



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Childs's Last Name, First Initial

Date register

YMCA Registration Form School-Age Care (2021-2022)

Check one :

- Milton-Freewater
 Walla Walla

Please print clearly. Complete all blanks on this form. If there is a blank that is not applicable, write N/A in that blank. Incomplete forms cannot be accepted and we are unable to provide care until all paperwork has been submitted. If you have any questions about completing this form, please contact the Y. **Print completed registration form, sign all applicable pages & bring to your YMCA to complete registration.**

Child's Information/ Informacion del nino/a:

Member #

Child's Full Name/Nombre complete de nino/a		T-Shirt Size: (Circle One) YS YM YL YXL AS AM AL AXL		Nickname
Address (include physical address and mailing address)/Direccion (Direccion de correo alternative, PO Box)				
City/Cludad	State/Estado	Zip/codigo postal	Home Phone	
School/Escuela de Asistencia	Grade Entering	Age	Date of Birth/Fecha de Nacimiento	
Other Schools/Programs Concurrently Attending			Gender/Genero	
Primary email address/Correo electronico				

Parent/Guardian and Medical information: In the event of an emergency, number in order of priority (1-4) which phone to contact. /**En el evento de una emergencia, por favor anote en orden de prioridad, a quien contactar telefono** Prioridad

Parent/Guardian Name/Nombre de padre	Date of Birth/Fecha de nacimiento	Cell #/Email/Telefono/Correo electronico	Priority
Address/Direccion			
City/Cludad	State/Estado	Zip/codigo postal	Home Phone/Telefono
Place of Employment/Lugar de empleo			Work Phone/ Telefono
Priority			
Parent/Guardian Name/Nombre de padre	Date of Birth/Fecha de nacimiento	Cell #/Email/Telefono/Correo electronico	Priority
Address/Direccion			
City/Cludad	State/Estado	Zip/codigo postal	Home Phone/Telefono
Place of Employment/Lugar de empleo			Work Phone/ Telefono
Priority			

Emergency names, and phone numbers of TWO people to be called in the event that we cannot reach either parent/guardian: / Nombres de emergencia, dos numeros de telefono en caso si ustedes no estan disponibles:

Emergency Contact Name/Nombre del contacto	Cell #/Email/Telefono/Correo electronico
Address/Direccion	
City/Cludad	State/Estado
Zip/Codigo postal	Home Phone/Telefono
Emergency Contact Name/Nombre del contacto	Cell #/Email/Telefono/Correo electronico
Address/Direccion	
City/Cludad	State/Estado
Zip/Codigo postal	Home Phone/Telefono

Child's Medical information Informacion medica del nino

Child's Doctor/Medico del nino	Doctor's Phone/Telephono del medico
Childs Doctor Address/Direccion del medico del nino	Medical Facility preference for Emergency Treatment/ Preferencia del centro medico para el tratamiento
Medical Insurance Provider/Proveedor de Seguro medico	Policy #/# de poliza
Child's last Physical Exam/Ultimo examen fisico del nino	

Child's Dentist/Dentista del nino	Dentist Phone/Telephono del dentista
Child's Dentist Address/Direccion del dentista	Dentist preference for Emergency treatment/Preferencia del dentista por el tratamiento
Medical Insurance Provider (if different from above)/Proveedor de Seguro (si es diferente de arriba)	Policy #/# de poliza
Child's last dental Exam/Ultimo examen dental del nino	

Additional Information:

Authorized Person for pick-up (in addition to above parents/guardians and emergency contacts) Max of 8 people total Personas autorizadas para recojer Maximo 8 personas
Person(s) NOT authorized for pick-up (appropriate legal paperwork must be on file when the custodial parent requests not to release the child to the other parent). Personas que no estan autoizadas para recojer (la documentacion legal apropiada debe estar archivada cuando el padre con custodia solicita no entregar al nino al otro padre).
School and Child Care Centers previously attended
Does your child have any allergies and/or intolerances to food, medication or any other substances? What are the symptoms and action to be taken if any?
Please provide information on any chronic physical problems and pertinent developmental information and any special accommodations needed. Attach additional sheets if necessary.

Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read this information and sign below.

- I understand that my child will not be released to any person(s) not listed on the enrollment form.
- I understand that my child will not be released to any person(s) who seems to be under the influence of drugs or alcohol.
- I understand that I am not to leave my child at the YMCA or program site unless a YMCA Camp staff member or volunteer is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child in the morning and sign my child out before leaving in the afternoon. **Sign-in/Sign-out sheets are available as you arrive at the program area.** (See other pick-up provisions in Parent Handbook).
- I understand that my child will not be allowed to leave the program with an unauthorized person. **Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.**
- 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 that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside the YMCA facilities and program. **If a violation of this policy is discovered, the YMCA will take immediate disciplinary action toward staff and volunteers.**

I have read and understand the statements above regarding YMCA policies and procedures.

Parent/Guardian Signature	Date
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I have received a copy of the YMCA Parent Handbook which includes the bus policy. Copies are available at your Walla Walla YMCA.

Parent/Guardian Signature	Date
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I have provided a copy of either my child's physical or immunization records.

Parent/Guardian Signature	Date
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Statement of Authorization

1. My child has permission to be transported by a YMCA vehicle and to participate in all YMCA program activities and related field trips.
2. My child has permission to participate in swimming activities. **Assess your child's swimming abilities here:**
The YMCA reserves the right to assess your child before any swimming activities

<input type="checkbox"/> NON-SWIMMER (unable to swim/no swim instruction)	<input type="checkbox"/> INTERMEDIATE SWIMMER (average swim ability)
<input type="checkbox"/> BEGINNER SWIMMER (some limited swim instruction)	<input type="checkbox"/> ADVANCED SWIMMER (skilled swimmer)
3. In the case that your **child becomes ill** during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parents or guardians to arrange for the child to be picked up from the center as soon as possible.
4. In the case that your camper or anyone in the immediate household of the camper develops a **reportable communicable disease** as defined by the State Board of Health, it is the responsibility of the parent to notify the YMCA within 24 hours or the next business day in order for the YMCA to take proper action, except in the case of life-threatening diseases which must be reported immediately.
5. My signature authorizes the management and staff of the Walla Walla YMCA to act for me according to their best judgment in the event of a **medical emergency and/or routine medical** care. I/we grant permission for emergency medical treatment and/or routine medical care by the YMCA camp staff, a rescue squad, or private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. My signature waives and/or releases the Walla Walla YMCA from any and all liability and/or financial responsibility for any medical expenses incurred.
6. The parent/guardian authorizes the application of **sunscreen** for his or her child by YMCA staff. (please note any adverse reaction to sunscreen of which you may be aware)
 Brand? _____

By signing below, you are authorizing all of the above.

Parent/Guardian Signature	Date
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For office use only –

Date viewed	
Viewed by	
Date	
Date of birth	
Date Child Entered Care	Date Child Withdrew from Care

BEHAVIOR AGREEMENT

At the YMCA we take the happiness of your children very seriously. We want every day here to become a happy memory for them. Therefore, we work hard at creating an environment that will allow this to happen. Along with our efforts, we need the children to help us create that environment by following some simple, but effective rules. Below is our Behavior Agreement, please read over it with your child and be sure they understand what it is and why they are signing it. This will help us help them have a wonderful experience at YMCA Summer Camp! Thank you!



- I will listen to the staff and follow their directions.
- I will respect other people’s belongings by not touching/using their stuff without permission.
- I will not hit or fight other people.
- I will not yell while inside the campsite building and will use my inside voice when speaking.
- I will use appropriate language. Which does not include swear words or negative remarks. (i.e. “Shut up,” “Stupid,” “Dumb,” etc…)
- Before leaving the room, I will ask a staff member for permission.
- I will respect other’s feelings by having a positive attitude when talking to them and not talking to others.

