

Visitor Registration

First Child:			Second Child:			Third Child:		
First Name:			First Name:			First Name:		
Middle Name:			Middle Name:			Middle Name:		
Last Name:			Last Name:			Last Name:		
Birth Date:	Gender:	Grade:	Birth Date:	Gender:	Grade:	Birth Date:	Gender:	Grade:
School:			School:			School:		
Ethnicity: (Circle One) African American Asian Hispanic Multi-Racial Native American White Other			Ethnicity: (Circle One) African American Asian Hispanic Multi-Racial Native American White Other			Ethnicity: (Circle One) African American Asian Hispanic Multi-Racial Native American White Other		
Health Conditions (History, Allergies, Etc)			Health Conditions (History, Allergies, Etc)			Health Conditions (History, Allergies, Etc)		
Are Immunizations Current?			Are Immunizations Current?			Are Immunizations Current?		
Parent/Guardian Name:						City:		
Home Address:						Zip code:		
Home Phone Number:			Father's Name:			Mother's Name:		
Cell Phone #:			Father's Cell Phone #:			Cell Phone #:		
Email:			Work Phone #:			Work Phone #:		
Emergency Contact Name/relationship to child:								
Emergency Phone Number(s):								
Additional Medical Information:								
Physician: _____			Physician's Phone: _____					
Do You Have Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Insurance Company: _____			Policy Number: _____					
Is Your Child Allowed To Swim? (Circle One) Yes No								
Is Your Child Allowed To Sign Out and Walk Home from Club (Circle One) Yes No								
If yes please explain times your member is to sign out and walk home _____								
Persons permitted to pick up visitor(s):					Are there activities in which your Child should not participate?			
Persons NOT permitted to pick up visitor(s):					Additional Needs of Your Child:			
YOUR SIGNATURE BELOW VERIFIES THAT:								
<ol style="list-style-type: none"> 1) I agree to indemnify, release and hold harmless the Foundation For Youth, its directors, officers and employees from any and all claims or damages for any accident, injury or illness arising out of the use of facilities, equipment and/or participation in activities associated with the Foundation For Youth; 2) I give consent for my child to appear through media as the Foundation for Youth deems appropriate. 3) I have provided all relevant health information and history. 4) I hereby release Foundation For Youth of Bartholomew County, Inc., its personnel and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the Foundation For Youth of Bartholomew County, Inc. Internet and Technology Systems, including but not limited to, claims that may arise from the unauthorized use of the Internet and Technology Systems to purchase products or services. 5) Allow Foundation For Youth Staff to provide routine health care, administer prescribed and parent provided OTC medications, and seek & provide emergency medical treatment where deemed necessary. 								
Parent/Guardian Signature _____						Date _____		