



2019-2020 After School Program Registration Form

Email completed form to: forms@wooddriverymca.org

Office Use Only Date registered: _____ Staff: _____

Please fill out this form entirely. If there are blanks it may slow down your child's enrollment process. If a line is intentionally left blank please write N/A. Thank you.

Please circle your site: Alturas Bellevue Hailey Ketchum

Child:
Name: _____ Address: _____

Birthdate: _____ Gender: _____ Age: _____

School: _____ Grade: _____ Teacher: _____

1st Parent/Guardian

Name: _____ Authorized to Pick up: Yes No

Mailing Address (street, city, state, zip): _____

Physical Address (street, city, state zip): _____

Email Address: _____ Home Phone number: _____ Cell: _____

Company/Employer Name: _____ Work Phone Number: _____

2nd Parent/Guardian

Name: _____ Authorized to Pick up: Yes No

Mailing Address (street, city, state, zip): _____

Physical Address (street, city, state zip): _____

Email Address: _____ Home Phone number: _____ Cell: _____

Company/Employer Name: _____ Work Phone Number: _____

Emergency Contact Authorized Pick up:

Please list anyone allowed to pick up your child. Identification by photo ID may be required at any time. Authorized pick up must be over the age of 16 with a valid ID. Please provide a password and make sure all family members/authorized pick up adults know this password. If individuals who are picking up your child do not know the password your child will not be able to leave with the unauthorized party until staff can contact you.

Family Password: _____

Name: _____ Phone number: _____

Second Phone Number: _____ Relationship to the child: _____

Name: _____ Phone number: _____

Second Phone Number: _____ Relationship to the child: _____

Name: _____ Phone number: _____

Second Phone Number: _____ Relationship to the child: _____

You may have as many authorized pick-ups as you would like. If you need more room please list them on the back of this form.

Additional Information: Please take the time to answer the questions to help the Y determine the needs of your child and family. You are not obligated to answer, but we would appreciate any information you are willing to provide.

1. Does your child get along with other children?
2. Does your child have any fears?
3. What would you like your child to gain from his/her experience in the After School Program?
4. Any special instructions or other information you would like to share?

Immunizations: A current copy of your child's immunization records is appreciated during registration.

Health History: Write yes or no and give approximate dates; write N/A if not applicable.

Frequent ear infections	_____	ADHD	_____
Heart defect/disease	_____	Epilepsy	_____
Convulsions	_____	Ivy Poisoning	_____
Diabetes	_____	Hay Fever	_____
Bleeding/clotting disorders	_____	Insect Stings	_____
High Blood Pressure	_____	Other	_____

Allergies: _____

Disability or chronic or recurring illness: _____

Operations or serious injuries (dates): _____

Current medications: _____

Physician: _____ Phone Number: _____

Address: _____ Please use closest available: _____

Dentist: _____ Phone Number: _____

Address: _____ Please use closest available: _____

Insurance Information: If child is not insured by parents/guardian please indicate the name of person child is insured by.

Name of insured: _____ Relation to child: _____

Insurance Company: _____ Policy Number: _____

Group Number: _____

If no insurance please check here:

PARENT STATEMENT OF UNDERSTANDING

Please read the following information carefully. You and/or your child will be held accountable for the following policies:

1. I understand that my child will not be allowed to leave the program with an unauthorized person or staff. Any person authorized to pick up my child must know my Family Password.
2. Should I, or another authorized person, arrive to pick up my child with the appearance of being under the influence of alcohol or drugs; I am aware that YMCA staff, for the child's safety, may contact the proper authorities.
3. I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
4. I understand that I will be charged late fees as detailed in the parent handbook should I fail to pick up my child by the scheduled end of the program.
5. I understand that YMCA staff are not allowed to baby-sit or transport children at any time outside of YMCA programs.
6. I understand that payment is due at the 1st of the month, if needed I can speak to Welcome Center staff to create a payment plan as needed.
7. I understand that my child may be removed from a YMCA program for failure to pay tuition fees in a timely manner.
8. I understand that my child's photograph may be used for promotional purposes.
9. I understand that participation in the program may be terminated for verbal abuse to any YMCA staff member by me or my child and that a refund will not be granted for involuntary termination.
10. It is to my complete understanding that if I wish to terminate or change my child care in any way, I must give the YMCA **WRITTEN NOTICE 2 WEEKS** before the draft date of the 1st of the month. If proper notice is not received, I will be held responsible for tuition regardless of whether my child attends or not.
11. Should any debit not be honored by my bank or credit card company for any reason, I understand that I am still responsible for that payment and an additional \$10.00 service charge applied by the YMCA. This is in addition to any service fee my credit card company or bank may require.
12. I have received, read, and agree to follow the above stated rules, guidelines, procedures. I understand that I will receive a parent handbook at the beginning of the school year.

