



# SUMTER FAMILY YMCA

## Afterschool Registration Form

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### 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)

### Parent/Guardian Information:

Parent/Guardian # 1: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address (if different): \_\_\_\_\_ 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 Pick-ups:

*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: \_\_\_\_\_

### Immunization Records: *These records are **required** for all children to participate in YMCA After School*

Records Enclosed (immunization records are required at the time of registration)

### Physician Information:

Name: \_\_\_\_\_ Practice Name: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Disability or Recurring Illness: \_\_\_\_\_  
Activities limited by a physician: \_\_\_\_\_  
Allergies: *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 are non-refundable or transferrable.

\_\_\_\_\_ Program cancellations are required by the 15th of the month prior, to withdraw from the program. System credits/refunds of 80% of the pro-rated fee based on the number of days attended will be given upon written request.

\_\_\_\_\_ I understand payments are required to be setup by automatic draft, due by the first of the month, and will be assessed a \$10.00 late fee if not paid in full by the 5th of the month.

\_\_\_\_\_ I understand the fees are not discounted due to absence from the program

\_\_\_\_\_ 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: \_\_\_\_\_

### Account for automatic draft\*

\*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 \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Note: Participant is enrolling in this YMCA program with subsidy funds paid for by \_\_\_\_\_ Documentation is attached and verified with the YMCA.