



YOUTH Information Form

2008 Summer

2008 - 2009 School Year

Child's full name _____

FOR OFFICE USE ONLY

Program _____

2008 - 2009 YOUTH Information Form

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Payor # _____
Child # _____

My child is a: YMCA member Child of adult member Program participant

Date of registration ____/____/____ **Need flexible spending receipt**

Child's Information

Child's name (first/middle/last) _____ Name called _____

Address _____ City _____ Zip _____

Male Female Birth date ____/____/____ Age (as of Aug. 2008) _____ Grade (as of Aug. 2008) _____

School _____ Track # _____

If the schools have an unscheduled early release (i.e. inclement weather), my child will:

Ride the school bus home Be picked up by a parent at school **Tracking Out participants will follow branch guidelines.**

Check all that apply to your child, or check "None" for those that don't apply:

Allergies (type) _____ None

ADD No Yes ADHD No Yes

Medication (type and schedule) _____ None

Emotionally, behaviorally, intellectually or physically challenged (explain) _____ None

Special circumstances (see back page and provide additional information if necessary)/Requests _____ None

Family Information (check one parent to contact for payment and other questions)

Mother/guardian's name _____ Employer _____

Home address _____ City _____ State _____ Zip _____

Home # _____ Work # _____ ext. _____ Mobile # _____ Pager # _____

E-mail address _____ (providing an e-mail address authorizes e-mail communication about your child's programs)

Father/guardian's name _____ Employer _____

Home address _____ City _____ State _____ Zip _____

Home # _____ Work # _____ ext. _____ Mobile # _____ Pager # _____

E-mail address _____ (providing an e-mail address authorizes e-mail communication about your child's programs)

Emergency Information

In the case of emergency, please contact the following first: Mother/guardian Father/guardian

Child's doctor _____ Doctor's phone _____

Child's dentist _____ Dentist's phone _____

Hospital preference _____

Insurance company _____ Policy # _____

Emergency Contacts (if mother, father or guardian cannot be reached) and Youth Pickups for all YMCA of the Triangle programs:

Individuals can act as an emergency contact and are allowed to pick up your child until a written request is made to remove any names listed.

1. Name _____ Relationship to child _____

Home # _____ Work # _____ ext. _____ Mobile # _____ Pager # _____

2. Name _____ Relationship to child _____

Home # _____ Work # _____ ext. _____ Mobile # _____ Pager # _____

3. Name _____ Relationship to child _____

Home # _____ Work # _____ ext. _____ Mobile # _____ Pager # _____

4. Name _____ Relationship to child _____

Home # _____ Work # _____ ext. _____ Mobile # _____ Pager # _____

YOUTH Programs Policy

Please read each of the following policies and sign below to indicate your understanding of these policies. Policies are subject to all applicable laws.

Waivers/Permissions:

1. I permit my child to participate in activities the YMCA conducts outside the fenced-in play areas at YMCA facilities.
2. **Field Trips** - I permit my child to leave the YMCA on authorized trips under the supervision of the YMCA staff. I may review a written schedule of activities to be conducted off the YMCA premises.
3. **Photography** - I authorize the YMCA of the Triangle Area, Inc., to utilize video-tape, audio or photograph materials of myself or dependent children, for the purpose of promotional materials for YMCA programs and services. This includes any printed material, broadcast and print advertising, promotional videos and the YMCA website. I also permit the YMCA and/or the media to use images of my child in broadcast and print media news coverage of the YMCA. I understand that my child's name is not published.
4. **Transportation** - I understand and agree that for YMCA programs providing transportation for my child **1)** to a YMCA program from home, **2)** home from a YMCA program or, **3)** from his/her school to a YMCA program, the YMCA of The Triangle Area's liability for my child begins when the child boards a YMCA vehicle and ends when the child exits the vehicle. Under some circumstances, YMCA liability will continue if my child is exiting the YMCA vehicle to participate in a YMCA program. Pickup and drop off points will be determined prior to my child attending the program for which he/she is registered. If YMCA staff encounters circumstances that they perceive as dangerous at the location where my child is scheduled to exit a YMCA vehicle, my child will not be permitted to exit.

