



EMERGENCY SCHOOLS OUT REGISTRATION

YMCA of St. Joseph (315 S. 6th St.)

First Responders (Fire/Police/EMS) ● Emergency Medical Personnel ● Essential Workers

Child's name: _____ Age: _____ Birth date: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother/Guardian Information

Name: _____ Phone number: (____) _____

Place of Employment: _____ Employment phone number: (____) _____

Father/Guardian Information

Name: _____ Phone number: (____) _____

Place of Employment: _____ Employment phone number: (____) _____

Other persons authorized to pick up the child: PHOTO ID WILL BE REQUIRED TO PICK UP CHILDREN

1. Name: _____ Phone number: (____) _____

2. Name: _____ Phone number: (____) _____

Health Report and History

Does your child have a medical or behavioral condition that we need to be aware of at this time? YES NO

Please detail condition/s.

Does your child have a Custodial Agreement/Parenting plan? YES NO

- Children with current IEP, Behavior Intervention or 504 Plans will require additional Inclusion Services Paperwork to be completed, received and reviewed prior to attendance.
- Additional forms will be required for enrollment of children with medical conditions and a copy of the court custody papers.
- Please contact your Child Care Program Director at the YMCA for these forms and procedures.

Drop off times:

Approximate Drop Off Time _____ Approximate Pick Up Time _____

Check one:

- 1 Day (\$25 per day) 3 days (\$65)

Check attendance:

Wednesday, April 1 Thursday, April 2 Friday, April 3

Please list any food allergies:

Indemnity Agreement

I hereby waive any claim of liability and will hold harmless the YMCA of St. Joseph, its officers, directors, trustees, agents, and employees for any bodily injury to me incurred while I am participating in any child care program, contest or exhibition sponsored by the YMCA. I also waive any claim of liability and hold harmless the YMCA of St. Joseph described above for injury or contraction of any illness or medical condition including but not limited to COVID-19, that might result from participation in child care programs run by the YMCA of St. Joseph. In addition, I understand that the YMCA is not responsible for my personal property nor is my YMCA membership transferable. It is understood and agreed that YMCA of St. Joseph reserves the right to take and utilize pictures, likenesses, videos and testimonials of participants for promotional purposes including, but not limited to reports, publications, brochures, emails, our website and other instances of online presence. I grant the YMCA of St. Joseph, its agents and the news media the right to photograph me and/or my family including children and to use the photograph for news and publicity purposes. I agree to my child participating in YMCA programs and that he/she will comply with all rules and regulations. I further agree that I will not hold the YMCA, its directors, officials, agents, employees and volunteers responsible in case of accident or injury. I understand that no accident insurance is provided. I also agree to abide by the YMCA of St. Joseph standards and guidelines. I acknowledge that I am over the age of eighteen (18) years. I acknowledge that I have carefully and completely read and understand the terms contained in this release and waiver legal liability and voluntarily accept and agree to all such terms. I understand that I will be notified at once in case of an accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. For emergency medical treatment, I understand that my child will be transported to the nearest hospital via ambulance.

The YMCA does NOT provide accident insurance for your child. This will be the responsibility of the parent.

CHILD'S NAME: _____

Please initial each item below that you have read and understand the responsibilities as a parent.

- I understand I am electing for my child to participate in YMCA programs.
 - I understand I am financially responsible for YMCA services.
 - I understand my child may be subject to daily health checks and may not be accepted into a YMCA program, may be denied participation in program, or may be removed from program if he/she: (a) is ill or exhibiting symptoms of illness, including without limitation any symptoms of COVID-19 per the most up to date guidelines provided by the Center for Disease Control (CDC) (which currently include fever, cough, and shortness of breath), or has not been fever free without medication for 24 hours; (b) has traveled outside the United States in the past 14 days; (c) has had contact with any person with confirmed COVID-19 in the past 14 days; or (d) has had contact with anyone who has been instructed to self-quarantine in the past 14 days. Wellness criteria are subject to change based on guidelines provided by the CDC or local health authorities. If my child is experiencing problems or illness in the program, I may be required to retrieve my child early from the program. Pick up must be within one hour of call.
 - I understand my child will not be released to any person(s) not listed on the enrollment form.
 - I understand my child will not be released to any person(s) who seem to be under the influence of drugs or alcohol.
 - I understand my child must be signed in and out daily by myself or my designee.
 - Should my child be suspended or dismissed from the program due to behavioral issues, I understand the YMCA will not refund the daily fee and I will be responsible for the full amount due.
 - I understand the YMCA Behavior Management Guidelines will be followed and enforced.
 - The YMCA reserves the right to terminate services if it is determined that the placement is unsatisfactory.
 - I understand the YMCA is an inclusive, family-friendly organization and the responsibilities as outlined.
 - I understand if the YMCA is required to respond regarding legal issues and I may be responsible for payment of costs incurred by the YMCA as outlined.
 - I understand and will abide by the Indemnity Agreement as outlined.
 - The YMCA provides a recreational environment for children and teens with and without disabilities through added support staff when needed to facilitate successful participation into the programs when appropriate.
 - I agree my child may take part in any special activity or trip with the YMCA. It is my understanding that advance notice will be given and that all activities will be supervised.
 - I have read, understand and agree to abide by all the policies, procedures, fee requirements as outlined.
 - I certify that I am at least 18 years of age and all information provided at the time of enrollment is complete and accurate.
 - False or incomplete information may lead to termination of services.
 - We do not tolerate the mistreatment or abuse of one youth by another youth and/or staff.
- Yes/No I understand that photos, video by the YMCA and outside media may be taken throughout the camp day. These pictures may be displayed in YMCA brochures, YMCA website and promotional materials. If I do not want my child's picture taken, I understand it is my responsibility to notify the YMCA Director in writing of exclusions.

Parent/Guardian Signature: _____ Date: _____