

YMCA After School Registration Form

COMPLETE BOTH SIDES OF THIS FORM				Site Attending _____		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Last Name _____		First Name _____		Nickname _____		Middle Int. _____	
Address _____				Home Phone # _____			
City _____		State _____		Zip Code _____		Date of Birth _____ Age _____	
						Grade as of September 2007 _____	
						Last School Attended _____	

NAME OF LEGAL GUARDIANS	NAME	HOME #	WORK #	EMPLOYER
<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other Guardian				
<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other Guardian				

EMERGENCY CONTACTS WHEN LEGAL CUSTODIAN MAY NOT BE REACHED-REQUIRES 2 CONTACTS THAT ARE NOT GUARDIANS

CONTACT PERSON	ADDRESS	HOME #	WORK #	RELATIONSHIP

At time of registration, the parent will be given a Pick Up Authorization Card that will list the name of any person authorized to pick up child. It is imperative that all persons who are authorized to pick up child (including parents) be listed here.

AUTHORIZED	RELATIONSHIP	4)
1)		5)
2)		Below please list anyone NOT authorized to pick up your child:
3)		

MEDICAL INFORMATION

Please list any allergies or intolerance to food, medication, etc., and action to take in an emergency: _____

Please list any special chronic physical problems/pertinent development information/special needs: _____

Name of child's Physician _____ Phone Number _____

If it is necessary for YMCA Staff to administer drugs or medication, the parent or guardian must request and complete an *Authorization to Give Medication* form.

The following applies to those 8 yrs. and younger:
 I give the YMCA Staff permission to apply sunscreen to my child. (Sunscreen must be provided by parent)
 yes no

I give the YMCA Staff permission to apply insect repellent to my child. (Insect repellent must be provided by parent)
 yes no

Does child have medical/hospital insurance? yes no

Insurance Carrier and Policy or Group # _____

SWIMMING SKILLS

Is your child a non-swimmer?
 yes no

Can your child swim in water above his/her head without a floatation device?
 yes no

Can your child swim one length (25 yards) of the pool using a front stroke, tread water for 30 seconds, then swim the length of the pool using a back stroke?
 yes no

DOCUMENTATION OF IDENTITY

The Code of Virginia requires licensed child care centers to verify children's identity and date of birth, and to identify previous child care providers. However, viewing a child's proof of identity is not necessary when the child attends a public school in Virginia and the program assumes responsibility for the child directly from the school. If your child attends school outside of the state of Virginia you must provide a certified copy of the child's birth certificate along with this registration form. While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each out of state child.

Place of birth: _____ Birth Date: _____
 Birth Certificate #: _____ Date Issued: _____
 Other form of proof: _____ Date Viewed: _____
 Person viewing documentation: _____

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PARENT OR GUARDIAN: COMPLETE BOTH SIDES OF FORM

Last Name of Child

First Name of Child

Date of Birth

Grade as of 9/07

Approval and Release of Liability

I am the parent/guardian of the above named child and give my permission for the child to participate in the YMCA After School Program and it's activities which may include (but are not limited to) outdoor play, sports skills, swimming, and weekly field trips. I give my permission for the child to ride the YMCA bus to and from field trips.

I hereby release the Family YMCA of Martinsville & Henry Co., and all establishments where field trips are conducted, including but not limited to the Family YMCA of Martinsville & Henry Co., from any responsibility or liability for injury to the above named child, while participating in a YMCA program. In authorizing this, I acknowledge that I am aware of the risks and that I have adequate insurance to protect my child in the event of an injury. I understand that this authorization to allow my child to participate in YMCA programs, is a waiver of all claims that I, my child, or other family members, or my insurance carrier would have against the Family YMCA of Martinsville & Henry Co., its board, employees, program leaders, or volunteers. The YMCA agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian must arrange to have the child picked up as soon as possible. Parent/guardian must also inform the YMCA within 24 hours if any member of the immediate household develops any reportable communicable disease, as defined by the State Board of Health.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the YMCA to order X-rays, routine tests and treatment for my child, and **in the event that I cannot be reached in an emergency**, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my child named above. This form may be photocopied.

Signature of Parent or Legal Guardian _____ Date _____

PARENT OR GUARDIAN MUST READ, INITIAL, AND COMPLY WITH EACH OF THE FOLLOWING:

- _____ I understand that I am fully responsible for reading the Parent Handbook and any other information distributed to parents and will comply with all policies.
- _____ I understand that my child can be terminated from camp without warning for any type of violent behavior (see parent handbook for Discipline Policy) and/or parents failure to make weekly payments.
- _____ I have attached (or previously submitted) and the YMCA staff has verified, a copy of my child's Physical and Immunization Records.
- _____ I have attached the \$20.00 registration fee with the registration form.

Please mark on of the following boxes:

- I give my permission for my child to swim I do not want my child to swim
- I give my child permission to participate in field trips as long as I am provided proper notice.

YMCA STAFF TO COMPLETE THIS SECTION

Staff initial each of the following to verify that registration is complete.

- _____ I have reviewed both sides of this form and verified that all requested information has been completed.
- _____ Physical and Immunization is attached on already on file.
- _____ Registration fee was paid at time of registration.
- _____ Pick up authorization cards were given out at time of registration. _____ Number of cards were given out.

Date Entered Care: _____

Date Left Care: _____