



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

CHILD WATCH REGISTRATION FORM

Child's Name _____ M or F Birthday _____
Second Child _____ M or F Birthday _____
Third Child _____ M or F Birthday _____
Fourth Child _____ M or F Birthday _____
Home phone # _____
Mother's Name _____ Cell phone # _____
Father's Name _____ Cell phone # _____
E-mail Address _____

Do any of your children have allergies/ drug sensitivities / medications we should be aware of? If yes, please explain:

Emergency information: In the event you cannot be reached, please list an emergency contact that you authorize to act on behalf of the care of your child.

Name _____

Address _____

Relationship _____

Home phone number _____

Cell or beeper number _____

I authorize the Wilton Family YMCA to administer First Aid by a trained staff and to obtain emergency medical treatment for my child. I understand the Wilton Ambulance Corp will be contacted to transport my child to the Norwalk hospital emergency room. I accept responsibility for all fees incurred in the care and transportation of my child.

X _____

Parent/guardian's signature

Date