

# Albert Lea Family YMCA School-Age Participant Form

PLEASE SELECT WHICH YOUTH PROGRAM REGISTRATION IS FOR:

Afterschool Program (ASP) & Kids Day Off (KDO)  ONLY Kids Day Off  Summer Day Camp  Other



## CHILD'S INFORMATION

CHILD'S NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER:  MALE  FEMALE  OTHER

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE IN FALL: \_\_\_\_\_



## EMERGENCY CONTACT INFORMATION

MOTHER'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

CELLPHONE NUMBER: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

CELLPHONE NUMBER: \_\_\_\_\_

IN CASE OF ACCIDENT OR ILLNESS NOTIFY (Parents will be notified first, please list alternative contacts):

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Please list below individuals who you give permission to pick up your child on any given day without notification.

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Is there anyone who you DO NOT wish to pick up your children under any circumstances?  YES  NO  
(If you have court order prohibiting contact by a parents, include a copy with your paperwork).

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_



## HEALTH SUMMARY/ MEDICATION

WHAT IS THE STATUS OF YOUR CHILD'S: VISION? \_\_\_\_\_  
HEARING? \_\_\_\_\_  
SPEECH? \_\_\_\_\_

DOES YOUR CHILD HAVE ANY MENTAL OR EMOTIONAL DIFFICULTIES?  YES  NO  
If yes, please describe the main issue(s) and any solutions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOES YOUR CHILD HAVE ANY PHYSICAL DISABILITIES?  YES  NO  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS YOUR CHILD WELL ENOUGH TO TAKE PART IN ALL ACTIVITIES?  YES  NO  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS THERE ANY CONDITION PRESENT THAT MIGHT RESULT IN AN EMERGENCY (I.E. ASTHMA)?  YES  NO  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOES YOUR CHILD SUFFER FROM ANY ALLERGIES (MEDICATIONS, FOOD, INSECT STINGS)?  YES  NO  
If yes, additional paperwork is needed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS A MODIFIED DIET NECESSARY (PER DOCTOR'S NOTE)?  YES  NO  
If yes, additional paperwork is needed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WILL YOUR CHILD NEED MEDICATION DURING THE HOURS OF PROGRAMMING?  YES  NO  
If yes, additional paperwork is needed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*PLEASE NOTE A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS MUST BE INCLUDED BEFORE THEY CAN ATTEND THE PROGRAM\*\***



## SWIMMING SAFETY

I consider my child to be a (check one)

- Beginner Swimmer (needs a lifejacket)
- Intermediate Swimmer
- Advanced Swimmer

S/he can (check all that apply)

- Swim underwater
- Swim length of the pool
- Tread water for one minute or more



## PERMISSION AUTHORIZATION

Please initial each of the following statements.

I understand and agree,

- \_\_\_\_\_ 1. To allow First Aid treatment to be administered by the Albert Lea Family YMCA/the YMCA's School-Age Program staff and/or person certified in the appropriate skill.
- \_\_\_\_\_ 2. To authorize the Albert Lea Family YMCA/the YMCA's School-Age Program staff to obtain emergency medical and/or dental care or treatment for my child in the event of a medical emergency. Attempts to reach a parent or another individual listed as a contact person on the Admission will be made if time and circumstances allow.
- \_\_\_\_\_ 3. To authorize the Albert Lea Family YMCA/the YMCA's School-Age Program staff to administer syrup of ipecac or take other action in case of emergency as directed by and with the approval of the Poison Control Center.
- \_\_\_\_\_ 4. To allow School-Age Program Staff to apply sunscreen and bug spray to my child, as needed.
- \_\_\_\_\_ 5. To give my permission to the Albert Lea Family Y/the YMCA's School-Age Program, for my child to participate in supervised play and attend excursions that may be considered part of the child care program. I understand that I will be notified if this will require me to pick up my child from a different location.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# AGREEMENT FOR SERVICES

Please initial each of the following statements.

I understand and agree,

- \_\_\_\_\_ 1. That I have read and understand the policies and procedures for the Albert Lea Family YMCA's School-Age Programs and have read the Parent Handbook. I understand the procedures have been developed to comply with State of Minnesota requirements and provide for the overall welfare of the children enrolled.
- \_\_\_\_\_ 2. That I have discussed any questions regarding these procedures and mutual responsibilities with the Youth Director and will provide the necessary information or required forms. I will inform the Youth Director of any changes in address, telephone, health or family situation.
- \_\_\_\_\_ 3. To comply with the fee agreement and will pay the Albert Lea Family Y the agreed upon fee for my child's participation in the YMCA's School-Age Programs. **\*\*Please note if fee has already been paid\*\***
- \_\_\_\_\_ 4. To pay the \$40.00 non-refundable fee that is charged upon registration of the Afterschool and Summer Day Camp Programs, with an added \$5.00 per additional child.
- \_\_\_\_\_ 5. That I will only be billed for the days that my child attends the YMCA's School-Age Programs. Statements will be set out each week for the previous week. Payments must be received at the YMCA by 6:00 on the following Friday. Payments are required to be made weekly unless arranged in advance with the YMCA business office.
- \_\_\_\_\_ 6. That Kid's Day Off (all day care during school year) will require 48 hours' notice for registration. If I do not register with enough notice, there will be a \$10 late fee per child added to my bill. If I drop off my child without any notice whatsoever there will be a \$15 late fee. Additionally, if I sign up my child and they do not attend (certain circumstances waived) I will be charged \$5 for reserving their spot.
- \_\_\_\_\_ 7. That if my account balance exceeds \$200 (\$100 for scholarship) the YMCA has the right to suspend my child's enrollment until the balance is paid.
- \_\_\_\_\_ 8. To comply with the Past Due Payment and NSF Protocols stated below:
  - Past Due Payments Protocol
    - 30 days past due: 3% interest added to amount owed.
    - 45 days past due: additional 3% interest will be added and total will be turned over to collections. Fees double when turned over to the Credit Bureau.
  - NSF Protocol
    - Immediately upon notification from bank: NSF letter sent with \$30 penalty fee and 3% interest added.
    - 6 days past notification: additional 3% interest will be added.
    - 30 days past notification: additional 3% interest will be added.
    - 45 days past notification: additional 3% interest will be added and total will be turned over to collections. Fees double when turned over to the Credit Bureau.
- \_\_\_\_\_ 9. To pay all charges and any debt accumulated (including but not limited to: membership fees, childcare fees, all registration fees for membership or programs, late fees, interest fees, collection fees, or attorney costs in the event that the account becomes delinquent) for services provided by the Albert Lea Family YMCA.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE**

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

**Consent & License.** For my participation in activities to be conducted by the National Council of Young Men’s Christian Associations of the United States of America (“YMCA of the USA”) or any of its chartered member associations in the United States (collectively “the Y”), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

**Ownership, Confidentiality, and Shared Use.** With respect to any of the above uses, I further agree:

- All works shall belong to YMCA of the USA;
- The Y has no duty of confidentiality regarding any licensed uses;
- YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world;
- The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

**Release from Liability.** I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

I am the parent or legal guardian of (child’s name). I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

|  |                  |
|--|------------------|
| <b>FOR FRONT DESK STAFF ONLY:</b>                  |                  |
| PAID:  |                  |
| _____ \$40.00 Registration Fee                     |                  |
| _____ \$5.00 Registration Fee Per Additional Child |                  |
| Cash: _____  | Check (#): _____ |
| Swipe (Auth. #): _____                             |                  |
| Staff Initial: _____                               | Date: _____      |



Updated: 1/14/21