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the a	Cleveland	Hamilton	North Georgia			
SCHOOL'S OUT	Downtown	J.A. Henry	YMCA Healthy Living Center at North River			
DAY CAMP						
APPLICATION	Scann	ed 🔲 At	ached			
Child's Information: (Please, only	one child per registration form.)					
Name	SS# (la	st 4 digits)	Birthday			
			-			
Male Female Age* Ha		t vveigr	t Grade			
must be 5 years old and completed kindelga	alten.					
Parent/Guardian's Information:						
Email Address:		Cell Pho	ne:			
Mother's Name:						
Address:						
City:		State: Zip:				
Mother's Employer:	Work Phone:	Work H	ours:			
Address:	City:	State:	Zip:			
Father's Name:	Birth Date:	Home Ph	one:			
Address:						
City:		State: Zip	D:			
Email Address:		Cell Pho	ne:			
Father's Employer:	Work Phone:	Work H	lours:			
Address:	•		Zip:			
Marital Status: 🔲 Married 🔲 Separated		е				
Child's Legal Guardian(s): 🔲 Both Paren						
Child's Living Arrangements: Both Pa	rents 🗋 Mother 🗋 Father 🗋 Othe	r				
LIST NAMES AND PHONE NUMBE	RS OF PERSONS AUTHORIZED	TO PICK UP	YOUR CHILD:			
Name:		Relations	hip:			
Address:						
Phone:						
Name:		Relations	hip:			
Address:						
Phone:						
		Franksin)				
LIST ANYONE NOT AUTHORIZED 1	IO PICK UP YOUR CHILD: (Pleas	• •				

GIVE NAMES AND PHONE NUMBERS OF TH	IREE 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:		
Physician Information:		
Name:	Phon	e:
Address:		
City:		Zip:
Insurance Information:		
Insurance Company:	Policy Number:	
Special Accomodations:		
My child has the following special needs:		
,		
My child has the following known allergies:		
,		
My child is on the following medications for long ter	m continuous use	
, , , , , , , , , , , , , , , , , , , ,		
My child has the following pre-existing illness or hea	alth concerns:	

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.

Parent/Guardian Signature: _

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.

Date:

CHILD'S HEALTH HISTORY CHECKLIST

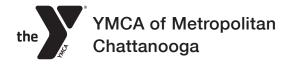
Parent/Guardian Name:	Child's N	lame:	Birth Date:
The answers to these questions will help us to know if your child has any medical problems. We need this information in case he/she should become ill and we would be unable to reach you right away. Please circle the appropriate answer, and detail at the bottom. Pregnancy and Birth: 1. Yes No Were there any problems with pregnancy or your child's birth? 2. Yes No 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 Does your child have any food allergies? 8. Yes No Has your child have speech or hearing problems? 10. Yes No Does your child has more than two ear infections in a year? 11. Yes No Has your child have trouble with his/her eyes? 13. Yes No Does how child have trouble with his/her eyes? 14. Yes No Does how child have trouble with his/her eyes? 15. Yes No Does he/she have seizures, fits or shaking spells? 16. Yes No Does he/she have seizures, fits or shaking spells? 17. Yes No Has your child ever been told your child has a heart murmur? 17. Yes No Has your child ever been with anyone who has TE? 19. Yes No Has your child ever been with anyone who has TE? 19. Yes No Has your child ever had worms? 20. Yes No Does your child and momphiliac (free bleeder)? 21. Yes No Is your child a hemophiliac (free bleeder)? 22. Yes No Does your child and momphiliac (free bleeder)? 23. Yes No Does your child have tubes in his/her ears? General Development: 23. Yes No Does your child at an any special needs not indicated above? 24. Yes No Does your child have any special needs not indicated above? 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?	Parer	nt/Gu	ardian Name:
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Details:	27. Yes	No	Is your child able to play as hard as other children?
	Details:		

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

- _1. 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 noted by me.
- __2. I understand that the YMCA does not provide health insurance coverage for participants. I am responsible for my own coverage.
- __3. I understand that YMCA staff and volunteers are not allowed to baby sit or transport children at any time outside of the YMCA program.
- __4. I understand that payment is expected the week prior to service and that there will be a \$10 late fee assessed should I neglect to pay on time.
- 5. I understand that by enrolling my child in the YMCA program I have committed to the program for the program term and that I am charged regardless of my child's participation.
- __6. 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.
- ____7. I understand that my child will not be allowed to 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.
- 8. 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.
 - _9. I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- __10. I understand the YMCA Child Care Handbook is available at www.ymcachattanooga.org and am aware of the policies and procedures listed within.

- ___11. I understand this program operates under an exemption and is not licensed.
- 12. I hereby consent to the use of my child's likeness in photographs, film or videotape for use in editorial, illustration or promotional purposes (including Social Media).
- __13. 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.
- ____14. My child's health history and shot record is current and on file at the YMCA locaton listed on the registration form.
- 15. I give permission to the YMCA to transport my child to and from field trips, schools, and/or swimming.
- 16. 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.
- ____17. I understand that I am responsible for providing **spray** sunscreen labeled with my child's name.
- __18. 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).

I would like to receive email messages from the Y.



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 chil(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 using 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

School's Out – Dates

WEEK	CIRCLE THE DAYS YOUR CHILD WILL ATTEND					
March 23 – 27	М	Т	W	Т	F	
March 30 – April 3	М	Т	W	Т	F	
April 6 – 10	М	Т	W	Т	F	
April 13 – 17	М	Т	W	Т	F	
Fee:	Fee is \$110 per child per week					
	Your hospital employer will be invoiced for these services, please check with your administrator to learn their payment collection plan.					



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.

