

Marshall Primary Level YMCA

School's Out Camp Program Registration Form (2019-2020)

Child's Name: _____ DOB: _____ School: _____

Date of the first day your child is attending the School's Out Program: _____ Grade: _____

Parent's Name: _____ Cell Phone: _____ Work Phone: _____

2nd Parent's Name (if applicable): _____ Cell Phone: _____ Work Phone: _____

Email: _____ Address: _____ City: _____

State/Zip: _____ YMCA Member? No Yes

AUTHORIZATION TO PARTICIPATE:

____ Yes ____ No I give my permission for my child to participate in all trips or excursions. I understand that transportation for these trips or excursions may be by YMCA bus, walking, public transportation, or leased bus.

____ Yes ____ No I give my permission for my child to use all of the equipment and participate in all activities of the program.

____ Yes ____ No I give my permission for my child to be included in evaluations and pictures associated with the program.

____ Yes ____ No I would like my child to swim in shallow water ONLY. (Family Fun Pool)

____ Yes ____ No My child has permission to swim in deep water (This means your child can successfully perform the following skills: can jump feet first into water & can tread water for 10 seconds & continue to swim for 1 length of pool. I understand that the YMCA reserves the right to re-evaluate all deep-water swimmers and may move them to shallow water if deemed necessary.

KNOWN ALLERGIES THAT WE SHOULD BE MADE AWARE OF: _____

I understand that any medical expenses resulting from any illness or injury my child may incur while attending this YMCA program are my responsibility. I understand that the Marshall Area YMCA is not responsible for anything that may happen as a result of false information given by a parent or guardian.

POLICIES: I agree that I, or my designee, will sign my child out of After School Program each day. I understand that only the people designated by me on this form may pick up my child from the YMCA Program, and that I, or the person picking up my child, must sign my child out each afternoon. **If my child cannot attend After School Program on any given day, it is my responsibility to notify the YMCA at 532-9622. In the event that my child does not arrive at the YMCA Afterschool Program, I understand that I or someone listed as an emergency contact will be notified.**

PERSONS AUTHORIZED TO PICK UP MY CHILD--Please include yourself, spouse/significant other (should this apply) & any other adult.

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP TO CHILD</u>	<u>PHONE NUMBER</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If neither parent is available in an emergency, notify:

Name: _____

Relationship to Child: _____

Address: _____

City / State / Zip: _____

Phone: _____ Work Phone: _____

Name: _____

Relationship to Child: _____

Address: _____

City / State / Zip: _____

Phone: _____ Work Phone: _____

I do hereby consent and authorize Marshall Area YMCA staff to take any and all action, including use of emergency medical transportation, medical services and hospital facilities as they deem appropriate in the event that my child should become ill or otherwise injured under the care of the Marshall Area YMCA. I have read and fully understand the above policies and authorization, and do hereby give such authorization as indicated.

(Parent / Guardian Signature)

(Date)