



Mark Branch of Choice	
<input type="checkbox"/>	Cleveland Family YMCA
<input type="checkbox"/>	J.A. Henry Community YMCA
<input type="checkbox"/>	N. Georgia Community YMCA

For Office Use Only-Weekly Fee:	
YMCA Member _____	Case Manager _____
Non-Member _____	Registration _____
Scholarship _____	Paid/Date _____
Certificate Fee _____	Staff Initials _____

**Child's Information: (Please, only one child per registration form.)**

Child's Name \_\_\_\_\_  
 SS# (last 4 digits) \_\_\_\_\_ Birthday \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Age \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Height \_\_\_\_\_  
 Weight \_\_\_\_\_ Build \_\_\_\_\_ Grade \_\_\_\_\_

SCHOOL ATTENDING

**Parent/Guardian's Information:**

Email: \_\_\_\_\_ Child lives with:  Mother  Father  Both  Other \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Mother's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Father's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

**GIVE NAMES AND PHONE NUMBERS OF TWO PEOPLE TO CALL IF YOU CANNOT BE REACHED:**

Emergency #1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Emergency #2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

*(Please include a copy of insurance card)*

**LIST NAMES AND PHONE NUMBERS OF PERSONS AUTHORIZED TO PICK UP YOUR CHILD:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**LIST ANYONE NOT AUTHORIZED TO PICK UP YOUR CHILD: (Please Explain)**

Name: \_\_\_\_\_

*(If the person is a legal parent/guardian you must have legal documents from the court stating this person is not allowed to pick up your child.)*

Is there any reason you child may not be able to participate in all of the activities associated with the program. This may include; allergies, physical, cognitive, neuro or mental health challenges. Specific details: \_\_\_\_\_

My signature below indicates that this registration form is correct to the best of my knowledge and the child herein described has permission to engage in all prescribed activities except those noted by me. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my child. I have read the rules and policies of the YMCA Child Care program and understand the YMCA adheres to these rules. I agree to follow the policies of the YMCA. I understand that my failure to do so may result in our being discharged from the program. I understand that payment is expected in advance and that there will be a late fee assessment should I neglect to pay on time. I understand that the YMCA is mandated by law to report any suspected child abuse or neglect to the appropriate authorities for investigation. I hereby consent to the use of my child's likeness in photographs, film, videotape or website for use in editorial, illustrated or promotional purposes and social media.

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

The YMCA considers all registrations without regard to race, color, religion, sex, national origin, or the presence of medical condition or handicap. However, the YMCA does reserve the right to refuse admission to any child who may require a level of attention beyond that which the YMCA programs are designed to accommodate or who may require specialized training that may prevent the YMCA staff from adequately meeting the needs of the child. Limited financial assistance is available.

**YMCA Agreement Form - Please read carefully and sign below. Please initial beside each number.**

- \_\_\_\_1. The YMCA considers all registrations without regard to race, color, religion, sex, national origin and presence of medical condition or handicap. However, the YMCA does reserve the right to refuse admission to any child who may require a level of attention beyond that which YMCA programs are designed to accommodate or require specialized training that may prevent YMCA staff from adequately meeting the needs of the child.
- \_\_\_\_2. I can provide evidence that my child has the age-appropriate immunizations or a signed affidavit against such immunizations.
- \_\_\_\_3. I understand that the YMCA does not provide health insurance coverage for participants. I am responsible for my own coverage.
- \_\_\_\_4. The YMCA agrees to provide after school care for my child's Monday-Friday when school is in session between the dismissal of school until 6:00 p.m. My child will be provided with an afternoon snack each day.
- \_\_\_\_5. I understand that YMCA staff and volunteers are not allowed to baby sit or transport children at any time outside of the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.
- \_\_\_\_6. I understand that enrolling by child in the YMCA program that I have committed to the program for the program term and that I am charged regardless of my child's participation. I understand that in order to remove my child from the YMCA program, I must fill out a YMCA exit form at least one week prior to my child's last day of attendance.
- \_\_\_\_7. I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.
- \_\_\_\_8. I understand that I must escort my child to and from the facility. My child will not be allowed to enter or leave the program with an unauthorized person. Any person authorized to pick up my child must either be listed with the YMCA or other arrangements must be made by calling the YMCA office to inform them of a change. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur (i.e. telephone numbers, work location, emergency contacts, child's physician, child's health status, and immunization records).
- \_\_\_\_9. 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.
- \_\_\_\_10. I give permission to the YMCA to transport my child to and from field trips, schools, and/or swimming.
- \_\_\_\_11. Before any medication is dispensed to my child, I will provide a written authorization, which includes: name of my child, date, name of medication, prescription number, dosage, date of day, and time of day. Medicine will be in the original container with my child's name marked on it.
- \_\_\_\_12. The YMCA agrees to keep me informed of any incidents, including illness, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.
- \_\_\_\_13. The YMCA encourages parent participation in the program.
- \_\_\_\_14. I understand I have the right to access the program at any time my child is in care.

