2019–2020 YMCA COMMUNITY FAMILY CENTER SCHOOL RECESS REGISTRATION FORM

Youth Name (First and Last): ____________________________ Application Date: ___/___/____

- This camp is for school aged youth, grades K—6th
- Enrollment is first-come first-served, space is limited.
- The cost is $25 per day per child — No financial assistance is available.
- You must register and pay in advance for the days you want to reserve.

<table>
<thead>
<tr>
<th>Hours are 8:00 am—5:00 pm on the following dates:</th>
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<tr>
<td>□ Friday, September 27th</td>
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<td>□ Friday, October 25th</td>
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<tr>
<td>□ Wednesday, November 27th</td>
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<tr>
<td>□ Monday, December 30</td>
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<td>□ Tuesday, December 31st</td>
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<td>□ Friday, January 10th</td>
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<td>□ Monday, January 20th</td>
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<td>□ Friday, February 14th</td>
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<td>□ Thursday, March 19th</td>
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- Sack lunch and snacks will be provided.
- No refunds or credits will be given for non-attendance.
- There will be no program and no camp for Oct 17 & 18, Nov 28 & 29, Dec 23—27, Jan 1st, Feb 17, Mar 20 & 23

Return forms to: YMCA Community Family Center * 4223 S. Atherton Drive, Taylorsville, UT 84123 * Ph: 801.839.3388 * Fax: 801.466.6074 * cfc@ymcautah.org
PART 1: YOUTH INFORMATION (Complete one page per youth in family)

Youth Name (First and Last): _____________________________________________________________________________________

Primary Address: ________________________________________________________________________________________________

Gender (circle one): Male  Female  Birth Date: _______/_____/____  Grade:_____________________

Please check if your child has: _____ IEP  _____ 504 plan

Ethnicity (For grant reporting purposes only):     ____ Non-Hispanic  ____ Hispanic

Race (For grant reporting purposes only; check all that apply):

___ White  ___ Asian  ___ American Indian

___ Black / African American  ___ Hawaiian/Pacific Islander  ___ Other: ___________________

MEDICAL INFORMATION

Does your child have any known allergies or sensitivities to:

No  Yes  If yes, please list:

Medications  ☐  ☐  __________________________________________________________________________

Foods  ☐  ☐  __________________________________________________________________________

Other  ☐  ☐  __________________________________________________________________________

Illnesses or Medical Conditions:

Does your child have any of the following conditions?

Yes  No  Yes  No  Yes  No

Asthma  ☐  ☐  Visual Impairment  ☐  ☐  Diabetes  ☐  ☐

Developmental Delays  ☐  ☐  Seizures  ☐  ☐  Physical Impairment  ☐  ☐

Heart Problems  ☐  ☐  Behavioral/Emotional Problems  ☐  ☐  Hearing Impairment  ☐  ☐

Other: _______________________________________________ _______________________________________________________________________

List any additional health information or special instructions you feel we need to be aware of:

__________________________________________________________________________________

__________________________________________________________________________________

List any regular medications your child takes: ____________________________________________

Name of Child’s Medical Provider: _____________________________________________________

In case of an emergency or a serious illness and the parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation for my child.

____________________________________ ______________________________________

Name of Parent/Guardian  Date: __________

The following terms and conditions are a release form. Please initial each line to provide your consent or check NO if you do not consent to the following items:

Yes  No  I give permission for the YMCA to authorize treatment in the event of a medical emergency.

Yes  No  I give permission for YMCA staff to apply sunscreen and/or bug spray as needed.

I understand that it is my responsibility to provide these items during summer program.

Yes  No  I give permission for my youth to participate in walking and bus/van transported field trips.

Yes  No  I give permission for my youth to participate in swimming and/or wading at public pool.

Yes  No  I give permission for my youth to participate in outdoor activities at Fremont Elementary School located at 4219 S. Atherton Drive, Taylorsville, UT during regular program hours.

Signature of Parent / Legal Guardian: ____________________________________________ Date: __________
PART II: PARENT/GUARDIAN INFORMATION (Complete one page per family)

Parent/Guardian 1 (First/Last Name): _____________________________ Date of Birth: __________
Relationship to participant: ___________________________ Head of Household? ___ Yes ___ No Gender: M / F
Primary Address: ______________________________________________________________________________________
Cell Phone: _____________________________ Work/Alternate Phone: _____________________________
Email Address (required): ____________________________________________________________
Place of Employment: _____________________________ Job Title: _____________________________

Parent/Guardian 2 (First/Last Name): _____________________________ Date of Birth: __________
Relationship to participant: ___________________________ Head of Household? ___ Yes ___ No Gender: M / F
Primary Address: ______________________________________________________________________________________
Cell Phone: _____________________________ Work/Alternate Phone: _____________________________
Email Address (required): ____________________________________________________________
Place of Employment: _____________________________ Job Title: _____________________________

Number of people in your household: _______ Languages spoken in the home: ______________________
Family Status: __Married__ Divorced__ Single Parent__ Other
Household Income: $0 - $20,450 $20,451 - $34,100 $34,101 - $54,550 $54,551+
How did you learn about YMCA Programs?

