CASSOPOLIS COMMUNITY SCHOOL – SWIM PROGRAM

 EMERGENCY INFORMATION AND RELEASE

|  |
| --- |
| STUDENT INFORMATION: |
| First Name |  | Last Name |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Address |  | City |  | State |  | Zip |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home Phone |  | Cell Phone |  | Emergency # |  |

|  |
| --- |
| Please list below, any siblings enrolled in the Cassopolis Community School system: |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | School |  |
| Name |  | School |  |
| Name |  | School |  |

|  |
| --- |
| If there is any medical or emergency information we should know about your child, please list it below. All information is for school and the YMCA’s use only and will be kept confidential. I authorize CASSOPOLIS COMMUNITY SCHOOLS to consent to medical treatment for my child in my absence. I also accept responsibility for any payments incurred by medical treatment. Parent Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Allergies:** | Yes | No | If yes, please list: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Asthma:** | Yes | No | **Diabetes:** | Yes | No | **Heart Trouble:** | Yes | No | **Seizures:** | Yes | No |

|  |  |  |
| --- | --- | --- |
| Does your child take medication regularly? | Yes | No |

|  |  |
| --- | --- |
| If YES, What medication and the reason: |  |

|  |  |  |
| --- | --- | --- |
| If child receives medication at school, does medication need to be sent on the field trip? | Yes | No |

|  |  |
| --- | --- |
| Any other medical problems we should know about? |  |

|  |
| --- |
| **If your child takes medication at school, has any food allergies, asthma, or diabetes, please ask for a medical form at the office.** |

|  |
| --- |
| In consideration of permission to use the property, facilities, and services of the Niles-Buchanan YMCA, Cassopolis Community Schools, Diamond Lake Yacht Club and any other participating agencies, such as including, but not limited to the use of the facilities or equipment, participation in the Diamond Lake Swim School or activities and observation of any of the foregoing, I d hereby agree: (1) Release and Waiver of Liability: For myself and my heirs, assigns, personal representatives, executors and respective directors, officers, employees, representatives and members from liability for any loss or damage and from any rights, claims, or demands therefore which I have or which I may hereafter accrue to me to me arising out of injury to my person or my property incurred in connection with my use of the property, facilities, or services of the Niles-Buchanan YMCA, Cassopolis Community Schools, Diamond Lake Yacht Club, and other participating agencies whether such damages are caused by negligence of Releasees or otherwise; (2) Assumption of Risk: That I bear sole risk of injury resulting from my use of property, facilities, and services of the Niles-Buchanan YMCA, Cassopolis Schools, Diamond Lake Yacht Club, and other participating agencies and hereby assume full responsibility for any risk of any bodily injury, negligence of the Releasees or otherwise; (3) Indemnifications: To indemnify and hold harmless the Releasees and each of them from any loss, liability, damage or cost they may incur in connection with my use of the property, facilities, and services of the Niles-Buchanan YMCA, Cassopolis Community Schools, Diamond Lake Yacht Club, and other participating agencies whether cause by the negligence of the Releases or otherwise; (4) I certify that my child suffers from no physical or mental condition that would affect his/her participation in this program. I further agree that, should my child be injured by participating in this program, I will not make any claim against the Niles-Buchanan YMCA, Cassopolis Community Schools, Diamond Lake Yacht Club or other participating agencies relating to any physical injury that may occur to my child while participating in any Niles-Buchanan YMCA, Cassopolis Community Schools, Diamond Lake Yacht Club, or other participating agencies’ programs; (5) Photo/Video Release: I hearby grant permission to use photographs or videos taken during the class or program represented by this registration to be used for the Niles-Buchanan YMCA, Cassopolis Community Schools, Diamond Lake Yacht Club or other participating agencies’ advertising or promotional efforts. I have read and understand this agreement and sign it freely and voluntarily. |

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian Signature |  | Date |  |