

Owensboro Family YMCA - 2023-2024 After School Registration

Please only list **ONE CHILD PER FORM** and attach a **CURRENT IMMUNIZATION CERTIFICATE**.

Print legibly, complete all fields and include your registration fee (\$25)

Have you attended camp before: Y N	Email address: (mandatory)
------------------------------------	----------------------------

**CHILD'S INFORMATION**

First name	Middle initial	Last name	Date of birth / /	Gender	M or F
------------	----------------	-----------	-------------------	--------	--------

Race (circle one)	Caucasian/white	African American/black	Multi racial	Asian American	Native American	Native Hawaiian/Pacific Islander	Other
-------------------	-----------------	------------------------	--------------	----------------	-----------------	----------------------------------	-------

Physical conditions/special needs/IEP	Medications/Allergies
---------------------------------------	-----------------------

To best serve your child, circle if he/she is diagnosed with the following; we cannot provide one-on-one care and do not have special education staff available

ADD/ADHD	Convulsions	Bleeding/Clotting Disorders	Autism	Aspergers	Fragile X	Cerebral Palsy	Bipolar Disorder	Tourettes
Rhett Syndrome	Down Syndrome	Chronic Health Problems	Asthma/Severe Allergies	Heart defect/disease	Diabetes	Other		

Name of Child's School	Grade in School (Year 2023-2024)
------------------------	----------------------------------

**1st EMERGENCY CONTACT: PARENT/GUARDIAN**

Name	Relationship to Child	Date of Birth / /
Address	City	State Zip
Primary phone	Cell Phone (for emergency communications)	
Work phone	Employer	

**2nd EMERGENCY CONTACT: PARENT/GUARDIAN**

Name	Relationship to Child	Date of Birth / /
Address	City	State Zip
Primary phone	Cell Phone (for emergency communications)	
Work phone	Employer	

**UNITED WAY INFORMATION (circle any that apply)**

School lunch classification	Free	Reduced	Full pay	Ethnicity	Hispanic	Non-Hispanic
Veteran status	Parent is current active military	Parent is a veteran	Neither parent is a veteran	Unknown		

**INSURANCE INFORMATION**

Health insurance company	Policy number
Name of physician	Physician phone
What is your preferred hospital in the event that your child needs medical attention	
Hospital Phone Number	

**PLEASE LIST ANY ADULT OTHER THAN THE ABOVE THAT MAY BE PICKING UP THIS CHILD OR THAT MAY BE CONTACTED IN AN EMERGENCY**

Anyone picking up your child must be at least 18 years of age or older. A picture ID is required at pick up.

Name	Relationship to Child
Phone 1	Phone 2

The YMCA has permission for my children to be photographed and/or interviewed for promotional purposes (circle one) Yes No

**You must choose one option below to process your registration. Drafts will occur the Friday before the week of service desired.**

I am currently on draft. Please use the account on file ending in \_\_\_\_\_. **Authorized account holder signature** \_\_\_\_\_

Full payment attached. (Check or money order only!)  I would like to pay by credit card.

I am authorizing a NEW bank draft from my checking account and I have attached a voided check.

I have the legal authority to sign up the child named on this form and to the best of my knowledge the information on this application form is complete and accurate. I understand that my application will not be processed unless it includes the full fee or automatic draft authorization. I understand that the YMCA prohibits staff members from being alone with children they meet in YMCA programs outside of the YMCA. This includes but is not limited to baby-sitting, tutoring, sleep-overs, etc. In the event I cannot be reached in an emergency, I hereby give permission to the director of the program or designee to secure emergency medical services, including transportation and medical care. I also give permission for the attending physician to order injections, anesthesia or surgery for this child as named above. I understand that medical and accident insurance is the responsibility of the parent or guardian. I understand that this release may be revoked by me at any time by written request.

Signature	Date
-----------	------

Return form in person to YMCA. Attach current immunization record.  
 Contact jennifer.wells@owensboroymca.org with registration or payment questions.



