



CHILD/YOUTH LAST NAME

FIRST NAME

**MEDICAL CARE AUTHORIZATION**

If in the judgment of the YMCA staff, my child/teen requires medical care, I authorize and instruct the YMCA to inform me or the authorized person listed above. The YMCA may take me in for medical treatment to the physician, hospital or clinic, I or the authorized person designated. If the authorized person, the physician, or I can't be promptly reached, I authorize the YMCA to take my child/teen to the nearest hospital or clinic for such medical treatment. **My Child/Teen is covered by:**

NAME OF MEDICAL INSURER

CARD / POLICY NUMBER

SIGNATURE

DATE

**MEDICAL INFORMATION**

To assist the Y in providing a safe environment and the best care possible for our participants, parents/guardians are asked to provide information on any medical needs that their child/teen may have (e.g. food allergies, physical limitations). This information should be provided on the Registration Form or in writing prior to the child/teen starting the program. Children and teens who are not registered students in a Department of Education or licensed independent school in the State of Hawaii (out of state, international) are required to provide proof of Tuberculosis clearance by a licensed physician at the time of registration.

- TB Clearance Attached
- Allergies/ Medical Needs List Attached

\*For foreign language assistance, please inquire at the Y branch.

**MEDICAL INFORMATION**

PHYSICIAN	CHOICE OF HOSPITAL	PHONE	ALT. PHONE
PLEASE LIST ANY MEDICAL (IE: ALLERGIES) OR OTHER LIMITATIONS THAT MIGHT HINDER PARTICIPANTS:		PLEASE LIST ANY SPECIAL REQUIREMENTS OR CONDITIONS:	

**PAYMENT INFORMATION**

Fees must be paid in full by the start of desired program. A \$25 fee will be applied to your account for returned checks/charge payments.

- I wish to pay the total program fee now.
- Check (Made payable to **YMCA of Honolulu**)
- I wish to make payment arrangements. I understand the remaining balance will be charged in equal amounts on the 1st of each month until paid in full or program start date.

Submit registration to appropriate YMCA branch. See page 4 of your catalog.

**FINANCIAL ASSISTANCE**

YMCA of Honolulu has a dedicated group of volunteers who help us raise money each year as part of our Annual Support Campaign. This effort enables us to provide financial assistance for children and families who need financial support to participate in our programs. Each year, we provide over \$250,000 of financial aid! If you require financial assistance to make participation in our programs possible, please contact your Y branch office for financial assistance application.

Should you be willing to contribute to our Annual Support Campaign, please include your tax-deductible donation with your child's registration.

Donation Amount \$ \_\_\_\_\_ Payment Method:  Check included  Charge my credit card  Bill me

**HOW DID YOU HEAR ABOUT OUR PROGRAM? (check all that apply)**

- Print Ad
- Radio
- TV
- Direct Mail
- Website
- Email
- Internet
- Social Media (Facebook, Twitter, etc.)

Other (Please Explain) : \_\_\_\_\_  
\_\_\_\_\_