

**2021-2022 YMCA Y's Guys Afterschool Registration Form**

Time: 2:30pm-6:00pm

Please note: Enrollment is limited based on site

- Registration Fee: \$20.00 per child
- YMCA Member: \$10.00 per day (\$1.00/day discount per additional child)
- Non-YMCA Member: \$11.00 per day (\$1.00/day discount per additional child)
- Other (CCAP or YMCA Scholarship) Amount: \_\_\_\_\_

All payments must be paid by Friday of each week at your site. **Each site accepts checks and cash only.** You may go by the YMCA during normal business hours to pay your balance with a credit card. Payments must be made by Sunday evening for the current week to avoid a \$5.00 late fee.

To reserve a spot for Y's Guys, a registration fee will be required at the time of registration. No refunds on registration fees.

**Please circle the days your child(ren) will be attending:**

**MONDAY      TUESDAY      WEDNESDAY      THURSDAY      FRIDAY      DROP-IN**

#1 Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_ Grade: \_\_\_\_\_

#2 Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_ Grade: \_\_\_\_\_

#3 Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address(if different): \_\_\_\_\_

Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

**If the person(s) above are not available in the event of an emergency, notify:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_

**Please complete this entire section**

Name of child's physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**CONTINUED ON THE BACK!**

Person(s) authorized to pick up child(ren):

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_

If parents are divorced, who is the custodial parent? \_\_\_\_\_

**\*\*If there are special circumstances involving visitation and/or pick-up rights, you must provide the Site Director legal documentation of those arrangements.**

Who will primarily be responsible for tuition payments each week? \_\_\_\_\_

**MEDICATIONS CANNOT BE TAKEN AT Y'S GUYS OR ADMINISTERED BY YMCA STAFF**

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the licensed health care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injection of medication for my child.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**General Information**

List any medical situations your child has including allergies:

\_\_\_\_\_

List equipment needed for your child while at Y's Guys such as wheel chair, glasses, etc.:

\_\_\_\_\_

**Waiver and Photo Release**

- I acknowledge that Mayfield Graves County YMCA carries liability insurance and does not provide health or accident insurance for its programs. In consideration of my participation in Y's Guys, I do hereby agree to hold free from any and all liability to the Mayfield Graves County YMCA and its respective officers, employees, volunteers and do hereby for myself, my heirs, executors, and administrators, waive release, and forever discharge all rights claim for all injuries and damages, occurred. I do hereby declare the participant to be physically sound, having medical approval to participate in the activities of the YMCA Y's Guys program.
- I hereby consent to the use, publication, and display, in whole or in part, by or on behalf of the Mayfield Graves YMCA and its agents and assignees including, but not limited to, KENTUCKY NEW ERA, SOCIAL MEDIA, and Mayfield Graves County YMCA, or any film, video tapes, or photographs in which I or my minor child may be portrayed or identified. I waive all claims for any compensation for such use. I understand that permission is given for a one-time use and may be used in conjunction with the photographs and the use which it/they may be put.
- I have read and understand the YMCA Y's Guys Handbook.
- I understand that the Child Care Director can suspend or expel a child under certain circumstances such as inappropriate conduct, disobedience, or other disrupting factors to the program.
- I have attached an up-to-date immunization record for my child.
- I understand that if I do not pay and have not arranged to pay with the Site Director that I may lose my spot in the YMCA Y's Guys program. Once my balance is paid in full, I will go to the end of the waiting list, if applicable, and apply again.**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_