The following information is important for the safety and protection of your child and includes the Owensboro Family YMCA's Child Abuse and Prevention Parent Statement of Understanding. Please read this information and sign below.

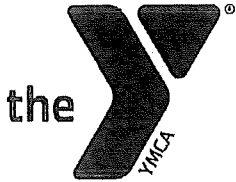
- THE YMCA IS NOT RESPONSIBLE FOR LOST OR BROKEN ITEMS / PERSONAL BELONGINGS.
- Children must have the first meal of the day before entering; a lunch and snack will be provided by Daviess County Feeding Program.
- I understand that my child will not be released to any person(s) not listed on the registration form. Adults only are permitted to pick up; no one under the age of 18 can sign a child out.
- I understand that it is my responsibility to sign-in my child in the morning and sign my child out before leaving in the afternoon.
- I understand that the YMCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand the behavior policy and that whether my child's actions deserve a behavior report is at the discretion of the supervising staff member. The YMCA has a zero tolerance for violence.
- I understand that if my child receives a behavior report they must be picked up immediately.
- I understand the policy on sickness and that my child will be sent home if they are ill.
- I understand that the only way my account will receive a credit is if I produce a Doctor's note for a sick day.
- I understand that the YMCA is not responsible for lost, stolen, or damaged items.
- I understand that the YMCA program requires that my child be potty trained. I also understand that if staff feel that my child is not potty trained, my child may be disenrolled from the program.
- I understand that the YMCA is a Christian facility and my child will be exposed to Christian morals and values.
- I understand that YMCA staff and volunteers are not allowed to babysit or transport my child.
- I understand that my child should not receive gifts, letters, or phone calls from YMCA staff or volunteers, and I should report this if it happens.
- I understand that my child should not receive any email or personal address of a YMCA staff or volunteers, and I should report this if it happens. This includes the last day of the program.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff will contact the police.
- I understand that the Director may discontinue care for any of the following reasons:
  - 1) Parent has not submitted required paperwork or paperwork is inaccurate;
  - 2) Payment is late or unpaid (payments are due the week before care)
  - 3) Child is determined to be dangerous (physically, sexually or verbally aggressive or threatening) to other children or staff;
  - 4) Child is determined to have a medical, developmental, or emotional condition that is beyond the scope of the camp program's licensed ability to care for the needs of the child.

\_\_\_\_\_  
PRINT Parent Name

\_\_\_\_\_  
Parent Signature

Child Name: \_\_\_\_\_

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



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## PHOTO/ AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

**My Consent.** 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), and/or Owensboro Family YMCA (YMCA), I give my consent, now and for all time, to YMCA of the USA, YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast:

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

My consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and/or revisions, throughout the world and forever.

I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

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

- All uses shall belong to YMCA of the USA and YMCA and either may share them with others;
- There is no obligation of confidentiality
- YMCA of the USA, YMCA, and collaborating third parties will not be liable for any use or disclosure to a third party
- YMCA of the USA and YMCA shall exclusively own all known or later existing rights to the uses worldwide.
- YMCA of the USA and YMCA can use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose and without compensation to me.

\_\_\_\_\_ I give my consent.

\_\_\_\_\_ I do NOT give my consent.

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

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

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

Age: \_\_\_\_\_

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

I am the Mother/Father/Legal Guardian of (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: \_\_\_\_\_

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

OWENSBORO FAMILY YMCA  
900 KENTUCKY PARKWAY  
OWENSBORO, KY 42301



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## SWIM TEST PERMISSION FORM

All children who visit the Owensboro YMCA as part of Summer Day Camp must pass a swim test to determine each child's swimming abilities. The swim test will consist of 1.) treading water for 20 seconds then 2.) swimming 12 ½ yards on the surface of the water using their strongest stroke without touching the bottom of the pool. The test will be given by a certified lifeguard of the YMCA staff. A child MUST have the permission form below signed by a parent/guardian to take the test. All children who pass the test will be able to swim in any area of the pool. Those who do not pass or refuse to participate in the test will stay in the shallow end.

My child \_\_\_\_\_ has permission to participate in the swim test.

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_