Not abiding by these rules can result in suspension from the program. All incidents will be handled on a 3 incident system, except **hitting/fighting**. Hitting/fighting will be an immediate 1-day suspension from the program.

Parent/Guardian Signature	Date
Camper’s Signature	Date

PLEASE COMPLETE PAYMENT AUTHORIZATION BELOW
(Please Check Method of Payment)

CREDIT CARD AUTHORIZATION

My preferred draft day is the _____ Day of the Month. I acknowledge that the charges drafted on this day will be for all service provided in that given month. I authorize the YMCA to charge my credit card for camp payments. I understand that I must provide written notice of cancellation. **If at any time there is to be a change, deletion, or cancellation of my child’s camp enrollment, it is to be submitted in writing to the YMCA branch where camp was purchased two weeks prior to the date of my credit card draft in order to discontinue the debit.**

NAME AS IT APPEARS ON CARD: _____ **CARD ISSUER:** (Circle One)
 AMEX MC VISA DISCOVER

CREDIT CARD NUMBER: _____ EXP. DATE: _____

SIGNATURE OF CARD HOLDER: _____

BILLING ADDRESS OF CARDHOLDER: _____

CITY: _____ STATE: _____ ZIP: _____

BANK DRAFT AUTHORIZATION

My preferred draft day is the _____ Day of the Month. I acknowledge that the charges drafted on this day will be for all services provided in that given month I authorize my bank to honor pre-authorized drafts drawn by the YMCA on my account for camp payments. I understand that my EFT drafts will occur automatically until I provide written notice to the YMCA two weeks prior to the date of my bank draft payment. When the bank honors the draft by charging my account, such drafts constitute my receipt for the payment. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made by me in the amount of said payment, plus a service charge. **If at any time there is to be a change, deletion, or cancellation of my child’s camp enrollment, it is to be submitted in writing to the YMCA branch where camp was purchased two weeks prior to the date of my draft in order to discontinue the debit.** A voided check is required with all electronic funds transfer (EFT) applications.

_____ NAME OF BANK	_____ ACCOUNT NUMBER	_____ TRANSIT/ROUTINGNUMBER
_____ PLEASE PRINT NAME	_____ SIGNATURE OF ACCT. HOLDER	_____ DATE



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WALLA WALLA YMCA ("YMCA") PARTICIPANT WAIVER FORM

ACKNOWLEDGEMENT

I expressly acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating in the YMCA's programs, events, classes, and/or other activities, which may result from unavoidable accidents or injuries, athletic activities, sports programs/classes, the use of any equipment, exercise, or other activities or from my or my minor child(ren)'s or ward(s)' physical condition. I understand that the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns assume no responsibility for loss, damage, illness or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, exercise, horseback riding, archery, field trips, waterfront and pool activities, canoeing/boating, campfires, hiking, high ropes and other challenge courses, or any other activities, classes, events, or programs at and/or sponsored by the YMCA. I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events/activities/programs/classes while at the YMCA and/or sponsored by the YMCA.

I also acknowledge that the YMCA often uses photographs, videotapes, television programs, motion pictures, tape recordings, or other similar media for promotional purposes. I hereby consent to the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media.

RELEASE

In consideration of the YMCA allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at the YMCA and/or sponsored by the YMCA, I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage or injury results from the negligence of the YMCA and its employees, agents, or representatives or from some other cause. My agreement to release the YMCA does not include any loss, damage or injury that results from the YMCA's gross negligence or willful, wanton, or reckless misconduct.

I further waive any and all rights to inspect or approve the photograph, videotape, television program, motion picture, tape recording or other use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es), including any written article, script, caption or other writing that may accompany such use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es). I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in any such materials.

INDEMNIFICATION

I hereby represent and warrant to the YMCA that I have the authority to execute this Participant Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against the YMCA arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend the YMCA from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of the YMCA or from some other cause.

ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth on this Participant Waiver Form.

Signature of Participant or Parent/Guardian Date
of Participant(s) under the Age of 18

Name(s) and Age(s) of Participant(s) under the
Age of 18, If Any