

# YMCA Afterschool Registration Form 2019-20



Date of Registration \_\_\_\_\_ 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 8/21/19) \_\_\_\_\_

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 \_\_\_\_\_

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**YMCA Office Use ONLY:** Checked by \_\_\_ on \_\_\_\_\_