



Chesterfield ASC 2020-2021

Start Date _____	Fee paid _____	Office Use Only:	Grant <input type="checkbox"/>	Scholarship <input type="checkbox"/>
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Child:

Name: _____ Birthdate: _____
 Address: _____ Grade Level _____
 Home Phone: _____ Sex: M F YMCA Member: Yes No

Parent information: **First name provided will be used for tax purposes.*

*Name: _____	Name: _____
Employer: _____	Employer: _____
Cell/Work phone _____	Cell/Work phone: _____
Date of Birth _____	Date of Birth _____

Emergency Contact/Authorized Pick-up:

Contact (1)

Name: _____
 Relationship to Child: _____
 Phone: _____
 Emergency Contact: Yes No
 Authorized Pickup: Yes No

Contact (2)

Name: _____
 Relationship to Child: _____
 Phone: _____
 Emergency Contact: Yes No
 Authorized Pickup: Yes No

Release: In consideration of the YMCA's agreement to provide childcare, I give my consent for full participation by this child in all activities. In case of emergency, I give the YMCA permission to seek and use medical help. I accept all risks incidental to activities and do hereby release the YMCA, its officers and its representatives from all liability deriving from pursuits of said activities by my child.

Signature of Parent/Guardian: _____	Date: _____
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Medical Information

Physician: _____	Phone #: _____
Address: _____	City: _____
Dentist _____	Phone #: _____
Address: _____	City: _____
Preferred Hospital: _____	
Allergies/Medical Problems: _____	

Emergency Transportation Authorization:

Authorization Date: _____	Parent Signature: _____
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Special instructions (if any): _____

Field Trip Release

In consideration of the YMCA’s agreement to have field trips, I give my consent for full participation by this child in all activities. I accept all risks incidental to related activities and do hereby release the YMCA, its officers, and its representatives from all liability deriving from pursuits of said activities by my child.

Parent initial _____

Acknowledgements and Waivers (Please initial)

_____ I understand the registration fee is nonrefundable and must be paid along with the first week’s fee with the submission of this application.

_____ I understand payments are due by 6pm the Friday before each week begins, and I will be assessed a \$10 late fee if I fail to submit a payment by Monday at 6pm.

_____ I understand an additional \$5 will be charged for each ten minutes the child is not picked up after 6pm.

_____ I understand the YMCA agrees to notify me or a second guardian whenever the child becomes ill. If I am unable to be reached, I authorize the YMCA and its staff to obtain immediate medical care if any emergency occurs. I understand and accept that in an emergency, my child may be transported in a private vehicle.

_____ While the Hartsville Family YMCA will make every effort to provide reasonable accommodations for children with mental and physical limitations, the YMCA will not accept children who are (1) a danger to themselves, (2) a danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy their activities/programs. Any of the above will be grounds for dismissal. Special conditions or circumstances involving children with limitations must be discussed with the director prior to registration so that administration can make a determination if reasonable accommodations can be made.

_____ I hereby give permission to the Hartsville Family YMCA without limitation or obligation to use photographs, film footage, or tape recording which may include my child’s image or voice for purposes of promotion of YMCA programs and release the YMCA from any claims of liability to that use. I understand if I wish to object to the release of such material, I must send a written letter to the director of the program indicating my objections.

Additional Emergency Contact/Authorized Pick-up:

Contact (3)

Name: _____
Relationship to Child: _____
Phone: _____
Emergency Contact: Yes No
Authorized Pickup: Yes No

Contact (4)

Name: _____
Relationship to Child: _____
Phone: _____
Emergency Contact: Yes No
Authorized Pickup: Yes No

Notes to the YMCA After School Care Staff:

