



Valley Shore YMCA  
**Kids Night Out**  
**EMERGENCY CONTACT FORM**

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**PLEASE PRINT:**

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ VSY Member: YES / NO

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Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ VSY Member: YES / NO

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Parent/Guardian Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions/Allergies we should be aware of:

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

My signature above signifies that I agree with all information on this form and with the Valley Shore YMCA building usage rules. Permission is also granted for the Valley Shore YMCA to take and use photographs of the person(s) named on this emergency contact form. I authorize the Valley Shore YMCA to secure medical/emergency attention and treatment for the participant(s) list above in case of an emergency. Permission is granted for the participant(s) named on this form to participate in all Kids Night Out activities. The undersigned voluntarily agree to hold the YMCA harmless for injuries or accidents resulting in bodily injury or property damage during my child's participation in activities during Kids Night Out. I further waive, release, absolve and indemnify the Valley Shore YMCA, it's directors, volunteers, officers or employees for injuries or accident occurring while participating in the programs of Kids Night Out.