

# Youth & Teen Information Form

Please Print Clearly and Fill Out a Form for EACH Child



Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ Age \_\_\_\_\_

Does your child have allergies to (circle all that apply)

Pollen      Insect Bites      Food      Medications      Other: \_\_\_\_\_

Has your child experienced any of the following (circle all that apply)

Asthma      Epilepsy/Seizure Disorder      Heart Trouble      Diabetes      Car Sickness

If so, please explain: \_\_\_\_\_

Is your child currently on any medications?    Yes    No    If yes, please explain \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Should this child's activities be restricted for any reason? Yes/ No

If yes, please explain \_\_\_\_\_

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**Only fill out below if your child is registering for our Summer Program.**

- For your child's safety and our knowledge, rate your child's swimming ability (circle one)  
1 (Doesn't swim)    2    3    4    5 (Average swimmer)    6    7    8    9    10 (Excellent swimmer)
- Circle your child's t-shirt size: Youth Small    Youth Medium    Youth Large    Youth XL  
Other Size \_\_\_\_\_

YOUTH'S PICTURE

PARENT/GUARDIAN'S ID

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