Program Policies

5. **Babysitting Policy** - The YMCA strives to employ the very best staff possible in all of our programs. During staff time-off or after they are no longer employed with the YMCA, these persons are private citizens and are no longer subject to our employment rules and procedures. The YMCA cannot and does not endorse or recommend its present or former staff members as babysitters to any parent or guardian of any child in any of our programs. Any babysitting arrangements with present or former staff of the YMCA is separate and independent from any YMCA program and must be based on the independent investigation, responsibility and judgement of the parent or guardian. I agree that the YMCA shall not be responsible and will be held harmless from any claims or liability in connection with such babysitting activities.
6. **Licensing** - The YMCA of the Triangle Tracking Out programs are the only licensed programs by the State of North Carolina due to care being provided on a regular basis of at least once per week for more than four hours but less than 24 hours per day from persons other than a parent or guardian.
7. **Inclement Weather** - I understand that programs are not available when school is closed due to inclement weather. This includes all Tracking Out, Early Arrivals, After School and Preschool programs.
8. **Indemnity** - I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation/my child's participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA and its employees, organizers, volunteers, supervisors, officers, directors, participants, coaches and referees, as well as all persons or parents transporting participants to and from activities, from any legal claims, liabilities, damages and costs for any physical injury or damage to my personal property sustained during my use of YMCA property and/or my participation/ my child's participation in any YMCA activities.
9. I understand that the YMCA is not responsible for any personal items lost or stolen at our programs.
10. **Children age 3 and older must be toilet-trained.**

Payment Policies

I understand policies concerning payment, cancellation and refunds. I may not register my child for a new program until outstanding balances due on past programs at any branch of the YMCA of the Triangle Area are paid.

11. **Insufficient Funds** - If my bank returns a draft or check, due to insufficient funds, immediate payment is required to keep my child's account up to date. I understand that I will be charged \$25 for each returned check or draft. I will need to send cash, money order or a certified check for the draft or check within 10 business days after I receive a notification letter from YMCA Financial Services. Personal checks will not be accepted. Payment in full is required before my child can continue to participate in YMCA programs. **If I have two returned drafts or checks within a six-month period, I will no longer have the bank draft privilege and will be required to pay program fees in full, in advance.**
12. **Cancellations:** Nonattendance, without written cancellation, does not relieve me of the responsibility to pay for the program. I will refer to the registration receipt for details on specific program cancellation policies.
Bank draft participants - I understand that I must cancel, in writing, 30 days prior to date of bank draft in order to stop payment.
13. **Refunds** - I understand that nonattendance does not entitle me to a refund. I understand that no refunds or adjustments are granted for illness, vacation or when YMCA programs are cancelled due to inclement weather. All refunds or program credits given for other reasons are issued on a prorated basis. I understand that the YMCA reserves the right to apply any credit due to other outstanding balances. **Refunds are issued within 45 days of cancellation.** Program payment is not transferable from one YMCA program to another nor from one YMCA branch to another.

Medical Treatment Policies

14. **Accident Insurance** - Participants are responsible for their own accident insurance when using the YMCA and when participating in YMCA programs off-site.
15. **Medication** - The YMCA does not normally administer any medication and will do so only when directed in writing by the child's parent or guardian. **Notice:** The staff of The YMCA of the Triangle will not administer shots or medications that have to be inserted into body cavities. The one exception to the foregoing is epipen injections. When special circumstances exist, personnel from the YMCA will be available to meet with the parent(s) or guardian(s) of the child in question and strive to develop through dialogue a mutually acceptable alternative way to make sure the medication requirements of the child are met.
16. **Blood Borne Pathogen Exposure** - I understand that, while my child is in the care of the YMCA, if a child is exposed to a body fluid on broken skin or mucous membrane (e.g. splashing in mouth or eye) from another child, the YMCA will contact the parents of both children. They will explain what has occurred, and then provide the name of the attending physician of the source child to the parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, the YMCA will provide the name and telephone number of the child's attending physician to the staff member.

