



ARMED SERVICES YMCA

REGISTRATION

CHILDREN'S SERVICES PROGRAM

Parent's Name: _____
LAST FIRST MIDDLE

Home Address: _____ Phone: _____

Sponsor's Name: _____ Phone: _____
LAST FIRST MIDDLE INITIAL

Duty Status: _____ PCS Date (est) _____ Rank/Grade: _____

Emergency Contact: _____ Phone: _____

1	CHILD'S NAME:	GENDER:	BIRTH DATE:
	ALLERGIES OR MEDICAL CONDITIONS:		
2	CHILD'S NAME:	GENDER:	BIRTH DATE:
	ALLERGIES OR MEDICAL CONDITIONS:		
3	CHILD'S NAME:	GENDER:	BIRTH DATE:
	ALLERGIES OR MEDICAL CONDITIONS:		

The Children's Services Program provides intermittent on-site supervision of children for patients with appointments at the 354th Medical Group Clinic only and those using the gym at Baker Field House. If the use of this service is abused, it may result in the user being barred from using this service in the future. We reserve the right to refuse admission of any child who: 1) shows visible signs of illness; 2) does not have a current shot record showing up-to-date vaccinations; or 3) who has a prior history of aggression or inconsolable crying. Personal belongings must be labeled. The Children's Services Program is not responsible for lost, stolen, or damaged personal items.

- I have received a copy of the Rules and Regulations governing the Children's Waiting Room/Child Watch program.
- I agree to abide by the terms define in the Children's Services and Regulations.
- In the event of an emergency, I authorize the Care Providers on staff to access any necessary emergency treatment for the child listed above.

 Parent/Legal Guardian's Signature Date

 ASYMCA Staff's Signature Date

FOR STAFF USE ONLY

Vaccine Record Verified

Staff initials: _____