I HAVE READ AND UNDERSTAND THE STATEMENTS ABOVE.

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

## Emergency Information and Contacts:

GIVE NAMES AND PHONE NUMBERS OF THREE PEOPLE TO CALL IF YOU CANNOT BE REACHED:

(These people are authorized to pick up child)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Insurance Information:

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Special Accommodations:

My child has the following special needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child has the following known allergies: \_\_\_\_\_

\_\_\_\_\_

My child is on the following medications for long term continuous use \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child has the following pre-existing illness or health concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# CHILD'S HEALTH HISTORY CHECKLIST

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

The answers to these questions will help us to know if your child has any medical problems. We need this information in case he/she should become ill and we would be unable to reach you right away. Please circle the appropriate answer, and detail at the bottom.

## Pregnancy and Birth:

1. Yes No Were there any problems with pregnancy or your child's birth?
2. Yes No Was his/her birth weight under 5 \_ pounds?
3. Yes No Did the baby have any problems in the hospital?

## Medical Problems:

4. Yes No Has your child ever been in the hospital overnight?
5. Yes No Is your child taking any medications?
6. Yes No Any allergies or reactions to medicine, immunizations or insects?
7. Yes No Does your child have any food allergies?
8. Yes No Has your child had asthma or wheezing?
9. Yes No Does your child have speech or hearing problems?
10. Yes No Has your child has more than two ear infections in a year?
11. Yes No Has your child had tonsillitis?
12. Yes No Does your child have trouble with his/her eyes?
13. Yes No Has your child had a bladder or kidney infection?
14. Yes No Does he/she have burning while urinating?
15. Yes No Does he/she have seizures, fits or shaking spells?
16. Yes No Have you ever been told your child has a heart murmur?
17. Yes No Has your child ever had a bumpy or swollen reaction to a TB test?
18. Yes No Has your child ever been with anyone who has TB?
19. Yes No Has your child ever had worms?
20. Yes No Does your child scratch his/her genital area? Any redness or soreness?
21. Yes No Is your child a hemophiliac (free bleeder)?
22. Yes No Does your child have tubes in his/her ears?

**We ask that you circle the answers to these questions after you print the form.**

## General Development:

23. Yes No Does your child get along well with other children?
24. Yes No Is he/she usually happy?
25. Yes No Does your child have any special needs not indicated above?
26. Yes No When did you child last see a doctor? \_\_\_\_\_
27. Yes No Is your child able to play as hard as other children?

Details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Program Participant and Guest Release & Waiver

Physical exercise, training and related activities can be strenuous and may cause serious injury. The YMCA of Metropolitan Chattanooga, Inc. ("YMCA") urges every member to obtain a physical examination from a medical doctor before using any exercise equipment or participating in any exercise or training class, related activity or YMCA sponsored program event or before undergoing changes in diet including the use of food supplements, weight reduction and/or body building enhancement products.

I, the undersigned agree to follow all rules and regulations of the YMCA while in, upon or about the premises or while using or observing the premises or any facilities or equipment, and understand and agree that I may be expelled at any time, for failure to abide by such rules and regulations.

I, the undersigned, agree to ensure that my child(ren), dependent(s), and/or other minors for whom I am responsible or for whose presence at the YMCA I am responsible follow all rules and regulations of the YMCA while in, upon or about the premises or while using or observing the premises or any facilities or equipment, and understand and agree that my child(ren), dependent(s) and/or other minors for whom I am responsible or for whose presence at YMCA I am responsible may be expelled at any time, with no refund of any monies paid, for failure to abide by such rules and regulations.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVING OR USING ANY FACILITIES OR EQUIPMENT, OR PARTICIPATING IN ANY ON-SITE OR OFF-SITE PROGRAM, ACTIVITY OR CLASS AFFILIATED WITH THE YMCA, INCLUDING USE OF THE YMCA DAY CARE FACILITIES, THE UNDERSIGNED HEREBY AGREE TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF HIS OR HER CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or his or her children and all their respective personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned or his or her children, whether or not caused by the negligence of any person, the releasees or otherwise while the undersigned or his or her children is in, upon, or about the YMCA premises or any facilities or equipment therein or participating in any program, class or activity affiliated with the YMCA without respect as to location.

2. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF HIS OR HER CHILDREN, HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or his or her children in, upon or about the YMCA premises or in any way observing the use of or using any facilities or equipment of the YMCA or participating in any program, class or activity affiliated with the YMCA without respect as to location whether or not caused by the negligence of any person, the releasees or otherwise.

3. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF HIS OR HER CHILDREN, HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or his or her children whether or not caused by the negligence of any person, the releasees or otherwise while in, about or upon the premises of the YMCA and/or while observing the use of the premises or any facilities or equipment thereon or participating in any program, class or activity affiliated with the YMCA without respect as to location.

The undersigned, on his or her behalf and behalf of such children, specifically assumes all risks of personal injury, property loss, or damages whatsoever including risks associated with racquet sports, aerobics, yoga, fitness classes, fitness equipment, exercise, swimming, weights, locker room, sauna, parking, child care or in any program, class or activity affiliated with the YMCA without respect as to location. This assumption of risk also includes environmental, theft, and contagion risks in addition to risk associated with use of the YMCA's health and fitness advisory services.

4. IF THE UNDERSIGNED IS PLACING HIS OR HER CHILDREN IN A YMCA CHILD'S PROGRAM, ACTIVITY OR EVENT, THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY acknowledges that having his or her child or children participate in such activities may include inherent risks, hazards, and dangers that cannot necessarily be predicted or controlled. The Undersigned further understands that not all inherent risks, hazards and dangers can be eliminated, and that the inherent risks of the such activities can cause property damage, injury, illness, paralysis or death. Some of the activities such children may be involved with include, but are not limited to: wilderness travel and activities, bouldering, rock climbing, crafts, mountain biking, ropes challenge courses, archery, rafting, swimming, horseback riding, fishing, overnight camping, and other program activities.

5. THIS RELEASE & WAIVER SHALL BE GOVERNED BY AND CONSTRUED UNDER THE APPLICABLE LAWS OF THE STATE OF TENNESSEE. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Tennessee 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 HAVE READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no one has made any oral representations, statements or inducement other than as set forth above in writing.

\_\_\_\_\_  
Print Name of Minor Child Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Minor Child Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Minor Child Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Participant/Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Minor Child Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant/Parent

\_\_\_\_\_  
Date

# Homework & Grade Information Release

I would like my child to participate in after school education and homework time.

I give permission for the YMCA to access my child's grades during each 9-week grading period during the current school year.

I understand my child's grades will be submitted to the YMCA from the school and will be used for the development of my child's after school educational plan to focus on reading and math. This plan will be developed and implemented by YMCA staff for use in the YMCA After School program.

I understand that I may revoke this Release at any time by giving written revocation to my child's school with a copy to the YMCA.

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

Social Security Number (last four digits) XXX-XX- \_\_\_\_\_

School \_\_\_\_\_

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

Parent/Guardian Name (please print) \_\_\_\_\_

Date of Signature \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Credit/Debit Card Authorization Form

Parent Initial: \_\_\_\_\_ I understand that my card will be drafted every Friday for the upcoming week that school is in session. I also understand that I must notify the YMCA program office by 5:00 p.m. on the Wednesday prior to the weekly draft if any changes need to be made in my child's program attendance for the upcoming week. I understand that if my weekly draft is returned it will be charged a \$20 return fee and services may be terminated if return drafts become excessive.

I hereby authorize the YMCA to charge my credit/debit card weekly for program fees in the amount of \$\_\_\_\_\_.

Please Check:      Discover      Mastercard      Visa      American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

Cardholders Name Print: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_

**Cards will be drafted on Friday morning prior to the week of service.**

### YMCA OF METROPOLITAN CHATTANOOGA

301 West 6th Street • Chattanooga, TN 37402 • 423.265.8834

The mission of the YMCA is to put Christian principles into practice through programs that build healthy spirit, mind and body for all.

In proclaiming our foundation in Christian principles, the YMCA of Metropolitan Chattanooga follows the examples of Jesus Christ by loving people for who they are where they are, and by demonstrating respect, caring honesty, and responsibility toward individuals and families without regard to religious beliefs, gender, age, physical abilities or financial status.