



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Middle School Track

Participant's Name: _____

School: _____ **Grade:** _____

Phone #: _____

Please advise how your child will be getting home from practice each day: _____

Name/Contact Information of adult responsible for transportation:

Name: _____

Contact Information: _____

Relationship to child: _____

Please have your child bring a note if there are any different arrangements from stated above.

****Children not picked up from practice by 4:20pm will be placed in the YMCA Aftercare Program. Daily Aftercare rates will be applied in these instances. (all balances must be paid by Friday of that week or your child will not be allowed to practice until balance is cleared).****

Parent/Guardian Name: _____

Phone number _____ **Email** _____

Parent/Guardian signature _____ **Date:** _____

FANWOOD-SCOTCH PLAINS YMCA
1340 Martine Avenue, Scotch Plains, NJ 07076
P 908-889-8880 F 908-889-4073
Visit us at: www.fspymca.org



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YMCA MIDDLE SCHOOL TRACK
Spring, 2018

Today's Date _____ School _____ Grade _____

Students Name _____ Age _____ Sex _____

Date of Birth _____ Home phone number _____

Email address _____ T-shirt size _____

Name of Parent/Guardian(s) _____
Relationship to Student _____

Phone(work) _____ Phone(home) _____

Phone(cell) _____ Phone(cell) _____

Additional Emergency Contact _____
Relationship to Student _____

Phone(work) _____ Phone(home) _____

Phone(cell) _____

Medical Provider Name _____ Phone _____

Date of Last Physical _____

Have you ever had or currently had:

Relationship from sports for a health related problem Y / N / don't know

An injury or illness since your last exam Y / N / don't know

A chronic or ongoing illness Y / N / don't know

An inhaler or other prescription to control asthma Y / N / don't know

Any prescription of over the counter medication taken regularly Y / N / don't know

If yes, list _____

Surgery, hospitalization, or any emergency room visits Y / N / don't know

Any allergies to medication Y / N / don't know

Allergies to bee stings, pollen, latex or foods Y / N / don't know

If yes, what kind of reaction

_rash _hives _breathing or other anaphylactic reaction

Take any medication/epipen taken for allergy symptoms

List _____

Any blood disorders Y / N / don't know

If yes, list _____



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Have you ever had, or do you currently have, any of the following heart related conditions:

- Restriction from sports for hear problems ? Y / N
- Chest Pain or discomfort? Y / N
- High blood pressure? Y / N
- Elevated Cholestrol level? Y / N
- Heart infection? Y / N
- Dizziness or passing out during or after exercise without known cause? Y / N
- Has a provider ever ordered a heart test? Y / N
- Racing or skipped heart beats? Y / N
- Unexplained difficulty breathing or fatigue during exercise? Y / N
- Any family member (blood relative)
 - Under age 50 with a heart condition Y / N
 - Died of a heart problem before age 50 Y / N
 - Died with no known reason Y / N
 - Died while exercising Y / N

Explain all "yes" answers here including relevant dates _____

Injuries since past physical

- Sprains/fractures Y / N When _____
- Serious illness Y / N When _____
- Hospitalizations/visits Y / N When _____
- Operations Y / N When _____
- Concussions/head injuries Y / N When _____

List the following

- Current medications _____
- Allergies _____

RELEASE AND WAIVER OF LEGAL LIABILITY

I, individually and on behalf of my minor child(ren), hereby release and hold the Fanwood-Scotch Plains YMCA, its assigns and successors, its directors, officers, volunteers, and/or others acting on its behalf harmless from all claims that I/we may have arising from activities that I/we may be involved in with the YMCA. I expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my/our YMCA activities. I hereby release the YMCA from any claim whatsoever which may arise as a result of any first aid, treatment, or services or assistance provided to me/us in connection with any injury that arises from activities at the YMCA. I take full responsibility for my/our welfare and safety at YMCA activities. I hereby give permission for emergency medical treatment to be administered as deemed appropriate. I understand that the YMCA does not carry insurance to cover injuries and losses that may befall me/us. I hereby give permission to the YMCA to transport my child(ren) to track meets. I consent to be photographed and to allow YMCA's use of any photos of me or my minor child(ren) at its sole discretion.

HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.

Signature of parent/guardian _____ date _____

Register in person at the Fanwood-Scotch Plains YMCA 1340 Martine Ave. Scotch Plains



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Middle School Track

**Grades 6-8 Boys and Girls
Kumpf Middle School**

Season runs from April 9th through May 25th, 2017

Practices:

Kumpf Middle School: Tuesdays & Thursdays, 3:00-4:15pm

**Meets against other middle schools at Arthur L. Johnson High School.
365 Westfield Ave, Clark, NJ 07066
Transportation provided to meets.**

**Fee: \$147 Full members
 \$169 Program Members.**

Must be a member of the Y. Paperwork must be completed and turned into the Y in order to practice.

Register at the Fanwood-Scotch Plains Y.

Introductory meetings:

**Tuesday, March 13, 2:45pm at Kumpf Middle School
Meeting intended for students, parents are welcome
Attendance at the meeting does not register you for the season**

Contact Barbara Breuninger, bbreuninger@fspymca.org or Taj Belfield, tbelfield@fspymca.org for more information

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