



## Child's Waiting Room (ASYMCA) Registration Form

Sponsor's Name \_\_\_\_\_ Rank \_\_\_\_\_ LAST FOUR: \_\_\_\_\_  
(Same as ID)

Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Number \_\_\_\_\_

Clinic \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Comments: \_\_\_\_\_

\_\_\_\_\_

### **GUIDELINES**

1. Minimum age of 6 months
2. No meds given
3. No food
4. Maximum drop off time is limited to appt. time
5. Please have child use the restroom and make sure diaper is clean.

The Child's Waiting Room and ASYMCA Staff reserves the right to refuse admittance of any child who:

1. Has a temperature of 101 degrees or higher
2. Shows any sign of illness
3. Does not have a current shot record

Personal belongings must be labeled. The ASYMCA Child's Waiting Room is not responsible for lost or stolen items.

\_\_\_\_\_  
Parent Signature/Date