

2018-19 EISENHOWER JR. HIGH YMCA AFTER SCHOOL PROGRAM



Youth Name (First and Last): _____ Application Date*: _____ / _____ / _____

Save time and register online! We encourage families to register for programs online at ymcautah.org

GRADES	7 th – 9 th
TIMES	Monday-Thursday 2:45pm-5:30pm NO PROGRAM WILL BE HELD ON FRIDAYS
COST	<ul style="list-style-type: none"> - There is no monthly fee for this program. - Contributions are strongly encouraged to allow us to continue providing this program. Suggested contributions include: <ul style="list-style-type: none"> ○ Monthly financial donation (preferred) ○ One-time financial donation ○ Donation of volunteer hours in program

* We require two business days upon receipt of completed paperwork and payment for youth to start attendance of program.

Please be aware that we follow the granite school district calendar. We will be closed the same days as schools and will not provide recess camp for those days. Please visit www.graniteschools.org and view their calendar.

Return forms to: YMCA Community Family Center * 4223 S. Atherton Drive, Taylorsville, UT 84123 *
Phone: 801-839-3388 * Email: cfc@ymcautah.org

YMCA OF NORTHERN UTAH YOUTH REGISTRATION
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: ___/___/___

What grade will the child enter in the 2018-19 School Year? _____

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 youth have any of the following (If yes, specify in space provided):

- ___ Yes ___ No Medication (form required if taken during program): _____
___ Yes ___ No Food/Dietary Restrictions: _____
___ Yes ___ No Allergies (specify): _____
___ Yes ___ No Development delays or behavioral concerns (specify): _____

Additional medical conditions or needs not listed above: _____

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.
___ Yes ___ No I give permission for my youth to walk home at the end of program (Age 8 and above)
If yes, time approved to release child: _____ or End of Program.
___ Yes ___ No My child is allowed to sign out of The YMCA after school program at any time. I understand that once my child has signed out, the Y is no longer liable for my child.
___ Yes ___ No I do not want my child to be able to sign themselves out of The YMCA after school program at Eisenhower Jr. High until the end of program at 5:30 pm.

Signature of Parent/Legal Guardian: _____ Date: _____
Signature of Parent/Legal Guardian: _____ Date: _____

PART II: PARENT/GUARDIAN INFORMATION

(Complete one page per family)

Parent/Guardian 1:

Name (First and Last): _____ 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:

Name (First and Last): _____ 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: _____

EMERGENCY CONTACTS / PERSONS AUTHORIZED TO PICK UP YOUTH

Please provide at least 2 additional people other than parents/guardian that live in separate households. 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 for safety in the event of evacuation.

Full Name	Relationship to Child	Phone Number	Address

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.

Check if there are no persons authorized to pick up the child, other than parents

Out of State Contact	Relationship to Child	Phone Number	Address

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.

ADDITIONAL INFORMATION

How did you learn about YMCA Programs?

- | | | |
|---|---|---|
| <input type="checkbox"/> Billboard | <input type="checkbox"/> Internet Search | <input type="checkbox"/> YMCA Website |
| <input type="checkbox"/> Returning Customer | <input type="checkbox"/> Magazine / Newspaper | <input type="checkbox"/> Direct Mailing |
| <input type="checkbox"/> Email | <input type="checkbox"/> Social Media | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Family / Friend | <input type="checkbox"/> School Referral | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Flyer / Brochure | <input type="checkbox"/> Radio / TV | |

The following information is used for grant reporting purposes only:

Number of people in your household: _____

Family Status (circle one): __Married__Divorced__Single Parent__Other

Languages spoken in the home: _____

Household Income: \$0 - \$20,450 \$20,451 - \$34,100 \$34,101 - \$54,550 \$54,551+

PROGRAM POLICIES

___ 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 \$2.00 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.

___ Absence Policy – The YMCA must be notified *at least one hour prior to program start time* if a child will be absent from program. At school year programs with transportation, the YMCA does not depart from the school site until all children are accounted for. *Failure to report an absence may incur a \$5 fee.*

___ 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: _____

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: _____