

Afterschool Registration Form Greenwood Family YMCA 2008-2009

A \$50 nonrefundable registration fee is due at time of registration

GENERAL INFORMATION:

Child's First Name: _____ Last Name: _____ Sex: ___ DOB: ___/___/___

Local Address: _____ City: _____ State: _____ Zip: _____

Mother/Guardian Name: _____ Home #: _____ Work #: _____ Cell #: _____

Father/Guardian Name: _____ Home #: _____ Work #: _____ Cell #: _____

Mother/Guardian Email: _____ Father/Guardian Email: _____

Emergency Contact: _____ Home #: _____ Work #: _____ Cell #: _____

Grade 2008-2009 _____ School Child Attends 2008-2009 _____

PICK UP AUTHORIZATION:

Person(s) to whom your child may be released in your absence:

Name: _____ Home #: _____ Work #: _____ Cell #: _____ Code Word: _____

Name: _____ Home #: _____ Work #: _____ Cell #: _____ Code Word: _____

(Code words are used as added security when your child is being picked up. Any of the above must know the code word)

MEDICAL HISTORY: INFORMATION MUST BE COMPLETED

Child's Physician: _____ Location: _____ Phone: _____

Medical/Hospital Insurance: *(need a copy of the front and back of the insurance card)*

Carrier: _____ Policy or Group ID#: _____

Has your child recently had an operation or any serious injury? ___Yes ___No

Does your child have any chronic or reoccurring illnesses? ___Yes ___No

Do you have any physical or medical concerns we should be aware of? ___Yes ___No

If you indicated yes to any above, please describe:

RELEASE OF LIABILITY STATEMENT:

- I, the undersigned, hereby certify that I am the parent, or legal guardian, of the minor named herein, and that I hereby certify that my child is physically fit and mentally capable of safe participation in the YMCA afterschool program.
- I, the undersigned, understand that many activities will be conducted during the school year including such events as swimming, indoor rock-climbing, daily devotions, service learning projects, field trips, arts & crafts, kidz lit, fit kids, and other group games and sports. I desire and consent for my child to take part in all such activities (except as to any that are requested to be excluded for me as shown on my medical form, or in the activity exclusion section found below in this form). I assume all risk(s) and hazards incidental to the conduct of this program.
- **PLEASE LIST ANY SPECIFIC ACTIVITY EXCLUSIONS:** _____
- I, the undersigned, authorize the YMCA to take and use photographs, slides, or videotapes of my child as may be needed for its records or public relations publications.
- I, the undersigned, give the YMCA permission to transport my child to and from related activities while attending the afterschool program. I understand that my child will be transported in a YMCA owned vehicle with a licensed adult at least 21 years of age. I herewith release and hold harmless the YMCA for any claims of personal injury.
- I, the undersigned, understand that any expenses incurred in obtaining medical treatment are my responsibility.
- In consideration of my child's participation in YMCA Programs, I, the undersigned, agree to IDEMNIFY AND HOLD HARMLESS Greenwood Family YMCA, its officers, agents, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or any way relating to my child's participation in any program at the YMCA. I agree that the YMCA is not responsible for anything that may happen as a result of false information given by a parent or guardian.
- **I UNDERSTAND THE ABOVE RELEASE AND ACKNOWLEDGEMENT SECTIONS OF RISK. I FURTHER CERTIFY BY SIGNING, THAT I AND/OR MY WARDS ARE IN GOOD HEALTH AND HAVE NO PHYSICAL LIMITATIONS WHICH WOULD PRECLUDE MY UNDERSTANDING OF THIS DOCUMENT.**

Parent/Guardian Signature _____ Date _____

WHEN DO YOU PREFER TO BE CONTACTED?

(Please check you preference. Your answer in no way compromises the quality of care you child receives)

- Feel free to call me anytime my child wants to talk. I would also prefer to hear about each bump, bruise, and problem that occurs at the Afterschool Program.
- Call me every once in awhile. I do have access to a phone, however I would prefer that counselors make an effort to handle whatever minor incident may occur at the program.
- Only call me if it is an emergency. I am not allowed to make too many personal phone calls during my work day.

PAYMENT CONTRACT

I _____, understand that I am responsible for all afterschool tuition payments for _____ . I understand it will be my sole responsibility to make sure all payments are made on time. I also understand I must pay every week regardless of my child's attendance. If I choose to take a week or more off from the afterschool program, I understand I will have to pay the \$50 registration fee again to have my child placed back in the program. I understand if I do not make all payments on time, my child will no longer be picked up at school and their spot will be forfeited to the next child on the waiting list.

Parent's Signature

Date