



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

\$50,000 – \$74,999

\$15,000 – \$24,999

\$75,000 - Over

\$25,000 – \$34,999

\$35,000 – \$49,999

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)