

YMCA Afterschool Registration Form 2018-19



___ / ___ / 20 ___ Date of Registration ___ / ___ / 20 ___ Start Date
Full Time ___ Part Time ___ Navigators ___ Kids Fun Day ___ Holiday Camp ___
YMCA Member ___ YMCA Participant ___ Previous Participant ___

Child's Information: (Please print legibly)

Child's Name (first/middle/last) _____ Name Called _____
 Male Female Birth Date _____ Grade (as of 8/21/18) _____
School Attending _____

Email Address where you would like to receive program updates and information:

REQUIRED: _____

Check all that apply to your child, or check "None" for those that don't apply:

- Allergies (type) _____ None
- Special circumstances (see below and provide additional information as necessary) None

Family Information: (check parent to contact for payment and other questions)

Mother/guardian's Name _____ Employer _____
Home Address _____ City, State _____ Zip _____
Home # _____ Work # _____ ext. _____ Cell # _____
 Father/guardian's Name _____ Employer _____
Home Address _____ City, State _____ Zip _____
Home # _____ Work # _____ ext. _____ Cell # _____

Emergency Information In Case of Emergency, please contact the following first: Mother Father

Child's Doctor _____ Doctor's Phone _____

If Mother, Father, or Guardian cannot be reached, call (these persons are also authorized for pick-up):

Name _____ Relationship to Child _____
Home # _____ Work # _____ ext. _____ Cell # _____
Name _____ Relationship to Child _____
Home # _____ Work # _____ ext. _____ Cell # _____

Persons not authorized to visit or pick-up my child: (Court Documentation must be attached)

Special Circumstances/Medication: (Health Issues, Medications, Diagnosis)

Child's Name _____

A \$30.00 non-refundable, non-transferable registration fee is required for new participants at the time of registration.

Please read and initial the boxes below concerning waivers and agreements:

- I permit the YMCA to use images of my child as a YMCA program participant in internal and external promotional material. This includes any printed material, broadcast and print advertising, promotional videos and the YMCA website which are produced or published by the YMCA. I also permit the YMCA and/or the media to use images of my child in broadcast and print media news coverage of the YMCA.
- I have received, read and understand all rules, policies and procedures outlined in the Program Handbook I received when registering my child. I understand all policies and procedures concerning non-refundable deposits and cancellations.
- I hereby release and discharge the Alamance County Community YMCA, its agents, volunteers and employees from any and all claims of injury, illness, death, loss or damage that the participant may suffer as a result of participation in enrolled program(s).

Please initial the below:

- I authorize the Alamance County Community YMCA to draft the payments from my account for my child for any fees associated with the Afterschool program that require payments to be made on a bank draft. I understand that should any draft not be honored by my bank for any reason, the draft will be re-deposited and a \$25.00 service charge will be added to my account. It is my complete understanding that if I wish to terminate or change my method of payment in any way, I must give the YMCA ample notice as outlined in the Program Handbook I received when registering.

Alamance County YMCA Annual Giving Campaign

Each year, the YMCA provides Financial Assistance to families that would not otherwise be able to afford our programs. If you are interested in making a donation to help others receive the benefits of YMCA membership or programs, please check the appropriate box below. Our Financial Development Director will follow up with you in a timely manner.

- No, Thank You
- Yes, I would like to make a donation at this time. Our Financial Development Director will follow up with you.

Parent / Legal Guardian Signature _____ Date _____

Signature of YMCA Witness _____ Date _____

YMCA Office Use ONLY: Checked by ____ on _____