



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## SWIMMER EMERGENCY FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/ Guardian's Name: \_\_\_\_\_

Contact Phone number: \_\_\_\_\_

Contact Phone number: \_\_\_\_\_

Do NOT list any emails of minors (under 18 years old)

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Person (other than listed above)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

## ALLERGY

TYPE OF ALLERGY: \_\_\_\_\_

TRIGGERS THAT START ALLERGIC REACTION: \_\_\_\_\_

POSSIBLE ALLERGIC SIGNS: \_\_\_\_\_

TREATMENT FOR ALLERGIC REACTION: \_\_\_\_\_

KNOWN ALLERGIES OR HEALTH ISSUES: \_\_\_\_\_

YMCA OF INDIANA COUNTY  
60 NORTH BEN FRANKLIN ROAD INDIANA PA 15701  
P 724-463-9622 F 724-465-2656  
[WWW.ICYMCA.ORG](http://WWW.ICYMCA.ORG)



Our Mission: to put Christian principles into practice through programs that build a healthy spirit, mind and body for all.



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Bee Stings Yes ☐ No ☐

Heart Trouble Yes ☐ No ☐

Insect Bites Yes ☐ No ☐

If yes explain: \_\_\_\_\_

Penicillin Yes ☐ No ☐

Aspirin Yes ☐ No ☐

\_\_\_\_\_

Epilepsy Yes ☐ No ☐

Convulsions Yes ☐ No ☐

Bladder/Kidney Trouble Yes ☐ No ☐

Fainting Yes ☐ No ☐

If yes explain: \_\_\_\_\_

Asthma/Wheezing Yes ☐ No ☐

Hearing Problems Yes ☐ No ☐

\_\_\_\_\_

Ear Infections Yes ☐ No ☐

Rheumatic Fever Yes ☐ No ☐

Recent Surgery: Yes ☐ No ☐

Diabetes Yes ☐ No ☐

If yes explain: \_\_\_\_\_

Glasses/Contacts Yes ☐ No ☐

Hearing Aids Yes ☐ No ☐

\_\_\_\_\_

Artificial Limbs Yes ☐ No ☐

Other Allergy Yes ☐ No ☐

If yes, what: \_\_\_\_\_

Does child receive any type of medication? Yes ☐ No ☐

If yes, what: \_\_\_\_\_

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### CONSENT ITEMS

*(Parent/legal guardian signature required on EACH LINE below.)*

- |  |  |
|--|--|
| 1. Obtaining Emergency Medical Care: _____ | 2. Minor First Aid Care: _____         |
| 3. Receipt of Parent Packet: _____         | 4. Administration of Medication: _____ |

I understand that the YMCA of Indiana County assumes no responsibility for injuries or illnesses which my child may sustain as result of his/her physical condition or resulting from participation in any athletic activity, sports program, and the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of my child that I assume the risk for any and all injuries and illnesses which may result from participation in these activities. I hereby release and discharge the YMCA of Indiana County, its agents, assigns and/or employees from any and all claims for injury, illness, death, loss or damage which he/she may suffer as a result of participation in these activities.

I understand that the YMCA of Indiana County is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give my permission to the YMCA of Indiana County to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs. By signing below I am in agreement with this waiver.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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