

MASON CITY FAMILY YMCA
SCHOOL AGE PROGRAM REGISTRATION PACKET
2018/2019



Child's Name: _____ Child's Age: _____ M or F

Child's School: _____ Current Grade: _____

Child's Address _____ City & Zip _____

Child's Date of Birth: _____ Are you a YMCA Member? _____

Who does your child live with? _____

Email: _____

Email (2): _____

PARENT INFORMATION:

Parent Name	Phone #	Employer	Work Phone #

IF WE CANNOT REACH PARENTS IN CASE OF AN EMERGENCY, CALL:

Name	Relationship	Phone	Can this person pick up your child?
			Yes No
			Yes No
			Yes No

Is there anyone who may not pick up your child? Who? _____

What would you like done if this person(s) tries to pick-up your child?

HEALTH AND MEDICAL RECORD

Please provide immunization records within the first month of registration.

Child's Doctor & Phone Number:

Child's Dentist & Phone Number:

Name of Insurance Company: _____ Policy Number: _____

Child's Allergies: _____

Is your child subject to fainting? _____ Convulsive Seizures? _____ Other: _____

Has your child had any recent exposure to contagious disease? If so, explain: _____

Please describe any surgery, serious accidents, broken bones, vision or hearing conditions, or other illnesses in which we should be aware of (include dates): _____

Comments and recommendations to the YMCA staff regarding caring for your child:

Does your child have an IEP that would help us care for them?

Hobbies, interests, favorite sports, special abilities, etc: _____

Habits, moods, traits, or experiences that would be helpful to us: _____

What motivates your child to behave positively? Recommendations for behavior management techniques?

All information provided is confidential. Thank you for taking the time to help us get to know your child better. We believe your child is a unique individual with special abilities, interests, likes, dislikes, and needs. The YMCA staff will use this to help your child have a fun and rewarding experience in our program.

Haley Harrison, Youth Development Director

hharrison@masoncityymca.org

PLEASE READ THE FOLLOWING, CHECK YES OR NO, AND SIGN WHERE APPROPRIATE

In the event that my child is injured during any YMCA activity, I authorize the YMCA to call a physician or dentist for medical care for my child and admit my child to a hospital, if necessary. I understand that the YMCA staff will make a concentrated effort to contact parents/guardian on emergency numbers listed prior to hospitalization, but if it is not possible, this experience will be accepted by us. ___ Yes ___ No

The YMCA has permission to photograph or video my child for promotional, advertising, and media purposes for the YMCA and National Inclusion Project. ___ Yes ___ No

I agree to notify the YMCA if I move, change my phone number, job, etc., and keep this information current. ___ Yes ___ No

My child will be escorted into the facility at drop off and out of the facility at pick up by only those indicated on the registration packet. ___ Yes ___ No

The YMCA has my permission to apply sunscreen on my child. ___ Yes ___ No
The YMCA can use their sunscreen if I did not provide any. ___ Yes ___ No

The YMCA has my permission to apply bug spray on my child. ___ Yes ___ No
The YMCA can use their bug spray if I did not provide any. ___ Yes ___ No

My child may participate in Field Trips. ___ Yes ___ No
If not, I will not bring my child to the YMCA that day.
I understand the YMCA is a Day Camp not a Day Care Center.

I acknowledge that my child will be shuttled by the YMCA for the After School Program and during in-town Field Trips during the summer. ___ Yes ___ No

The Y has my permission to contact the school for my child's current physical and immunization records. ___ Yes ___ No

I acknowledge that I received a copy of the Mason City Family YMCA School Age Programs Policies and Procedures Handbook on ___/___/_____ and have thoroughly read through this information. ___ Yes ___ No

In consideration of my participation in the activities of the Mason City Family YMCA, I do hereby agree to hold free from any and all liability the Mason City Family YMCA, its employees and members, and do hereby for myself, my heirs, executors and administrations waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter occur to me out of or connected with my participation in the transportation related to the activities of the Mason City Family YMCA. I specifically waive, release, and forever discharge any claim against the Mason City Family YMCA, its sponsors, officers, employees, directors, volunteers, or contractors, even if I suffer injuries or damages as a result of the acts, fault or negligence of the Mason City Family YMCA, its sponsors, officers, employees, directors, volunteers or contractors, or anyone else associated with said released party.

Parent/Guardian Signature _____ Date _____