



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**YMCA OF GREATER SEATTLE**  
Youth Program Registration Form

**YOUTH INFORMATION**

Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Gender	Ethnicity
Home Address			Apt	City	State	Zip Code

**SPECIFIC MEDICAL, BEHAVIORAL OR DEVELOPMENTAL NEEDS**

Date of Last Physical / /	Date of Last Dental Exam / /	Date of Last Tetanus / /
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**Depending upon your child's need, additional paperwork and a meeting with a YMCA Director may be required prior to your child's start to ensure your child can best be accommodated. Failure to share information that identifies your child's special care, accommodations or supervision needs may jeopardize the placement of or continued participation by your child in the program. Write "none" if none.**

Dietary Modifications/Allergy	Chronic/Recurring Illness
Current Medications (medication authorization may be required)	Operations/Serious Injury
Physical Disability	Behavioral Disorder
Developmental Delays	

List any activities from which your child should be exempted for health reasons:

**EMERGENCY & INSURANCE INFORMATION**

Child's Physician	Address	Phone Number
Child's Dentist	Address	Phone Number
Local Emergency Contact (other than parents or doctor) & Phone Number	Out of Emergency Contact & Phone Number	

**It is the responsibility of every individual, their parent or legal guardian, to provide for their own accident and health coverage while participating in all YMCA activities. The YMCA of Greater Seattle does not provide any accident or health coverage for its participants.**

Medical Insurance Company	Policy Number
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**PARENT OR GUARDIAN**

Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Gender	Ethnicity
Home Address (if different than child)			Apt	City	State	Zip
Phone Number	Cell Phone		Work Phone	Does Child Live With You?		
Primary Email						

Employer Name

**PARENT OR GUARDIAN**

Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Gender	Ethnicity
Home Address (if different than child)			Apt	City	State	Zip
Phone Number	Cell Phone		Work Phone	Does Child Live With You?		
Primary Email						

Employer Name

## PICK UP AUTHORIZATIONS

Legal First Name	M	Legal Last Name	Phone Number		
Address		Apt	City	St	Zip
Legal First Name	M	Legal Last Name	Phone Number		
Address		Apt	City	St	Zip
Legal First Name	M	Legal Last Name	Phone Number		
Address		Apt	City	St	Zip
Legal First Name	M	Legal Last Name	Phone Number		
Address		Apt	City	St	Zip

## YMCA POLICIES

**Everyone is Welcome:** The YMCA is a membership organization open to all people.

**Financial Assistance:** If you cannot afford the full cost of a program or membership, please ask for a confidential scholarship application. Financial assistance, to the extent possible, is available to those in need.

**Personal Safety Discussions:** Our staff will engage children in discussions to help them understand how they can set their own personal safety and touching limits. These discussions will emphasize respect, set the ground rules for appropriate behavior, and encourage children to tell if someone touches them in a way that makes them feel uncomfortable. The YMCA of Greater Seattle respects the diversity and rights of the individuals it serves.

## AUTHORIZATIONS

### Participation

I give permission for my child to participate in all activities, including field trips, climbing wall, overnights, and swimming and to be transported as authorized by the YMCA. I give permission for the YMCA to use any pictures of my child for future promotional purposes.

### Medical Treatment

I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of the YMCA. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by the YMCA director when deemed immediately necessary or advisable by the physician to safeguard my child's health.

### Release from Liability

Recognizing that the YMCA will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in program activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release the YMCA of Greater Seattle, its employees, volunteers, independent contractors, directors and agents from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me from participation in YMCA programs.

### Photo Release:

The applicant hereby gives permission for the YMCA (local, national and international) to use, without limitation or obligation, photographs or other media that may include the members' image or voice to promote or interpret YMCA programs.

