



YMCA SCHOOL RELEASE DAY REGISTRATION 2018-2019

YMCA IN SHOREVIEW SERVING MOUNDS VIEW ISD 621

Please use one form per child and print neatly. Register online at ymcamn.org or return this completed form to

YMCA Customer Service Center • 651 Nicollet Mall, Suite 500 • Minneapolis, MN 55402 • P 612 230 9622 • F 612 223 6322

PARTICIPANT INFORMATION: Use full legal names for all parties.

Child's name (please print) _____ Female Male

Home phone (____) _____ Preferred E-mail _____

Address _____ City _____ State _____ Zip _____

Birthdate ____/____/____ Grade in Fall 2018 _____ School in Fall 2018 _____

Race/Ethnic Background (opt.): Black or African American White Hispanic or Latino American Indian/Alaskan Native Asian or other Pacific Islander
 Other _____

Parent/Guardian* _____ Birthdate ____/____/____ Preferred E-mail _____

Work phone (____) _____ Home phone (____) _____ Cell phone (____) _____

Parent/Guardian* _____ Birthdate ____/____/____ Preferred E-mail _____

Work phone (____) _____ Home phone (____) _____ Cell phone (____) _____

Child resides with Mother Father Both Other _____

* Parent's/Guardian's address if different from child's _____

School Release Days for YMCA in Shoreview Mounds View ISD 621

2018: Location Check one

October 12 18 19 BA IL TL
November 2 19 20 21 BA IL TL
December 26 31 BA IL
December 27 28 BA IL TL

2019: Location Check one

January 17 18 21 BA IL TL
February 18 BA IL TL
March 14 15 18 19 BA IL TL
 20 21 BA IL TL
March 22 BA IL
April 5 19 BA IL TL
May 24 BA IL TL
June 6 7 BA IL

KEY: BA : Bel Air
IL : Island Lake
TL : Turtle Lake

COST: \$43 per child/day \$53 per child per day for registration received after the Monday, one week prior to service.

CHILDCARE SUBSIDY PROVIDER INFORMATION: A current "Authorization of Service" must be on file before your child care may be billed to a county/third party agency. Parent/Guardian is responsible for full payment until "Authorization of Service" is received.

Our family currently receives childcare assistance from: County _____ Third Party Agency Other _____

Agency/County Worker's Name _____ Phone Number _____

Case # _____ Paperwork submitted to County/Agency: Yes No

Third Party Name: _____ Third Member #: _____

PAYMENT: Fees are due Monday, one week prior to the Release Day.

Check/Cash Enclosed: Check # _____ Amount: \$ _____

Credit Card choose one: **Note: Per PCI Compliance, credit cards are not stored in the system. Numbers are not on file.**

Pay total balance for all registered Release Days now. Amount: \$ _____

Pay current balance now. Remaining balance charged via EFT Monday, one week prior. Amount: \$ _____

Pay current balance now. Remaining balance billed, due Monday one week prior. Pay online/mail/phone/in-person. Amount: \$ _____

Name on Card _____ Card Number: _____ Exp Date: _____

I agree to pay above total amount according to card issuer agreement and authorize EFT if selected above:

YMCA SCHOOL AGE CARE HEALTH INFORMATION 2018-2019
YMCA IN SHOREVIEW SERVING MOUNDS VIEW ISD 621

If current SAC participant, Health Information not needed.

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION

The following people should be contacted in case of emergency, only if parent(s) or guardian cannot be reached AND are authorized to pick up the child:

1. Name _____

Relationship to child _____

Phone: Day (____) _____ Cell (____) _____

2. Name _____

Relationship to child _____

Phone: Day (____) _____ Cell (____) _____

Family Doctor _____

Phone (____) _____

Family Dentist _____

Phone (____) _____

HEALTH INFORMATION

Do you carry family medical/hospital insurance? Yes No Carrier _____

Policy/Group # _____

Month, date and year of most recent immunizations: **Information required including specific dates. Or attach Immunization Record.**

DTP _____ Polio _____ Hep. B _____ MMR _____ HIB _____

Hep. A _____ Tetanus _____ VAR _____ PCV _____

Or Conscientious Objector

Parent/Guardian Signature _____

Is the child taking any medications? Yes No

If yes, what kind and why: _____

If medication needs to be administered during the program, a Medication Permission Form must be completed. Call the YMCA for this form, or pick it up at your site.

Has child had any of the following? If so, please explain:

Special needs _____

If special accommodations are required, contact the YMCA Customer Service Center at 612-230-9622 to be directed to appropriate staff.

Allergies _____

Asthma _____

Dietary restriction/s _____

Chronic or recurring illnesses _____

Operations or serious injuries (include date/s) _____

Status of child's vision, hearing, and speech _____

Does your child have a communicable disease or condition which may prove to be a risk to others? Yes No If yes, please comment:

Description of any activities from which the participant should be exempted for health reasons: _____

Describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at YMCA programs: _____

Record of Past Medical Treatment. Chronic Concerns: Check all that pertain to this camper/participant and provide information about supportive health care.

Asthma Bed Wetting Bleeding/Clotting Disorder Convulsions/Epilepsy Diabetes Frequent Ear Infections

Heart Defect/Disease Hypertension Sleep Disorder Surgeries Other

Provide information about supportive health care need for each item checked (i.e. normal peak flow, normal blood sugar) _____

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

EFFECTIVE 8/01/13

In consideration of participating in YMCA activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence the YMCA of the Greater Twin Cities (hereinafter referred to as YMCA) and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

- 1. 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. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My/My child's participation in these activities is purely voluntary and we elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I or my child are unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my/my child's participation in these activities, or our use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct or conduct that constitutes greater than ordinary negligence. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I or my child may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I/my child have no medical or physical conditions which could interfere with our safety in these activities, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

PARENT/GUARDIAN AUTHORIZATION SECTION -- TRANSPORTATION/MEDICAL

- 1. In the event that I/my child need immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency services as needed.
2. I give permission for myself and/or my child to be transported by the YMCA as needed for field trips, inclement weather, or late pick up. I also give my permission to participate in walking field trips.
3. I also give permission for myself or my child to enter Canada with the YMCA. I also understand that I/my child will need to bring our passport to camp if the trip involves such travel to Canada.
4. I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise.
5. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers.
6. If I or my child requires use and administration of an epi-pen, prescription or over the counter medication, it is my responsibility to ensure that the epi-pen and/or medication are on me or my child or within our personal belongings every day of the program. If YMCA staff is required to administer and use the epi-pen and/or medication, I agree to forever release and discharge the YMCA and its directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen and/or medication.

GENERAL

- 1. I hereby release all pictures of myself or my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.
2. I give my permission for the YMCA to administer sunscreen as needed and to change my child's diaper while my child is in their care.
3. I acknowledge that certain sections of this waiver may not apply to me and/or my child and the programs or activities that we have chosen but agree to be bound by any applicable language.

By signing this document, I agree that if I or my child is hurt or our property is damaged during participation in these activities, then I or my child may be found by a court of law to have waived our right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if the YMCA did not utilize waivers as a method to lower insurance and administrative costs. I have read and understood this document and I agree to be bound by its terms.

Signature _____ Print Name _____

Address _____ City _____ State _____ Zip _____

Telephone (_____) _____ Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian _____ Print Name _____ Date _____