



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Parent Permission Letter

Authorization to Bring Children to the Springs Family YMCA

Parent(s)/Guardian(s):

I, _____ (Print Full Name of Parent),

Primary Phone _____ 2nd Phone _____

Full Address _____

Membership ID# _____ DOB _____ Email _____

Give permission for the following adult(s):

_____ (Print Full Name of Adult) Membership ID# _____

_____ (Print Full Name of Adult) Membership ID# _____

Primary Phone _____ 2nd Phone _____

Full Address _____

To bring my children to and from the YMCA, Child Watch, and all other YMCA activities:

(Print Full Name of Child) _____ DOB _____

(Print Full Name of Child) _____ DOB _____

(Print Full Name of Child) _____ DOB _____

(Print Full Name of Child) _____ DOB _____

I understand that my children are at a risk of injury when using the facility and that the YMCA is not liable.

Signature of Parent _____ **Date** _____

Office Use Below:

WC to do: Add note in note section, use the CHILDCARE heading with full names and ID # of all parties.

Ex. Susan Smith ID# 12345678 gives permission for John & Judy Brown, ID# 87654321 to bring her children, Sally & George Smith to the Springs Family YMCA. (date & staff initials)

____ Add note for each child ____ Add note for parent ____ Add note for supervising adult(s)

Date _____ Staff Initial _____ Letter saved _____