



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LAKOTA FAMILY YMCA

CHILD CARE GENERAL PERMISSION FORM

-I hereby grant permission for my child to use all indoor/outdoor play equipment and participate in all of the activities at the center.

-I hereby grant permission for my child to be included in pictures, media print, electronic media and evaluations connected with any of the child care programs.

-I hereby grant permission for my child to participate in field trips taken by the center. Prior information will be given to the parent/guardian about the trip.

-I hereby grant permission for the Child Care Director, Site Administrator or Camp Arrowhead Directors to take whatever steps that may be necessary to obtain emergency medical/dental care if warranted as stated on the Health Enrollment Form.

-I understand that all expenses incurred in obtaining medical/dental treatment are my responsibility and not the Lakota Family YMCA's.

-I understand that the Lakota Family YMCA is not responsible for anything that happens as a result of false information given by the parent/guardian at the time of enrollment.

-I understand the Lakota Family YMCA will not assume responsibility for a child who has not been signed in upon arrival or signed out when they depart for the day. I understand that the person dropping off and/or picking up must be 16 years of age or older.

Child's Name _____

Signature of
Mother/LegalGuardian _____

Signature of
Father/Legal Guardian _____

Date _____