☐ Billboard ☐ YMCA Website / Intern ☐ PeachJar
☐ Family / Friend ☐ Social Media / Email ☐ Direct Mailing
☐ Flyer / Brochure ☐ School Referral ☐ Other ______

EMERGENCY CONTACTS / PERSONS AUTHORIZED TO PICK UP YOUTH

Unless indicated otherwise, the emergency contact listed is also an individual authorized to pick up youth from program. Except in cases of a court order prohibiting contact, all parents and guardians will be allowed to pick up their child per Utah State Law. Addresses of emergency contacts are a state licensing requirement in the event of evacuation. All authorized pick-ups should be prepared to show photo ID to verify identity. No individuals not listed above will be permitted to pick up a participant unless a parent or guardian calls in advance to notify YMCA Staff.

<table>
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<tr>
<th>Full Name</th>
<th>Relationship to Child</th>
<th>Phone Number</th>
<th>Address</th>
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☐ Check if there are no persons authorized to pick up the child, other than parents

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<tr>
<th>Out of State Contact</th>
<th>Relationship to Child</th>
<th>Phone Number</th>
<th>Address</th>
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4 DIGIT SECURITY PIN

Choose a unique 4-digit security pin. This pin will be used to gain entry to the building as well as to verify your identity when making account changes, informing us that youth will not be attending program, or of a temporary authorized pick up person not on the list.
PART III: YMCA POLICIES

Please review the following policies and initial next to each line to indicate your understanding and consent.

___ Registration Fee – A non-refundable registration fee of $10 per child is required one time per year.

___ Payment Due Dates – Program fees must be paid prior to attendance in programming. Payments are due 10 days prior to the start of programming month (i.e. Payment for October programming is due September 20th). If you are unable to make payment on time, you must make arrangements in advance with YMCA staff. If you do not speak with our office before the 1st, your child will be withdrawn from program.

___ Late Payments – ALL late payments, regardless of reason, will be charged a late fee. For every week your payment is late, a $10 fee will be charged per child per week until your payment is received. If payment is not received by the end of the month, your child will be withdrawn from program.

___ Refunds and prorated fees – Registration fees are non-refundable. Refunds will not be given after the fact for dates that an enrolled youth does not participate in program (e.g. illness or conduct-based dismissal). Refunds and will not be given for partial attendance of program. If you have a scheduled absence of 5 (five) days or more, you must speak to the front desk in advance to receive a discount. The maximum prorated discount is 25% off.

___ Past Due Balances and Enrollment – If you have past due balances from a previous program, you will NOT be permitted to enroll in a current program until those balances are paid in full.

___ Collection of Fees – The YMCA reserves the right to pursue collection of unpaid accounts through a collection agency. Amounts due will be reported to the credit reporting agencies and the parent/guardian responsible for the account will be assessed any additional fees resulting from the collection process. If an account is turned over to collections a $20 processing fee will be added to the account.

___ Late Pick-Up Policy – It is expected that your youth be picked up by the end of program. If your youth is picked up after the closing time the responsible party will be charged $1.00 for each minute per child after closing until 30 minutes after program ends at which time the local Police Department will be called. Repeated late pick up may result in dismissal from program.

___ Code of Conduct – The YMCA upholds a code of conduct centered around the Y’s 4 core values of Honesty, Respect, Caring and Responsibility. Any individuals who are unable to or unwilling to uphold these values may be dismissed from program. It is the YMCA’s responsibility to ensure a safe and welcoming environment for all and in cases where participants or adults present a threat to the safety or wellbeing of others, it is the Y’s duty to take appropriate action. If a child is unable to participate within a group context in accordance with state licensing ratios, he or she may be referred to another program.

___ Confidentiality Policy – No personal information provided to the YMCA will be shared with any external entity or individual without the express written consent of the parent/guardian. If a parent/guardian is unknown to YMCA, staff they may request verification in order to maintain the highest levels of privacy.

My signature below indicates my understanding and agreement to the above polices:

Signature of Parent / Guardian: ________________________________ Date: __________________________
PART IV: RELEASE AND WAIVER OF LIABILITY

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Northern Utah (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, hereby acknowledge and agree to the following:

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 “releasees”) 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 release, waive, and covenant not to sue the releasees.

4. I HEREBY AGREE THAT MY/MY CHILD’S PARTICIPATION IN THESE ACTIVITIES IS VOLUNTARY AND WE ELECT TO PARTICIPATE DESPITE THE 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.

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

Full Name of Parent / Guardian: __________________________ Date of Birth: __________________

Signature of Parent / Guardian: __________________________ Date: __________________
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: __________

Participant(s) Printed Name: ____________________________ Age: __________

Participant(s) Printed Name: ____________________________ Age: __________

Participant(s) Printed Name: ____________________________ Age: __________