

APPLICATION FOR: BEFORE SCHOOL AFTER SCHOOL SUMMER DAY CAMP PRESCHOOL OUT OF SCHOOL DAY

YMCA OF GREATER CHARLOTTE CHILD'S APPLICATION FOR ENROLLMENT IN LICENSED CARE PROGRAM

To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually

The YMCA does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, genetic information, or other legally-protected status.

YMCA CENTER: SIMMONS STRATFORD RICHARDSON MORRISON McCROREY

Date of Application: _____ Requested Start Date: _____ Date of Birth: _____

CHILD INFORMATION:

School/Camp Year _____ Age _____ Grade _____ Name of School _____

Full Name _____ Preferred Name _____

Child's Physical Address _____

Family/Guardian Email _____

FOR DIRECTOR USE
REVIEWED BY: _____

START DATE: _____

FAMILY INFORMATION:

Family/Guardian's Name _____

Child lives with _____

Guardian DOB: _____

Address (if different from child's) _____ Zip Code _____

Phone#1 _____ Cell| Home| Work

Phone#2 _____ Cell| Home| Work

Email _____

Family/Guardian's Name _____

Guardian DOB: _____

Address (if different from child's) _____ Zip Code _____

Phone#1 _____ Cell| Home| Work

Phone#2 _____ Cell| Home| Work

Email _____

CONTACTS:

Child will be released only to the families/guardians listed above. **The child can also be released to the following individuals, as authorized by the person who signs this application.** In the event of an emergency, if the family members/guardians cannot be reached, the facility has permission to contact the following individuals.

Name _____ Relationship _____
Address _____ Phone _____ Cell| Home| Work

Name _____ Relationship _____
Address _____ Phone _____ Cell| Home| Work

Name _____ Relationship _____
Address _____ Phone _____ Cell| Home| Work

HEALTH CARE NEEDS:

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a

Medical action plan attached? Yes No (**Medical action plan must be updated on an annual basis and when changes to the plan occur**)

List any allergies and the symptoms and type of response required for allergic reactions. N/A

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns N/A

List any particular fears or unique behavior characteristics the child has N/A

List any types of medication taken for health care needs N/A

Share any other information that has a direct bearing on assuring safe medical treatment for your child N/A

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone _____

Name of preferred hospital _____ Phone _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator _____ Date _____

Child's Name: _____

YMCA OF GREATER CHARLOTTE
RELEASE OF WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Greater Charlotte (hereinafter referred to as "YMCA") and/or any participation in any program affiliated with the YMCA, without respect to location, I, for myself and any personal representatives, heirs, and next of kin, hereby acknowledge and agree to the following while at the YMCA, regardless of location:

1. I HAVE OR IMMEDIATELY UPON ENTERING OR PARTICIPATING WILL INSPECT AND CAREFULLY CONSIDER YMCA PREMISES, FACILITIES AND/ OR THE AFFILIATED PROGRAM and entering constitutes an acknowledgement that I find and accept them as being safe and reasonably suited for the purpose of observation, use, or participation.
2. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") and each of them from any loss, liability, damage, or cost that I may incur due to my/my child's presence, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.
3. I ACKNOWLEDGE THAT PARTICIPATING IN YMCA ACTIVITIES INVOLVES KNOWN AND UNANTICIPATED RISKS WHICH COULD RESULT IN PHYSICAL OR EMOTIONAL INJURY, PARALYSIS OR PERMANENT DISABILITY, DEATH, AND PROPERTY DAMAGE. I HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE or loss while in, about, or upon the premises of the YMCA or location of a program affiliated with the YMCA and releases, waive, and covenant not to sue the releases. Risks include, but are not limited to, broken bones, torn ligaments, or other injuries as a result of falls or contact with participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical emergencies resulting from physical activity; and damaged, lost or stolen property. I understand such risks cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
4. I HEREBY AGREE THAT MY/MY CHILD'S PARTICIPATION IN THESE ACTIVITIES IS VOLUNTARY AND WE ELECT TO PARTICIPATE DESPITE THE
5. RISKS. If at any time I believe that event conditions are unsafe or that I or my child is unable to participate due to physical/mental conditions, I will immediately discontinue participation.
6. I REPRESENT THAT I HAVE ADEQUATE INSURANCE TO COVER ANY INJURY OR DAMAGE I OR MY CHILD MAY SUFFER OR CAUSE WHILE PARTICIPATING IN THIS ACTIVITY, or else I agree to bear the costs of such injury or damage myself.
7. I HEREBY AGREE THAT THE YMCA MAY PHOTOGRAPH OR CAPTURE FOOTAGE OF ME OR MY CHILD AT THE YMCA OR ON ANY AFFILIATED YMCA PROPERTY AND the YMCA may use those photographs or footage for its marketing purposes and further agree to release both the YMCA and releases from any claim or liability related to that use; waiving all claims for myself, my child and any heirs or next of kin.
8. I HEREBY AGREE THAT IN THE EVENT THAT I/MY CHILD NEED IMMEDIATE MEDICAL ATTENTION FOR INJURIES THAT OCCUR WHILE
9. PARTICIPATING IN A YMCA PROGRAM, and I am not present or able to communicate my desires at the time of injury, I authorize YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency care as needed.
10. I GIVE PERMISSION FOR MYSELF AND/OR MY CHILD TO BE TRANSPORTED BY THE YMCA as needed for field trips, inclement weather, or late pick -ups.

