



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Member ID#:

KidFit Information Form

Child's Name: _____ D/O/B: _____ M/F: _____

Parent/Guardian Name(1): _____ Home #: _____ Cell #: _____

Parent/Guardian Name(2): _____ Home #: _____ Cell #: _____

Additional Phone #: _____ Email: _____

Other YMCA members allowed to drop off and pick up my child(ren) from KidFit:

Name: _____ Home #: _____ Cell #: _____

Name: _____ Home #: _____ Cell #: _____

Allergies: _____

Special Needs: _____

Non-Contagious Conditions: _____

Emergency Contacts

List individuals other than the parent or guardian above.

Name: _____ Phone #: _____ Other #: _____

Name: _____ Phone #: _____ Other #: _____

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