I have read, understand, and agree to all of the statements above.

Parent Signature

Date

RATE PLAN*

Rate plans are based on a monthly rate.

5 Days/Week

Members

Alturas, Bellevue, Hailey \$132/month

Ketchum \$164/month

Non Members

Alturas, Bellevue, Hailey \$168/month

Ketchum \$204/month

3 Days/Week

Members

Alturas, Bellevue, Hailey \$113/month

Ketchum \$130/month

Non Members

Alturas, Bellevue, Hailey \$126/month

Ketchum \$142/month

If you chose a 3 day plan please circle the days that your child will attend:

Monday

Tuesday

Wednesday

Thursday

Friday

***You can change your days of the week or rate plan during the year based on availability.
Changes may only take affect at the beginning of a month, no mid-month changes are allowed.**

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premise and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation. The undersigned also gives the YMCA permission to utilize pictures, video and/or recordings of himself or herself and any personal representatives, heirs, and next of kin.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
4. EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the YMCA staff to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to transport, to hospitalize, to secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I accept financial responsibility if such treatment is necessary. I understand that this consent does not waive or diminish my rights.
5. SUNSCREEN RELEASE: I hereby give permission for the staff of the YMCA to provide SPF30 sunscreen for my child to self-administer while participating in the YMCA programs. Time will be set aside for children to self-administer sunscreen twice daily and additionally when necessary. The YMCA is very concerned about dehydrations and sunburns at camp. Please provide a water bottle with your child's name and one bottle of sunscreen for kids.
6. TRANSPORTATION: I hereby give permission to the YMCA to transport my child in YMCA provided transportation which may include but not limited to buses, vans and walking.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Idaho and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Climbing Waiver and Covenant not to Sue

Acknowledgment of Risk

I HEREBY ACKNOWLEDGE AND AGREE that the sport of rock climbing and the use of the Climbing Wall (hereinafter referred to as the Climbing Wall) has *inherent risks*. I have full knowledge of the nature and extent of all the risks associated with rock climbing and the use of the Climbing Wall, including but not limited to:

1. All manner of injury resulting in falling off the Climbing Wall and hitting rock faces and projections, whether permanently or temporarily in place, or the floor;
2. Rope abrasion, entanglement and other injuries resulting from activities on or near the Climbing Wall such as, but not limited to, climbing, belaying, rappelling, lowering on rope, rescue systems, and any other rope techniques;
3. Injuries resulting from falling climbers or dropping items, such as, but not limited to, ropes or climbing hardware;
4. Cuts and abrasions resulting from skin contact with the Climbing Wall;
5. Failure of rope, slings, harnesses, climbing hardware, anchor points, or any part of the Climbing Wall structure.

I further acknowledge that the above list is not inclusive of all possible risks associated with the use of the Climbing Wall and that the above list in no way limits the extent or reach of this release and covenant not to sue.

Release/Indemnification and Covenant Not to Sue

In consideration of my use of the Climbing Wall, I, the undersigned user (or parent/legal guardian of if user is under 18), agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the Wood River Community YMCA, its officers, agents, and employees from any cause of action, claim, or demand of any nature whatsoever, including but not limited to, a claim of NEGLIGENCE,

which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against [YMCA] on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my use of the Climbing Wall whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to the NEGLIGENCE of [YMCA], its officers, agents, and employees. In consideration of my use of the Climbing Wall, I, the undersigned user, agree to INDEMNIFY AND HOLD HARMLESS the Wood River Community YMCA, its officers, agents, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatever arising out of or in any way related to my use of the Climbing Wall.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the use of the Climbing Wall and that I am voluntarily assuming the risks. I understand that I will be solely responsible for any loss or damage, including death, I sustain while using the Climbing Wall and that by this agreement [YMCA] of any and all liability for such loss, damage, or death. I further certify that I am in good health and that I have no physical limitations which would preclude my safe use of the Climbing Wall. I give permission to the YMCA, without obligation to me, to use any photographs, film footage, tape recordings which may include my (my child's) image or voice for purposes of promoting YMCA programs. I further certify that I am of lawful age (18 years or older) and otherwise legally competent to sign this agreement (if giving permission for a minor, I am legally competent to do so). I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after have carefully read it, of my own free will.

I have read and agree to “Mandatory Risk Waiver and Member Understanding” and the “Climbing Waiver”. I further agree to abide by the Membership Policy Handbook available for download www.woodriverymca.org

Print Primary Adult Name

Signature

Date