



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Cleveland County Family YMCA Emergency Contact Form

Participants Name: _____

If participants are siblings, you may list them together.

Primary Caretakers Name: _____

Primary Caretakers Phone Number: _____

Will this number be accessible to reach in case of emergency? Yes No

If you checked no, please provide a name and number for emergency purposes below (only if primary caretaker can not be reached):

Relationship to Participant: _____

Name: _____

Phone Number: _____

Secondary Caretakers Name (if applicable): _____

Secondary Caretakers Phone Number (if applicable): _____

Can this person be used for an in case of emergency contact? Yes No

Password: _____

In order for the participant to be picked up by someone who is not the primary caretaker, they will have to provide this password.

Signature: _____