



**YMCA of ACADIANA 2019 – 2020
BEFORE SCHOOL ACADEMIC ASSISTANCE
Alice Boucher & L. J. Alleman**

Start Date: _____

Child's Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Age: _____ Grade: _____ Male/Female: _____
Date of Birth: _____

Mother's Name: _____ Cell & Work Phone: _____
Father's Name: _____ Cell & Work Phone: _____
E-mail Contact: _____

Emergency Contact: _____
Telephone #: _____

HEALTH RECORD

1. Is there any significant health history that the staff should know about?
2. Is there any reason for physical restriction and to what extent?
3. Any medication to be taken? Please see the YMCA about a medical release form.
4. Any other medical information you feel would help the YMCA serve your child?
5. Preference of hospital or Doctor in case of emergency.

PROGRAM ATTENDING - PLEASE CHECK:

Alice Boucher

L. J. Alleman

OFFICE USE ONLY

DEPOSIT CHECK # _____ \$ _____

WAIVER

I understand that the YMCA of Acadiana assumes no responsibility for injuries or illness that my child may sustain as a result of a physical condition or resulting from participation in any athletic activities.

I specifically waive, give up, and release the YMCA and staff from liability from any claim for damages which I or my child may have relating to injuries or illness that he/she may sustain at the YMCA while participating in YMCA activities. I agree to indemnify and hold harmless the YMCA from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities equipment of the YMCA or participating in any programs affiliated with the YMCA whether caused by the negligence of the YMCA or otherwise.

In signing the waiver, I certify that my child is in good health with no chronic illness or abnormal tendencies. In the event of any emergency in which my child requires medical care, I authorize the YMCA to act for me, and to obtain for him/her whatever medical treatment the staff in its best judgment deems necessary and appropriate; including, but not limited to, whatever medical and/or dental examination, diagnosis, and/or treatment is deemed necessary.

I understand the YMCA of Acadiana is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give permission to the YMCA of Acadiana to use, without limitation or obligation, photographs, film footage, or tape recordings, which may include my child's image or voice for purposes of promoting or interpreting YMCA programs.

PRICES

Before School Enrichment

\$20.00 per week per child

**** All Payments are Nonrefundable ****

POLICIES AND PROCEDURES

1. I agree to pay the YMCA a weekly flat rate fee of \$20 for my child(ren's) participation in the YMCA Before School Enrichment Program. The only exception is if the child is absent for the entire week.
2. I agree that all **PAYMENTS ARE DUE ON MONDAY, the week of service. If payments are not current, service will be terminated.**
3. I agree to submit a Tuition Express Authorization form providing my debit/banking information. This will be charged automatically each week my child attends.
4. I agree to pay a \$25.00 fee for any returned checks.
5. I understand the YMCA does not carry medical insurance and this coverage is my responsibility.
6. **The YMCA OF ACADIANA reserves the right to discontinue service to any child/children due to any of the following: Foul language, lewd behavior, physical abuse toward another camper or YMCA staff, disrespect or foul language from parent or guardian.**

Parent/Guardian Signature

Date



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® — a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. _____ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date	CVV #	
Cardholder Signature			Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	Checking	Savings	
Authorized Signature			<input type="checkbox"/> Date	<input type="checkbox"/>

A service of

For Official Use Only

Date Received

Employee Signature



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