



# SKY Family YMCA

## 2020-2021 Before & After School Enrichment (BASE) Program Registration

Program Registration (check applicable box):

Non-Refundable Registration Fee     Before School Only     After School Only     Before & After School

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

i-Ready Number \_\_\_\_\_

School \_\_\_\_\_ Grade: \_\_\_\_\_

Nickname \_\_\_\_\_ Shirt Size \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Employer \_\_\_\_\_

Home Address \_\_\_\_\_

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

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

Parent/Guardian Name \_\_\_\_\_

Employer \_\_\_\_\_

Home Address \_\_\_\_\_

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

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

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_ Child lives with: \_\_\_\_\_

**Additional contacts:**

Child will be released to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached. Must list two (2) emergency contacts.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

- **DO NOT** put anyone on this form that cannot pick up your child. If both parents are listed, that indicates to us that either parent is authorized to pick up your child unless otherwise noted.
- All persons authorized to pick-up children should be prepared to show identification (photo i.d.) at the time of sign-out for the child to be released to them; and must be at least 18 years old

Can he/she swim?  yes  no    If known, what is his/her swim level? \_\_\_\_\_

I give permission to the Sky Family YMCA to use, without limitation or obligation, photographs, film footage, my child's image or voice for purpose of promoting or interpreting YMCA programs.  yes  no

I will allow my child to attend field trips and participate in special events:  yes  no

**OPTIONAL INFORMATION**

We are required to collect the following information to report to the YMCAUSA, United Way and government funders. All Information is confidential. We do not sell or share our mailing list.

**RACE:**

White/Caucasian     Black/African American  
 Black/African American/White     Asian  
 Asian/White     American Indian/Alaskan Native  
 Unspecified     Other Multi-Racial

**HOUSEHOLD INCOME:** \_\_\_\_\_  
Please use GROSS income information, before taxes (optional).

**HOUSEHOLD SIZE:** \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

**MEDICAL HISTORY**

Does your child take any medication? \_\_\_ yes \_\_\_ no Please list \_\_\_\_\_

Does your child have any allergies/special dietary needs? \_\_\_ yes \_\_\_ no Please list \_\_\_\_\_

Does your child have any physical disabilities or are there activities in which he/she should not participate? \_\_\_ yes \_\_\_ no  
Please list \_\_\_\_\_

Does your child have any emotional/physical problems that our staff should be aware of to better serve your child?  
\_\_\_ yes \_\_\_ no Please list \_\_\_\_\_

I understand the YMCA is not responsible in the event of an accident or injury, and I understand that it is my responsibility to carry **medical insurance** for my child. I authorize the use of available medical services and understand that every effort will be made to contact parents or guardians in the event of accident or illness. I hereby grant permission for the staff of the facility to contact the following medical personnel or obtain emergency medical care if warranted.

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**RELEASE & WAIVER OF LIABILITY AND INDEMNITY AGREEMENT:** In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, 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 "releases") 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 therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases 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 SAVE AND HOLD HARMLESS the releases 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 releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases 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 of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

- Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CFR/PI 175-24).
- Section 7.3, C.3 of the Child Care Facility Handbook requires that parents are provided food and nutrition policies used by the childcare facility.
- Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the childcare facility.
- I have received, read, and understand the parent handbook regarding the philosophy, goals, and policies including the discipline policies of the YMCA program in which my child is enrolled.
- I understand that the YMCA reserves the right to end child care services at any time, for any reason.

**Your signature below indicates that you have received and agree to the above items and that information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.**

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

Security password \_\_\_\_\_

This password may be asked to verify authorized persons calling the YMCA with questions or instructions regarding your child.