

**PLEASE PUT  
YOUR CHILD'S  
MOST RECENT  
SCHOOL PICTURE  
HERE**

## 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 4 days prior to 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:** Weekly payment is due on the Thursday before the start of each week. Payment is due in full. A maximum of two days can be attended if you have not paid your payment. If payment has not been made by the third day your child cannot attend until payment is made.

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

## FEES

- The non-refundable registration fee(s), non-refundable deposit fee(s) and weekly fee(s) are due prior to your child's participation in After School Program.
- The registration fee is a one-time \$20 administrative fee.
- A \$10 late fee will be assessed if the balance is not paid by the due dates.
- All weeks are filled on a first-come, first-served basis.
- You are responsible for all fees associated with each week for which your child is registered.
- Other activities will be offered throughout the summer 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 \_\_\_\_\_ Grade going into \_\_\_\_\_

### 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 \_\_\_\_\_

### Authorized person(s) to take child from site:

(You MUST list anyone who may pick up your child, including parents or guardians and emergency contacts)

A. \_\_\_\_\_ Relation to child \_\_\_\_\_

B. \_\_\_\_\_ Relation to child \_\_\_\_\_

C. \_\_\_\_\_ Relation to child \_\_\_\_\_

D. \_\_\_\_\_ Relation to child \_\_\_\_\_

Please list any additional names on an additional sheet of paper.

Please speak with the Director if there is a person that is NOT authorized to pick-up or see child.

# GENERAL HEALTH QUESTIONS

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

Will this medication be taken while he/she is at Summer Day Camp?  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 \_\_\_\_\_

Names and ages of child's brothers and sisters: \_\_\_\_\_

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 \_\_\_\_\_

## MEDICATION PERMISSION AND COMPETENCY

I \_\_\_\_\_ have determined that the YMCA staff is competent to give or apply medication to my child(ren). I understand that YMCA has the responsibility to assess the ability of staff to give or apply medication safely and may give or apply medications to my child.

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

Date: \_\_\_\_\_

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

- My child has permission to swim during camp.
- My child has permission to swim in the deep end.  
Swimming ability: Non-Swimmer  Fair  Good   
**Child must pass a deepwater test prior to being allowed to swim in the deep end each day.**
- I give my child permission to participate in field trips during camp. **Field Trips will include both walking and bus transportation.**
- 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.

Signature \_\_\_\_\_

### Dept. of Health & Human Services Required Info:

- A copy of your child's current immunization records.
- Signature of receipt of parent brochure will be provided by the YMCA.
- Description of Services Form will be provided by the YMCA.
- Photo of child requested by the YMCA attached.

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

# 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 it's 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)