



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

This form must be returned in order to register your child. Please inform us of any changes in information as they occur.

Gender: Male Female **Date of Birth:** _____ **Race:** _____ **Hispanic:** Yes No

Please make note of any illnesses, allergies, or specific information you feel the staff should be aware of such as: asthma, diabetes, ADHD, food allergies, medication used on a regular basis, chronic or recurring illnesses. Mention any restrictions in diet or activities you feel necessary here:

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Home: _____ **Cell:** _____ **Work:** _____

Email:

Parent/Guardian Name: _____

Home: _____ Cell: _____ Work: _____

Email:

AUTHORIZED PERSON TO PICK UP CHILD---EMERGENCY CONTACTS (MUST BE 18 YEARS OR OLDER)

Name: _____

Name: _____

Name: _____

Home: _____

Home: _____

Home:_____

Cell: _____

Cell: _____

Cell: _____

Work: _____

Work: _____

Work: _____

Start date: _____

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
Arrival time					
Pick up time					

->>>>>>>continue on back>>>>>>>

School: _____

Medical Release

The child named on this form has my permission to engage in the activities of Y-Care program. If I cannot be reached in the event of an emergency, I hereby give my permission to the medical personnel selected by the responsible staff of the YMCA to perform any procedure necessary to protect my child.

Hold-Harmless Release

In consideration of the Portage Township YMCA accepting my child into Y-Care program and the Lake Station Schools providing transportation to and from the program, I waive any and all rights and claims for injuries and damages suffered by my child related to or arising from his/her participation in the program, including transportation to and from the program; and I release the Portage Township YMCA, including its staff, volunteers, and Board of Directors, from any liability associated with any and all such injuries and damage

I hereby agree and confirm all of the statements listed below. My signature acknowledges that I:

- Have read the policies and procedures written in said welcome packet.
- Agree to uphold myself and my child(ren) to the policies and procedures listed in the welcome packet.
- Will address any further questions, complaints, or concerns to the SACC Coordinator via e-mail, telephone, or in person at the YMCA building.

Signature: _____

Date: _____

Date:	Inappropriate Behavior	Action Taken

Membership #: _____ **Member or Non-Member** **Expiration Date:** _____

AM only weekly_____

PM only weekly_____

AM/PM weekly_____

CCDF Voucher_____

Scholarship_____