any and all rights and claims for damages I may have against the Downtown Athletic Club, or their respective agents, for any and all injuries which may be suffered in connection with participation in the Downtown Athletic Club's camps, activities, programs or facilities. In an emergency, the Downtown Athletic Club has my permission to call an ambulance or obtain medical treatment at my expense for my child. The Downtown Athletic Club will always make every attempt possible to contact you in case your child is ill or injured.

Parent/Legal guardian's signature

Date