I expressly agree that this **RELEASE, WAIVER, AND INDEMNITY AGREEMENT** is intended to be as broad and inclusive as is permitted by the law of the State of North Carolina and South Carolina and that if any portion thereof is held invalid the remaining portions shall remain in full legal force and effect.

I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representation, statements, or inducement apart from the foregoing written agreement have been made.

Parent/Guardian Name (print): _____ Date: _____
Family/Guardian Signature: _____

Family or Guardian Additional Agreement (Must be completed for participants under the age of 18)

In consideration of minors being permitted to participate in this activity, I further agree to indemnify and hold harmless Releases from any claims alleging negligent which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent/Guardian Name (print): _____ Date: _____
Family/Guardian Signature: _____



Child's Name: _____

POLICY ACKNOWLEDGEMENT

RESPONSIBLE PARTY AGREEMENT

I understand that whoever completes the registration form for this child will be held responsible for all payments to be made for this program. Moreover, no party, other than those listed as the "family member / Guardian" will be permitted to alter any information in this registration packet including, among other things, the authorization of any party signing this child out of the program. Any changes that need to be made will be made in writing and submitted directly to the Program Director.

INITIAL_____

DROP-OFF, PICK-UP, AND RELEASE POLICY

The YMCA staff wants to ensure your child's safety while participating in our program. Staff will begin receiving campers no earlier than 7:00 AM. An authorized adult (18 years of age or older) must sign the child in and out each day. It is required by state law to sign your child(ren) out when you pick him / her up. A late pick up fee of \$10 per 5 minutes will be charged to the debit/credit card on file after the time of program closing.

INITIAL_____

TRAVEL AND ACTIVITY AUTHORIZATION

I give permission to the _____ YMCA for my child to participate in trips on the bus and field trips away from the facility. I understand that the facility will use the appropriate child restraint devise and abide by all the safety rules when my child is transported in a vehicle. The facility will also notify me each time that my child is to participate in an activity that would involve transportation.

INITIAL_____

PLAY OUTSIDE FENCED AREA

If the facility has planned activities outside the fenced area of the facility, I will allow my child to play outside the fenced area of the facility.

INITIAL_____

NUTRITION OPT OUT

If I opt not to have the YMCA provide nutritious meals as stated in the NC Childcare regulations for my child, I am expected to provide all meals, snacks and beverages. If I wish to opt out of the YMCA providing food, snacks, and beverage, I will complete and submit the Nutrition Opt Out form (found in the Family Handbook) to the program director. I understand that if I opt out but do not provide meals, snacks, and beverages that meet the state's nutritional requirements, the program will make the best effort to provide supplemental food and beverage.

INITIAL_____

PARENT PARTICIPATION PLAN

I have received a copy of the Family Participation Plan which provides options for the family/guardian to participate in the program and engage with program leadership. The detailed Plan is found in the Family Handbook and was discussed during Family Orientation prior to the program start date.

FAMILY HANDBOOK

I have received the YMCA Family Handbook. I understand that it is my responsibility to read through the entire handbook. The handbook includes the following policies that program leadership has discussed during Family Orientation before the program start date. I acknowledge these policies:

- YMCA's Behavior Management and Discipline Policy INITIAL_____
- YMCA'S Tobacco Free Policy INITIAL_____
- YMCA'S Shaken Baby Syndrome/ Abusive Head Trauma Policy INITIAL_____
- YMCA's Aquatics Guidelines INITIAL_____
- YMCA'S Code of Conduct INITIAL_____
- YMCA's Parent Participation Plan INITIAL_____
- Child and Adult Food Care Program (CACFP) Information INITIAL_____
- Summary of North Carolina Child Care Rules and Laws INITIAL_____
- FOR PRESCHOOL APPLICANTS: Safe Sleep Policy INITIAL_____

INITIAL_____

I acknowledge that I have received a copy of the YMCA standards for this program. I have also read, understand, and accept all policies and procedures, which includes all of the YMCA of Greater Charlotte policies.

Parent/Guardian Name (print): _____ Date: _____

Family/Guardian Signature: _____