



# Duluth Y Northerns Parent Permission Form

### General Information

Swimmers Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home address: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address City State Zip

Home Phone: \_\_\_\_\_

Parent/Guardian #1: Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian #2: Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relation to Swimmer \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Insurance Information

Is the participant covered by family medical/hospital insurance? Yes  No

If so, indicate carrier or plan name \_\_\_\_\_

Carrier Address \_\_\_\_\_

Name of insured \_\_\_\_\_ relationship to participant \_\_\_\_\_

Social security number of policy holder or insurance ID number \_\_\_\_\_

### Medications

This person takes NO medications on a regular basis OR  this person takes medications as follows

Med #1 \_\_\_\_\_ Dose \_\_\_\_\_ times taken \_\_\_\_\_

Reasons for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dose \_\_\_\_\_ times taken \_\_\_\_\_

Reasons for taking \_\_\_\_\_

### General Questions

Has/does the participant: Yes No

Yes No

Had any recent injury illness or infectious disease?   Have a chronic or recurring condition?

Have frequent headaches?   Ever had a head injury?

Ever been knocked unconscious?   Ever passed out during or after exercise?

Ever been dizzy during or after exercise?   Ever had seizures?

Ever had chest pains during or after exercise?   Ever had high blood pressure?

Ever been diagnosed with a heart murmur?   Ever had back problems?

Ever had joint problems (knees, shoulders)?   Have diabetes?

Have asthma?   Other

Had mononucleosis w/in the past 12 months?

Please explain any "yes" answers, noting the number or the questions. \_\_\_\_\_

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all swim club activities except as noted.

Signed \_\_\_\_\_ Printed \_\_\_\_\_ Date \_\_\_\_\_

(OVER)

**Permission to Provide Necessary Treatment or Emergency Care**

I hereby give permission to the medical personnel selected by the head coach to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the head coach to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for away meets.

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

1. Refund/Credit Policy:
  - a) The Duluth YMCA reserves the right to cancel any class where enrollment is not sufficient; refund or credit will be given.
  - b) Medical-credit given from date of notification to YMCA. All other refunds will be assessed a \$5.00 administrative fee.
2. Weather Policy: The YMCA will make every effort to remain open and hold classes during inclement weather. Local radio stations will announce facility and program closures, in extreme situations. Unfortunately, if classes are canceled due to severe weather, refunds or credits cannot be given.

**PARENT STATEMENT OF UNDERSTANDING**

The following information is important for the safety and protection of your child. Please read the information and sign this form.

1. I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child. I also understand that upon the completion of the lesson/program, I need to be present in the program area to pick up my child.
2. I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.
3. I understand the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

**I have read and understand the statements above.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**