**I have read and understand the above and have completed this form to the best of my ability.**

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# YMCA OF GREATER SEATTLE - Policies for Summer Programs

## I have read and understand the Payment, Credit and Refund Policy in the Summer Programs Handbook outlined below.

- Payment must be received to the YMCA the **Saturday prior** to the start of the camp session. If payments are not received by the due date, your session will be cancelled and deposit will be forfeited.
- Cancellations or transfers require written notice **by Wednesday at noon prior** to the start of the camp session. Deposits are non-refundable and may be non-transferrable.
- A fee of up to \$30 may be assessed for any checks returned for insufficient funds.
- The Y reserves the right to charge a \$25 fee for multiple registration changes.
- Refund and credit policy will use guidelines below:

Notice Given Prior To:	Refund	Credit	Payments
Wednesday at noon prior to the start of the session	100% - deposit	100%	Deposit credited to account or transferable to another week
After Wednesday at noon prior to the start of the session	0%	0%	Deposit is forfeited

## I have read and understand the Sunscreen Policy in the Summer Programs Handbook.

Please check one box below:

I wish to have the YMCA Summer Program staff use the following sunscreen on my child: The sunscreen is Rocky Mountain Sunscreen/SPF 50 Broad Spectrum, Hypoallergenic, Water Resistant, PABA free and Fragrance Free. Active Ingredients: Avobenzone 3/0%, Homosalate 13.0%, Octisalate 5.0%, Octocrylene 7.0%, Oxybenzone 4.0%.

I will provide sunscreen for my child labeled with my child's name.

## I have read and understand the No Tolerance Policy in the Summer Programs Handbook.

## I have read and understand the Peanut and Nut Policy in of the Summer Programs Handbook, outlined below.

To help the YMCA create a safe environment for children with life-threatening nut allergies, you may be asked to refrain from sending your child with food containing peanut butter or other nuts and/or other foods manufactured in a plant that processes nuts.

## I have read and understand the Challenge Course Awareness of Risks Statement in the Summer Programs Handbook and agree to the following statement:

In consideration of being allowed to participate, I hereby agree to release the YMCA of Greater Seattle, its officers, directors, employees, volunteers or other agents from ordinary negligence, including liability for injury, illness, death, loss or damage resulting from participation in these activities. I understand if any part of this release from liability is determined to be unlawful in the State of Washington; the remaining parts will still apply.

### My child's Immunizations are current and up-to-date per State of WA requirements for public schools.

If you have opted not to immunize, a separate form is required. Some camps require a full immunization form.

### Agreement

I have read and initialed the above information and I fully understand all policies of the YMCA's Summer Programs.

Child's Full Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## PARENT/GUARDIAN STATEMENT OF UNDERSTANDING

*The following information is important for the safety and protection of your child. Please read the information and sign this form.*

I understand that the adult who signs the child up for the program is responsible for payments to the YMCA.

I understand all financial, attendance, enrollment and other business documents will be provided only to the adult who signs the child up for the program and is responsible for payment.

I understand that YMCA staff are not allowed to baby-sit or transport children outside of the YMCA program.

I understand children should not receive gifts (video games, jewelry, movie tickets...) that are not part of the YMCA program from YMCA staff or volunteers, and I should report this to a supervisor if they do.

I understand that I have free access, at all times, to areas of the program used by my child. I also understand that I will have opportunities to participate in program activities, and that this participation may require me to go through a screening process. I also understand that if my participation obstructs the program in any way, this privilege will be revoked.

I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff is there to receive and supervise my child.

I understand that my child will not be allowed to leave the program with an unauthorized person.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.

I understand that YMCA staff will engage children in discussions to help them understand how they can set their own personal safety and touching limits.

I understand that I will be provided information about my child's progress and/or any issues related to his/her care, however, both parents/guardians may receive this information upon request.

I understand that staff in licensed child care programs, family and mental health services and specific staff in other programs are mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation. I also understand that employees in all YMCA programs follow the same reporting protocol. Furthermore, our staff are protected from liability for good faith reporting.

I understand that the Health Care Plan is posted and available for my review.

I understand copies of the *Protect Your Child From Abuse When Your Child Is Not With You* booklet are available from any YMCA branch or on [ykids.org](http://ykids.org).

I have read and understand the statements above and that copies of the Summer Programs Handbook is available on [ykids.org](http://ykids.org). The Summer Programs Handbook contains all policies, procedures, philosophies, Medical Procedures, Disaster Preparedness Plans, Pesticide Policy, and the Statement for Prevention of Abuse.

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

COPY OF STATEMENT WILL BE FILED WITH CHILD'S RECORDS.