



SUMTER FAMILY YMCA

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

AFTERSCHOOL CARE REGISTRATION FORM

Participating Child's Information:

First Name: _____ Middle Initial: _____ Last Name: _____ Male Female
Date of Birth: _____ Age: ____ School Attending: _____ Grade Level: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone Number: _____ Primary Email: _____

Childs Codeword: _____ (must be used to pick up child from After School)

Parent/Guardian Information:

Parent/Guardian # 1: _____ Relationship: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Work Ph Number: _____ Mobile Number: _____
Place of Employment _____ Email (if different): _____
Parent/Guardian # 2: : _____ Relationship: _____
Address (if different): _____ City: _____ State: _____ Zip: _____
Work Ph Number: _____ Mobile Number: _____
Place of Employment _____ Email (if different): _____

Authorized Contacts:

Other than parents/guardians persons authorized to pick up child or to call in an emergency (must use child's codeword)

Name: _____ Day Ph Number: _____ Relationship: _____
Name: _____ Day Ph Number: _____ Relationship: _____
Name: _____ Day Ph Number: _____ Relationship: _____

Immunization Records:

*These records are **required** for all children to participate in YMCA After School*

Records Enclosed I will provide immunization records in 2-3 business days

Physician Information:

Name: _____ Practice Name: _____
Office Phone: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip: _____
Date of Last Physical Exam: _____ Operations or Serious Injuries: _____
Disability or Recurring Illness: _____
Activities limited by a physician: _____
Dietary Modifications/Restrictions: _____

Use this space to provide any additional information about your child that we should be aware of:

Allergies: *Please list all known medication, food, and other allergies* _____

Medications: Please list ALL known medication being taken, dosage _____

Insurance Information:

Is the child covered by family/medical hospital insurance? Yes No

If yes, indicate carrier or plan name: _____ Group #: _____

Name of insured: _____ Relationship to Child: _____

Acknowledgements and Waivers

Please Initial Each Statement:

___ I understand the registration fee and deposits are non-refundable. However, prorated fees may be credited if the YMCA is notified in writing of cancellation **30 days** prior to withdrawal.

___ I understand that Sumter Family YMCA assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her participation in athletic activities, sports programs, exercise or childcare activities. I expressly acknowledge that I assume the risk for any and all injuries and illnesses which may result from his/her participation in these activities. In consideration of the privilege of participating in afterschool, I hereby voluntarily release and discharge YMCA of Sumter, its agents, contact services, and employees from any and all claims of injury, illness, death, loss or damage which my child may suffer in these activities.

___ I agree to have my child examined prior to the first day of afterschool by the family physician stating he/she is free from communicable diseases and has not been exposed to such. In the event that I cannot be reached in an emergency, I hereby give my permission to the medical personnel selected by Sumter Family YMCA to order X-rays, routine test, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for me or my child.

___ While Sumter Family YMCA will make every effort to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children who are (1) a danger to themselves, (2) a danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy afterschool programs. Any of the above will be grounds for dismissal. A parent/guardian must discuss special conditions or circumstances involving their children with the director prior to registration so that administration can make a determination if reasonable accommodations can be made.

___ I hereby give permission to Sumter Family YMCA without limitation or obligation, to use photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promotion of YMCA programs and release the YMCA from any claim of liability to that use.

___ I give Sumter Family YMCA permission for my child to leave the YMCA site, participate in authorized YMCA trips and to ride in authorized vehicles for the purpose of transportation in connection with the afterschool program. I understand that field trips will be scheduled in advance and parents will be notified of the details prior to departure.

The information recorded on the registration for is correct to my knowledge and the child herein described has permission to engage in all prescribed activities, except as noted by a physician or myself. In its practices, the YMCA does not discriminate on the basis of race, creed, and disability, national or ethnic origin.

Signature: _____ DATE: _____

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Would you like to set up an automatic draft* for After School balances? YES NO

*Balances will be drafted on the due date for each month.

If Yes, please complete: Visa MasterCard Checking Account

Name on account: _____ Account ending in: _____ Exp: _____

Signature _____