



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MUIRLANDS MIDDLE SCHOOL LA JOLLA HIGH SCHOOL TRANSPORTATION SERVICES – MORNING BUS ROUTE

The La Jolla Y is offering transportation to Muirlands Middle School and La Jolla High School. A certified school bus driver and Y staff member will assist in the safe transportation of the students.

Cost: \$75.00/month. School holidays have been taken into account when determining fees.

Locations and Times: The school bus will be picking up from 3 locations daily. Please arrive 5 minutes prior to departure time. Select the pick up location and school your child attends.

- | | |
|---|-----------------------|
| <input type="checkbox"/> La Jolla Y | Bus departs at 6:45am |
| <input type="checkbox"/> Hidden Valley (Bottom of Hill) | Bus departs at 6:55am |
| <input type="checkbox"/> Mt. Soledad Cross | Bus departs at 7:05am |

Traveling to: Muirlands Middle School La Jolla High School

How to Register: Fill the bottom portion of this form for payment and reverse side for medical info. Important Medical Form on back. A new form is needed every year.

For more information contact Jen Rivieccio at (858) 453-3483, ext. 145 or jrvieccio@ymca.org

PAYMENT OPTION:

**PLEASE ATTACH/
FAX VOIDED CHECK**

AUTOMATIC TRANSFER SYSTEM (ATS) INFORMATION (Credit Card or Bank Account)

Name on the Account: _____ VISA MASTERCARD DISCOVER AMEX

ACCOUNT NUMBER: _____ Exp. Date: _____

I (we) hereby authorize the LA JOLLA YMCA, hereinafter called YMCA, to initiate debits to the bank/ credit account indicated above and to debit the amounts thereof to my (our) bank account indicated above.

This authority is to remain in full force and effect until the YMCA has received written notification from me (us) of its termination in such time and in such manner as to afford the YMCA a reasonable opportunity to act on it; or until the YMCA has sent me (us) fifteen (15) days written notification of the YMCA's termination of this agreement.

Signature: _____ *If using a Checking Account, a voided check is required.

Child's Name: _____ E-mail Address: _____

MEDICAL INFORMATION FORM

CHILD INFORMATION

PLEASE PRINT IN INK

Please check if your contact information has changed in the past year

Child's Name			
Birthdate (Month/Day/Year)	Grade	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	E-mail Address		
City/State/Zip	Home/Cell Phone		
Parent/Guardian	Work/Cell Phone		
Parent/Guardian	Work/Cell Phone		

CHILD RELEASE AUTHORIZATION/EMERGENCY CONTACTS

Persons **AUTHORIZED** to Pick Up Child from Facility:

Name	Relationship	Contact Phone Number	Child in Custody of/ lives with:
1.			<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
2.			Persons UNAUTHORIZED to Pick Up Child: <small>(Biological Parents may not be UNAUTHORIZED without court order.)</small>
3.			
4.			

HEALTH INFORMATION

Name of Health Insurance Company	Policy Number
Family Doctor Name	Phone Number
Dentist/Orthodontist Name	Phone Number

IMMUNIZATION HISTORY

Are your child's immunization records up to date, and on file at the YMCA? YES NO

If NO, please attach a copy of current immunizations. Date of last tetanus shot _____

OFFICE USE ONLY: Please Confirm: Initials: _____

HEALTH HISTORY:

List any physical, mental or psychological conditions requiring special considerations:

List allergies, serious injuries, diseases, operations and any restrictions on physical activity:

MEDICATION ADMINISTRATION

* For any medications to be administered in camp, we must have a completed medication administration release form available at the YMCA courtesy desk

YMCA OF SAN DIEGO COUNTY MEMBER/PARTICIPANT ETHNICITY TRACKING TOOL: (OPTIONAL) This voluntary information will be used for statistical purposes in order to enable our YMCA to provide quality services to our community members.

White/Caucasian
 Native American Indian
 Black/African American
 Hispanic/Latino
 Asian/Pacific Islander
 Multi Cultural

PRIMARY LANGUAGE: English Spanish Other _____

PHOTOGRAPHIC WAIVER/CONSENT

I give my permission to the YMCA of San Diego County (YMCA) to use my picture, or a picture of any of my children in the YMCA's general publicity and campaign materials.

Check here if you do not agree to give consent for photography

YMCA OF SAN DIEGO COUNTY BRANCH RELEASE/WAIVER FOR YMCA YOUTH (MINORS)

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor being permitted to enter any branch of the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation in any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby:

Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document.

2. Release the YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch.

3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA's branch; whether caused by the negligence of Releasees or otherwise.

4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.

5. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Sign Here X _____ Date: _____