

GASTON COUNTY FAMILY YMCA

2011-2012 Afterschool Program Registration Form



Child's Name _____ M F Prefers to be called _____
 Birth Date _____ Grade in Fall 2011 _____ School _____
 Start Date _____
 Address _____ City _____ Zip _____

Financially Responsible Parent/Guardian:

Name _____ Relationship _____ Date of Birth _____
 Address _____ City _____ Zip _____
 E-mail Address _____ Place of Work _____
 Work Phone _____ Home Phone _____ Cell Phone _____

Gaston County Schools full-time employee (must provide letter from Human Resources)

Second Financially Responsible Parent/Guardian:

Name _____ Relationship _____ Date of Birth _____
 Address _____ City _____ Zip _____
 E-mail Address _____ Place of Work _____
 Work Phone _____ Home Phone _____ Cell Phone _____

Gaston County Schools full-time employee (must provide letter from Human Resources)

Please list **all** emergency contacts and persons authorized to pick up child from YMCA (including parents/guardians)

Name _____	W. Phone _____	H. Phone _____	C. Phone _____
Name _____	W. Phone _____	H. Phone _____	C. Phone _____
Name _____	W. Phone _____	H. Phone _____	C. Phone _____
Name _____	W. Phone _____	H. Phone _____	C. Phone _____

Participants will be released using a personal Code Word. **CODE WORD** _____

This authorization is limited to payments to the Gaston County Family YMCA for Afterschool payments as they are due. **Automatic withdrawal will occur weekly (every Friday), twice monthly (1st and the 15th of the month), or monthly (1st of the month) prior to care week.** This authorizes the Gaston County Family YMCA to charge the account provided for such payments. I understand that if I withdraw/leave from the Afterschool program or at the end of the program, that if I have an outstanding balance, it will automatically be drafted from my account and I accept any charges that may incur due to non-sufficient funds, returned or declined cards, etc. This will remain in effect until 6/30/12 unless revoked by me in writing to the Gaston County Family YMCA no later than three (3) business days prior to the next payment due. I understand that the Gaston County Family YMCA may also cancel this authorization and that I will be notified of such action. I understand and agree that I am responsible for payment of any service charges incurred due to insufficient funds or payments returned. By signing below, I agree to all the terms and conditions of this authorization to draft.

****REQUIRED IN ORDER TO REGISTER****

Parent/Guardian Signature _____ Date _____
 Name (as it appears on account) _____ Child's Name _____
Credit / Debit Card, Checking / Savings Account Automatic Withdrawal Method *check one:* Credit Debit
check one: Visa Master Card Checking Savings
 Card Number _____ Exp Date _____ Security Code _____
 ABA Routing Number _____ Account Number _____
Billing Cycle (Please check one)
 Weekly (Every Friday) Twice Monthly (1st and 15th) Monthly (1st of the month)

Health History and Waiver Form for Afterschool Participant

Please complete all or answer N/A

Operations or serious injuries and dates: _____

Chronic or recurring allergies, illnesses, or medical conditions: _____

Activities discouraged or limited by physician: _____

Dietary Restrictions: _____

Current Medications: _____

Fears/Dislikes: _____

Likes: _____

(Must fill out medication form if medication needs to be administered during Afterschool Care)

Dentist/Orthodontist: _____ Phone: _____

Family Physician: _____ Phone: _____

Do you carry medical/family insurance? Yes No Insurance Carrier: _____

Policy/Group Number: _____ Policy Holder: _____

Preferred Hospital (required): _____ Immunization Records required for licensed sites

Waiver

I have received a parent handbook, and I have read and understood the policies and procedures outlined within it. I understand that my registration fee for the YMCA Afterschool Program is non-refundable and non-transferable. I understand that I am responsible for all payments. I understand that all payments will be made by automatic draft, either bank account or credit card payment, in advance. I understand that I will be charged a late fee per child, per the parent packet. I have received the Child Care Law document (licensed sites only)

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

I understand that the Gaston County Family YMCA assumes no responsibility for injuries or illnesses, which my child may sustain as a result of his/her participation in any Afterschool athletic activities, sports programs, the use of any equipment, exercise or other activities. I acknowledge that I assume the risk for any and all injuries and all illnesses, which may result from his/her participation in these. In consideration of the privilege of participating at the YMCA, I hereby voluntarily release and discharge the Gaston County Family YMCA and its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities. This must be done so prior to registration. I hereby give permission to the medical personnel selected by the program director to order X-rays, routine tests, treatment, to release any records for insurance purposes, and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to secure and administer treatment, including hospitalization, for my child. I give permission to the Gaston County Family YMCA, without limitation or obligation, to make/use photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs and release the YMCA from any claim or liability to that use. I give my consent 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 YMCA Program, such as field trips.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

YMCA Staff Signature _____ Date _____

YMCA Staff Printed Name _____