I have read and agree with the statement and specifically authorize the YMCA to release the name and telephone number of my child's physician and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or to any staff member who experiences such an exposure from my child.
17. **Emergency** - In the event of an emergency in which the parent or guardian cannot be contacted, the YMCA will contact emergency medical personnel and, pending their arrival, take those actions that are in the YMCA's judgement to be in the best interests of the child.

I have read and understand all the policies stated above.

Parent/guardian signature _____

Date _____

YOUTH Behavior Expectations and Discipline Policy

It is important that staff maintain good order and discipline in all programs. Top objectives in all YMCA programs are safety and a positive atmosphere for learning and developing social skills. The YMCA makes every effort to help children understand clear definitions of acceptable and unacceptable behavior.

The YMCA does not condone and will not permit:

1. Corporal punishment
2. Ridiculing, threatening, using an inappropriate loud voice
3. Leaving children unsupervised
4. Use of profanity

A child's behavior is expected to be consistent with the following:

1. Use appropriate language at all times.
2. Cooperate with staff and follow directions.
3. Respect other children and staff, equipment and facilities, and yourself.
4. Maintain a positive attitude.
5. Stay in program areas—running away is not acceptable.
6. Participate successfully within the YMCA staff-child ratios specific for each program.

The Discipline Policy

1. If a child is unable to comply with the behavior expectations, a conference will be held by the program director with the child. The parent(s)/guardian will be notified in writing.
2. If after the above meeting the child is still unable to comply with the behavior expectations, the program director will set up a conference with the parent(s)/guardian. A behavior contract will be established and signed by the child (if appropriate), parent(s)/guardian and the program director.

3. If the child's behavior continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal.
4. Failure of the parent(s)/guardian to attend conference(s) and cooperate will subject the child to suspension or dismissal.

Behaviors which may result in immediate dismissal include but are not limited to:

1. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff. Prohibited conduct may include, but is not limited to, abusive jokes, insults, slurs, threats, name calling, bullying or intimidation.
2. Fighting
3. Possession of a weapon of any kind
4. Vandalism or destruction of YMCA property or property of others
5. Sexual misconduct
6. Possession of or use of alcohol or controlled substances unless under the prescription of a doctor
7. Running away
8. Biting

Special Circumstances

Parents or guardians are required to inform the YMCA in writing, prior to a child's acceptance in a YMCA program, of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions.

Upon being informed of such circumstances, the branch director (or his or her designee, i.e., senior program director, youth director) may require a conference with the parent(s)/guardian to discuss issues created by these circumstances.

I understand and acknowledge that: (i) it is the responsibility of the parent(s)/guardian to make full disclosure to the YMCA of any special circumstances which may affect the ability of my child/ward to participate, as described above; (ii) it is the responsibility of the parent(s)/guardian to inform the YMCA of any requested accommodation believed by the parent(s)/guardian to be necessary and readily achievable for such participation; and (iii) full disclosure of any special circumstances is material to the YMCA's evaluation of the child's/ward's ability to participate and the YMCA's consideration of any requested accommodation.

Please initial, indicating you have read and understand the above:

Parent/legal guardian

Date

I have read, understand and agree with the policies as stated in this document and have discussed the expectations of behavior with my child/ward. I understand that the YMCA has the authority to revoke my child's right to participate in YMCA programs for behavior which is not in keeping with the mission of the YMCA or for failing to follow the policies/procedures of the YMCA. My signature below indicates that I agree to adhere to all policies, procedures and the mission of the YMCA.

Parent/legal guardian signature

Date