



Forms Needed At Registration

Your child will NOT be allowed to start our Live Y'ers Before and After School Enrichment Program until these forms have been completed in its entirety. All forms listed below are due at the time of registration. Once we have received all the proper signed forms for your child's file then he or she may start the program.

Please provide a copy of the following forms:

- Registration Form
- Transportation Form
- Photo Release
- Y-USA Photo Release – Walmart Grant
- Parent Photo ID
- Birth Certificate
- Immunizations
- State form signed by Dr.
- Handbook and Registration Agreement
- CCDF Form (when applicable)



**LIVE Y'ERS BEFORE AND AFTER SCHOOL
ENRICHMENT PROGRAM**

REGISTRATION 2020 - 2021

Grant County Family YMCA

123 Sutter Way, Marion, IN 46952

Phone #:(765) 664-0544, Fax:(765) 664-0548

Website: www.gcymca.org

INFORMATION— PLEASE PRINT ALL INFORMATION; COMPLETE ONE FORM PER CHILD

SCHOOL: _____ Date of application _____

Child's Name: _____ Birth Date _____

Name Child Goes by: _____ Home Address: _____

(Home ph.) _____ (cell ph.) _____

City: _____ State: _____ Zip Code: _____

M/F _____ Child's age: _____ Grade: _____ Ethnicity: _____

Family Information— please print all information

Mother/Guardian: _____ **same address as child**

Date of birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

(home ph.) _____ (cell ph.) _____ E-Mail: _____

Place of Employment: _____ Work ph.: _____

Father/Guardian: _____ **same address as child**

Date of birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

(home ph.) _____ (cell ph.) _____ E-Mail: _____

Place of Employment: _____ Work ph.: _____

Emergency Information

Authorized Emergency Contact and Pick Up List

Name: _____ (home #) _____ (other #) _____

Name: _____ (home #) _____ (other #) _____

Name: _____ (home #) _____ (other #) _____

Name: _____ (home #) _____ (other #) _____

Additional Authorized Pick-up:

Name: _____

Name: _____

Name: _____

Name: _____

Persons Not Authorized to Pick Up:

Name: _____

Name: _____

Name: _____

Name: _____

(A copy of a court order may be required for persons whom are not authorized for pickup.)

YMCA OF GRANT COUNTY EMERGENCY INFORMATION, WAIVER, AND MEDICAL AUTHORIZATION

Print Parent/Guardian Name: _____ **Date:** _____

Child's Information: Complete one form for each child.

First Name: _____ **Last Name:** _____

Age: _____ **Birth Date:** _____ Male Female

Are immunizations current? No Yes

Has the child been hospitalized or had operations, serious injuries, fractures, etc. in the past five years?
 No Yes

Does he/she have any disability, special needs, chronic or recurring illness or conditions?
 No Yes

Does he/she have any physical problems, mental health disorders, or developmental disabilities?
 No Yes

Does he/she have any hearing or speech impairments?
 No Yes

Does he/she have any behavioral challenges?
 No Yes

Name current medication(s) and condition taken for:

List all allergies: _____
If you answered YES to any of the question above, please give details: _____

Health Insurance Information:

Physician's Name: _____ at (hospital/clinic/office): _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone #: _____

Initial Emergency Contact:

Parent/Guardian to be contacted first: _____ **Phone:** _____

If the initial emergency contact cannot be reached, we will attempt to reach (Please include at least one relative and one available neighbor):

Name: _____ **Relationship:** _____ **Phone:** _____
Name: _____ **Relationship:** _____ **Phone:** _____

Parent/Guardian Authorization:

I certify that in advance of participation in YMCA programs, I have received any and all information which I deem necessary or important in making an informed choice regarding my child/ward's participation in such activity or program. I acknowledge the risks inherent in my child's participation in activities. In consideration of the Grant County YMCA allowing my child/ward to participate in such activity or program, I hereby voluntarily agree to assume all risks of his/her participation in such program or activity.

