



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

# WHEN SCHOOL IS OUT THE Y IS IN

**School's Out Fun Club**  
**ARMBRUST YMCA**



Need a fun place for your child when they are out of school? The Armbrust YMCA's Schools Out Fun Club will give your child a chance to be creative and have fun! Children will enjoy swimming, arts and crafts, games, reading time, outdoor activities and more. Hours are weekdays, 7:00 a.m.- 6:00 p.m.

The school year's themes include (check all that apply):

- October 14**– Science Day
- October 15**– Pumpkin Day
- October 16**– Halloween Day
- December 21**– Pajama Day
- December 22**– Snowman Day
- December 23**– Christmas Day
- December 28**– Fort Making Day
- December 29**– Board/Card Game Day
- December 30**– Lego/Building Day
- December 31**– New Year's Eve Day
- February 11**– Magic Day
- February 12**– Valentine's Day
- February 15**– Team Building Day
- March 14**– Field Trip Week.1
- March 15**– Field Trip Week.2
- March 16**– Field Trip Week.3
- March 17**– Field Trip Week.4
- March 18**– Field Trip Week.5

Members: \$32/day  
Non members: \$44/day

One time registration fee: \$5/child

**ARMBRUST FAMILY YMCA**  
**5404 S. 168TH ST. • OMAHA NE • 402.896.4200**

## REQUIRED INFORMATION

ANY KNOWN ALLERGIES? \_\_\_\_\_

ANY KNOWN SPECIAL NEEDS OR HEALTH ISSUES? \_\_\_\_\_

ANY ACTIVITIES YOUR CHILD MAY NOT ENGAGE IN? \_\_\_\_\_

ANYONE UNAUTHORIZED TO PICK UP OR VISIT? \_\_\_\_\_

FIRST AND LAST NAME

## PAYMENT INFORMATION

**CONVENIENT AUTOMATIC PAYMENT OPTIONS:** We are offering automatic payment. Payment will be drafted on the due date. If you would like automatic payments please check the credit card or bank draft option and fill out the information below.

### EFT/BANK DRAFT

- Please use the account the YMCA has on file. Please be ready to verify this information at the time of registration.
- I will provide my account information at the time of registration. Account type, checking or savings, routing number and account number will be needed.

### DEBIT/CREDIT CARD DRAFT

Card Type (check one):  Visa  MasterCard  American Express  Discover

Please use the account the YMCA has on file. Last 4 Numbers of Credit Card:

- \_\_\_\_\_
- I will provide my credit card information at the time of registration.

**PAYMENT AGREEMENT:** Payment is due the day of. Payment is due in full. If a payment is not paid by your child will not be allowed to participate until payment is made.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FEES

The non-refundable registration fee are due prior to your child's participation in School's Out.

A \$5 deposit is due for each day to hold your child's spot. Non-refundable.

You are responsible for all fees associated with each month for which your child is registered.

Other activities will be offered throughout the year for an additional fee.

In order to receive the YMCA member fee, the participant(s) must be a YMCA member.

# CHILD INFORMATION & HEALTH FORM

Child: First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

### Family's Annual Income

- Under \$10,000
- \$10,000 - \$19,000
- \$20,000-\$29,000
- \$30,000-\$39,000
- \$40,000-\$49,000
- \$50,000-\$59,000
- \$60,000 and over
- Unknown

### Ethnic Background

- Hispanic or Latino
- Not Hispanic
- Unknown

### Race

- Native American
- Asian
- Black
- Pacific Islander
- White
- Other
- Unknown

How did you hear about us? \_\_\_\_\_

Mother's (or Guardian) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mother's DOB \_\_\_\_\_ (We must have this to register your child)

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Employed By \_\_\_\_\_ Address \_\_\_\_\_

Father's (or Guardian) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Father's DOB \_\_\_\_\_ (We must have this to register your child)

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Employed By \_\_\_\_\_ Address \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

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

Name of Dentist \_\_\_\_\_ Phone \_\_\_\_\_

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

**In case of EMERGENCY, we should contact the following person(s) if parents cannot be reached: (Please list names in order you would like them to be called)**

A. \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

B. \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

C. \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

D. \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

E. \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

F. \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

## GENERAL HEALTH QUESTIONS

Medication, if any: \_\_\_\_\_ Possible side effects: \_\_\_\_\_

Will this medication be taken while he/she is at School's Out?  Yes  No

**Please note, it is the parent's responsibility to supply the staff with the medication paperwork and directions.**

Any recent operations, accidents, broken bones, vision or hearing conditions, or illnesses we should be aware of?  
\_\_\_\_\_

Any special devices used (glasses, hearing aids, crutches, etc.)? \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Does your child have any fears we should be aware of? (insects, water, heights, animals, etc.)  
\_\_\_\_\_

Has any event occurred that could cause an emotional concern that we should be aware of? (Death in the family, divorce, etc.?)  
\_\_\_\_\_

Any known intolerance to food, insect bites/stings, or other factors that result in medical reaction? Please provide us with clear instructions in the event of an exposure to the factor.

## AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I (we) expect to be notified at once in case of accident or illness to my/our child; I/we will make arrangements for medical care of my/our child with the physician or hospital of my/our choice; If I/we cannot be reached to make the necessary arrangements, I/we hereby authorize the YMCA to contact:

Dr. \_\_\_\_\_ at \_\_\_\_\_  
ADDRESS PHONE

or the nearest hospital for emergency medical treatment of \_\_\_\_\_  
CHILD'S NAME

Furthermore, I/we certify that my child is, to my/our knowledge, in good health and free of disabilities that would endanger him/her or other children in the YMCA programs.

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

### Parent/Guardian Permission (check all that apply)

- My Child has permission to swim
- I give my child permission to participate in field trips.
- I give to the YMCA, its nominees, agents and assigns, unlimited permission to use and publish testimonials, photos, videos, etc. for purposes of advertising and/or education.

Parent Signature: \_\_\_\_\_

## TRANSPORTATION RELEASE

Parent or guardian: This form must be completed entirely as a necessary prerequisite for participation in transportation services. The YMCA of Greater Omaha (referred to as the "Association") is funded by public support and operated by the YMCA. The participant listed is participating in a YMCA program operated by the Association. The participant listed is requesting transportation to and from programs. Transportation may be provided by a private provider, a YMCA owned and operated vehicle and/or public transportation systems in the area. I (we) the undersigned understand and authorize the YMCA to transport my child to and from activities offered by the Association. The signing of this permission slip releases and indemnifies the YMCA Association and its agents and/or employees from all liabilities, damages and any claims made by the child or on behalf of the child, including medical expenses incurred, should serious injury, loss of property, damages or death occur as a result of his/her participation in the transportation program. We fully understand the nature of the transportation services and the risk of serious injury, loss of property, damages or death associated with these services.

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA Association, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his **personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein,** or participating in any program affiliated with the YMCA, without respect to location.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from **any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA Association premises or in any way observing or using any facilities or equipment of the Association or participating in** any program affiliated with the Association whether caused by the negligence of the releases or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA Association and/ or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the **Association.**

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is **intended to be as broad and inclusive as is permitted by the law of the State and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.**

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing **written agreement have been made.**

I HAVE READ THIS RELEASE (Parent and/or Guardian)

\_\_\_\_\_ Printed name of participant (First, Middle, Last,  
Suffix (Jr./Sr./II/III))

\_\_\_\_\_ Signature of parent or guardian

\_\_\_\_\_ Date of signature

\_\_\_\_\_ Other names used by parent or guardian  
(Maiden/Previous Married/Alias/Nicknames)