



# YMCA of Metropolitan Columbus, GA PRIME TIME AFTER SCHOOL REGISTRATION

Entrance Date \_\_\_\_\_

Withdrawal Date \_\_\_\_\_

## PARTICIPANT INFORMATION

Student Name \_\_\_\_\_ School \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Living Arrangements:  Mother Only  Father Only  Both  Other Guardian

Legal Guardian:  Mother Only  Father Only  Both  Other Guardian

Other siblings that may be enrolled in the program

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

**Parent/Guardian #1** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

**\*This person will be the first we try to contact when needed**

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_ Work Number: \_\_\_\_\_

**Parent/Guardian #2** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_ Work Number: \_\_\_\_\_

## OTHERS AUTHORIZED TO PICK UP OR EMERGENCY CONTACTS

The Y can only release your child to those listed on this form, they must provide a photo ID at the time of pick up. Contact the Y director to make changes to this information.

The following adults are authorized to pick up my child in addition to those listed above:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to Child \_\_\_\_\_

By signing below, I am acknowledging that all information completed is accurate and will inform the YMCA if any changes occur.

Parent or Guardian Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

**PARTICIPANT EMERGENCY MEDICAL INFORMATION**

In the event that my student \_\_\_\_\_ suffer an injury or illness while in the care of the YMCA of Metropolitan Columbus, GA and I am unable to reach immediately, I hereby authorize the YMCA staff to make arrangements to transport my child to the physician, hospital or clinic that I have designated or the nearest hospital/emergency medical facility. I agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Child's Doctor/Clinic Name \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to Child \_\_\_\_\_

My student is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies \_\_\_\_\_

List any physical, medical, and mental or developmental/learning disabilities, allergies, and/or prescriptions or special procedures that need to be followed: \_\_\_\_\_

My student has the following special needs: \_\_\_\_\_

If your camper has food allergies or dietary restrictions, attach a statement from a medical professional (REQUIRED)

My child carries an epi-pen, inhaler or other medication. (Additional medication form is required)

By signing below, I am acknowledging that all information completed is accurate and that I will inform the YMCA if any changes need to be made.

Parent or Guardian Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

The YMCA is a not-for-profit organization receiving funding from the United Way of the Chattahoochee Valley and other foundations. Information collected is ONLY to ensure we are serving our entire community.

**Ethnicity**

Native American

Caucasian/White

Asian/Pacific Islander

Hispanic

African American/Black

Other

Alaskan Native

**Household Income**

\$0 – \$14,999

\$15,000 – \$24,999

\$25,000 – \$34,999

\$35,000 – \$49,999

\$50,000 – \$74,999

\$75,000 - Over

**AGREEMENTS/PARENTAL OR GUARDIAN CONSENT**

**Statement of Understanding (Please initial each of the following)**

I give my consent for any photos or videos taken of my child involved in YMCA programs to be used for YMCA promotions, trainings or displays.

I grant permission for the YMCA staff to transport my student from school. I understand that all reasonable precautions will be taken to ensure the safety and health of my student.

I consent to my student's participation in the YMCA program and assume the risks involved. I attest and verify that I have knowledge of the risks involved in program activities and I give my student authorization to participate in such activities.

I understand that it is my responsibility that my student is signed in upon arrival to the program, and signed out before leaving each day.

I understand that my student will not be released to any person(s) not listed on the enrollment form.

I understand that my student will not be released to any person(s) who seems to be under the influence of drugs or alcohol.

I understand that YMCA staff and volunteers are not allowed to babysit or transport my student at any time outside the YMCA facilities and program.

I understand that I cannot leave my student at the YMCA or program site unless a YMCA before and after school program staff is there to receive and supervise my student. There must be an exchange of responsibility from an authorized individual to a YMCA staff member.

I understand that state law mandates the YMCA to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I understand that I am responsible for camp payment and that weekly tuition will be paid the prior week to my student attending. Without proper notification of any hardships, there will be a \$25.00 late payment fee for all late payments.

**Parent or Guardian Name (Print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or Guardian Signature** \_\_\_\_\_





## Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING YMCA OF METROPOLITAN COLUMBUS, GEORGIA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

### Assumption of Risk

I, \_\_\_\_\_ in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of YMCA of Metropolitan Columbus, GA facilities, services, equipment and premises ("Facilities") and any participation in YMCA of Metropolitan Columbus, GA programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

### Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that YMCA of Metropolitan Columbus, GA, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

\_\_\_\_\_  
Student Name (Print Clearly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (Print Clearly)



## PRIME TIME BEFORE AND AFTER SCHOOL PROGRAM TRANSPORTATION AGREEMENT

This is to certify that I give the \_\_\_\_\_ permission to transport my child \_\_\_\_\_.

### **Before School:**

From \_\_\_\_\_ **YMCA** \_\_\_\_\_ at **7:30 a.m.** to \_\_\_\_\_ by **8:00 a.m.**  
**SCHOOL**

On the following days:

Monday  Tuesday  Wednesday  Thursday  Friday

### **After School:**

From \_\_\_\_\_ at **2:30 a.m.** to \_\_\_\_\_ **YMCA** \_\_\_\_\_ by **3:00 a.m.**  
**SCHOOL**

On the following days:

Monday  Tuesday  Wednesday  Thursday  Friday

\_\_\_\_\_ is authorized to receive my child. In the event the authorized person is not present to receive my child, the following individuals listed below are authorized to pick up my child: (Please Print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ is approximately \_\_\_\_\_ miles from the center.  
(Participant School)

In the event that my child is not to be transported, I agree to notify the A.J. McClung YMCA at least two hours before pick up time.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

**PARENTAL AGREEMENTS WITH PROGAM**

**A. J. McClung YMCA**

**D.A. TURNER YMCA**

The **YMCA** agrees to provide after school care for: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_.  
(Beginning Month) (Ending Month)

My child will participate in the meal plan. (Please indicate by checking)

**Before School Snack**

**Afternoon Snack**

- Before any medication is dispensed to my child, I will complete a written authorization form provided by the YMCA. In order for the medication to be dispensed, it must be in its original container with the child's name marked on it.
- My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.
- I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.
- The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.
- The YMCA agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water related activities occurring in water that is more than two (2) feet deep.
- I authorize the child care facility to obtain emergency medical care for my child when I am not available.
- I have received a copy and agree to abide by the policies and procedures for YMCA.
- I understand that the center will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Parent or Guardian Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_



## Vehicle Emergency Medical Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person to notify in an emergency and parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical facility the center uses \_\_\_\_\_

Address \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Current prescribed medication \_\_\_\_\_

Child's special needs and conditions \_\_\_\_\_

In the event of an emergency involving my child, and if \_\_\_\_\_

Name of Facility

cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

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

Signature (Parent/Guardian) \_\_\_\_\_

Witness By \_\_\_\_\_ Date \_\_\_\_\_