IN EXCHANGE FOR ALLOWING MY CHILD TO PARTICIPATE IN YMCA PROGRAMS AND SERVICES, I HEREBY RELEASE AND HOLD HARMLESS the YMCA, its employees, officers, directors and volunteers, from any loss, liability, claim of bodily injury or death or property damage, or costs which may arise due to my use of the YMCA's facilities and my child's participation in YMCA programs, including claims arising out of negligence of the YMCA and its employees and volunteers. The use of all YMCA facilities shall be undertaken at the undersigned's own risk. This agreement shall be governed by the laws of Indiana.

Signature of Parent/Guardian: _____ **Date:** _____

Authorization of Treatment:

I _____, Parent/legal guardian of the above said minor child, consent to medical treatment by authorized Y Child Care staff for my child, if necessary. I also release and hold harmless the Live Y'ers Before & After School Enrichment Program and Grant County YMCA from any liabilities or claims arising from medical care provided.

Acknowledgement of Policies and Guidelines:

By signing below, I acknowledge that I have read the above information, and that I understand the policies of the program and I agree to abide by them. Should I have any questions or concerns, I will contact the Child Care Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants and parents follow all rules, guidelines and procedures in order for the program to be a successful experience for all.

Signature of Parent/Guardian: _____ **Date:** _____

TRANSPORTATION AGREEMENT

I give permission for my child to be transported by the YMCA and/or Marion Community Schools to/from the YMCA Before and After School Program. I understand that the YMCA will provide appropriate restraints for my child that follow the State requirements. I understand that if my child is disruptive on the YMCA bus the YMCA reserves the right to disallow or suspend my child from riding the bus. I also understand that if my child will not be attending the YMCA Before or After School Program, I am required to call the YMCA to notify them my child will not be attending that day.

Child Name: _____

Parents Name: _____

Date: _____

LIVE Y'ers PHOTO POLICY

By registering for the Live Y'ers Before & After School Enrichment Programs, I acknowledge that I am giving the Grant County Family YMCA permission to take and publish photos on our website, social media, brochures and/or newsletters of my child. The photos will be used to aid visitors to help them get a visual depiction of the programs that are offered through the YMCA. I stipulate by signing below that the photos not be identified in any way with personal information other than first names. (i.e., last name, address, phone number or any other identifying information)

I understand and acknowledge this photo release policy.

Child Name: _____

Parents Name: _____

Date: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PHOTO AND VIDEO/AUDIO RECORDING RELEASE

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

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) , I hereby give my permission and consent, now and for all time, to YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of the USA and collaborating third parties;
- YMCA of the USA and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and
- YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of the USA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

Signature: _____

Date: _____

Printed Child’s Name: _____

Age: _____

Address: _____

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

THIS IS A REQUIRED FORM

Facility Name: Grant county Family YMCA

Child's Name _____ Date Birth _____

Parent's Name _____ Phone _____

Address _____

Record Date of Immunization

	Birth	1 mo	2 mo	4 mo	6 mo	12-18 mo	2-3 yr	4-6 yr
Hep B								
DtaP / DTP / Td								
Hib								
MMR								
IPV								
Varicella								
PCV / Prevnar								
Hep A								

Child has documented history of Varicella Disease No ____ Yes ____ If yes, age _____

Please check the appropriate response.

Child has received complete age-appropriate immunizations.

No Yes

Child is currently in the process of receiving complete age-appropriate immunizations.

No Yes

ONE BOX ABOVE MUST BE CHECKED BY THE HEALTH CARE PROVIDER

Comments: (Please list immunizations excluded for medical reasons)

Parent comments: (Please indicate religious objection, if any)

Signature _____ Date _____

(Medical Professional Signature and Date is required.)

Printed Name and Title _____

(Printed Name and Title is required)

This form must be updated annually.

I have received and acknowledge that I understand the information and policies outlined within the Live Y'ers 2019-2020 Parent Handbook and Registration Forms.

Parent Signature_____

Date_____

*Please return this acknowledgement to the front desk upon enrollment. Thank you.