



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

PROGRAM SELECTION

Please select the primary program you are registering for:

Afterschool Child Care Summer Day Camp

Parent's Night Out Childwatch

School's Out Special Youth Sports

Homeschool Programs Aquatics

YMCA OF GREENVILLE – PROGRAM REGISTRATION FORM

CHILD #1 INFORMATION

Program Start Date / First Day of Attendance (Afterschool Program Only): ____ / ____ / ____

Name: First: _____ Middle: _____ Last: _____

Birthday: ____ / ____ / ____ Age: _____ Gender: _____ School: _____ Current School Grade: _____ Rising School Grade: _____

Allergies / Additional Information: Please list any allergies your child may have, medications your child is currently taking, dietary restrictions, etc. or any other information we should know about your child. If your child requires medication to be administered during the program, please fill out a separate medication form.

CHILD #2 INFORMATION

Program Start Date / First Day of Attendance (Afterschool Program Only): ____ / ____ / ____

Name: First: _____ Middle: _____ Last: _____

Birthday: ____ / ____ / ____ Age: _____ Gender: _____ School: _____ Current School Grade: _____ Rising School Grade: _____

Allergies / Additional Information: Please list any allergies your child may have, medications your child is currently taking, dietary restrictions, etc. or any other information we should know about your child. If your child requires medication to be administered during the program, please fill out a separate medication form.

HOME ADDRESS

Home Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

LEGAL GUARDIAN #1 INFORMATION

Is this guardian the primary contact for emergencies and program communication? YES NO

Name: First: _____ Middle: _____ Last: _____

Birthday: _____ Age: _____ Gender: _____ Place of Employment: _____

Address (if different from child): _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____ Work Phone: _____

Email Address: _____

LEGAL GUARDIAN #2 INFORMATION

Is this guardian the primary contact for emergencies and program communication? YES NO

Name: First: _____ Middle: _____ Last: _____

Birthday: _____ Age: _____ Gender: _____ Place of Employment: _____

Address (if different from child): _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____ Work Phone: _____

Email Address: _____

ADDITIONAL EMERGENCY CONTACTS & AUTHORIZED PICK UP LIST

Please list the individuals other than legal guardians who may pick up your child or be contacted in an emergency if the legal guardian cannot be reached. Please note that we require a written request to add/remove any names listed. Anyone **NOT** listed below **WILL NOT** be allowed to pick up your child. A picture ID will be required at pick up.

Authorized Pickup Name 1: _____ Relationship to Child: _____ Phone: _____

Authorized Pickup Name 2: _____ Relationship to Child: _____ Phone: _____

Authorized Pickup Name 3: _____ Relationship to Child: _____ Phone: _____

Authorized Pickup Name 4: _____ Relationship to Child: _____ Phone: _____

Authorized Pickup Name 5: _____ Relationship to Child: _____ Phone: _____

Authorized Pickup Name 6: _____ Relationship to Child: _____ Phone: _____

HEALTH & INSURANCE INFORMATION

Is the child covered by a family or medical hospital insurance? [] YES [] NO If yes, please provide the name of the carrier: _____

Group Policy Number: _____ Name of Insured: _____ Relationship to Child: _____

Preferred Hospital: _____

FAMILY PHYSICIAN INFORMATION

Family Physician Name: _____ Phone: _____

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

PROGRAM AGREEMENTS

Signature is required for program participation.

*I understand that I am responsible for paying for every week my child is enrolled in the child care program. I understand that I must give the site director a two-week notice if I disenroll my child from the program. I also understand fees and deposits are non-refundable. I also give consent for my child to be transported by YMCA staff in YMCA vehicles for pick and field trips (if applicable). In the event of an emergency in which I cannot be reached, I authorize medical personnel to provide the necessary first aid and/or hospitalization of my child. I understand I am responsible for any medical expenses. I understand the child care program ends promptly at 6pm and \$1.00 per minute late fee will be assessed for every minute after 6pm that my child is not picked up. *Policy applies to Summer Day Camp and Afterschool Programs Only.

I have also received the parent handbook for the specific program I am registering for that outlines important policies. I recognize that participants must follow safety instructions, rules, remain in areas designated by staff, refrain from behavior that is harmful to oneself and others. I understand that failure to adhere to YMCA policies will be cause for participant's dismissal from the program without refund of fees. I understand that the YMCA is a drug, alcohol, weapons and tobacco free zone.

Parent/Guardian Signature: _____ Date: _____

SWIMMING RELEASE AND SKILL LEVEL

My child has permission to swim during the YMCA child care program. I would rate my child's swimming ability and skill level as (check one level per child):

Child #1: [] Beginner [] Intermediate [] Advanced

Child #2: [] Beginner [] Intermediate [] Advanced

Parent/Guardian Signature: _____ Date: _____

PROGRAM AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Signature is required for program participation.

IN CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA OR RELATED ENTITY FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT. THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law.

THE UNDERSIGNED HAS READ AND UNDERSTANDS THIS AGREEMENT.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Print Name of Child/Minor 1

Print Name of Child/Minor 2

PHOTO RELEASE

I understand that my child may be photographed, videotaped, and/or interviewed for the purpose of YMCA promotional use.

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY

Date: _____ Child 1 ID#: _____ Child 2 ID#: _____

Branch: _____ Staff Name (please print): _____ BSC Review Staff Name (please print): _____