

# 2019-2020 SCHOOL YEAR REGISTRATION

Please only list **ONE CHILD PER FORM** and attach a recent **WALLET SIZE PHOTO AND IMMUNIZATION CERTIFICATE**

**Print legibly, complete all fields and include your registration fee**

First day child will attend	Email address <small>(to receive important program updates and registration information)</small>
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**CHILD'S INFORMATION**

First name	Middle initial	Last name	Date of birth / /	Gender M or F
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Race (circle one)	Caucasian/white	African American/black	Multi racial	Asian American	Native American	Native Hawaiian/Pacific Islander	Other
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Physical conditions/special needs/IEP	Medications/Allergies
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To better serve your child, please circle if he/she has been diagnosed with any of the following:

ADD/ADHD	Convulsions	Bleeding/Clotting Disorders	Autism	Aspergers	Fragile X	Cerebral Palsy	Bipolar Disorder	Tourettes
Rhett Syndrome	Down Syndrome	Chronic Health Problems	Asthma/Severe Allergies	Heart defect/disease	Diabetes	Other		

Name of Child's School	Grade in School (2019-2020)
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Participation	<input type="checkbox"/> After-School Care	<input type="checkbox"/> Holiday Camp	<input type="checkbox"/> Both
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**1st PARENT/GUARDIAN**

Name	Relationship to Child	Date of Birth / /	
Address	City	State	Zip
Primary phone	Cell Phone (for emergency communications)		
Work phone	Employer		

**2nd PARENT/GUARDIAN**

Name	Relationship to Child	Date of Birth / /	
Address	City	State	Zip
Primary phone	Cell Phone (for emergency communications)		
Work phone	Employer		

**UNITED WAY INFORMATION**

School lunch classification	<input type="checkbox"/> Free	<input type="checkbox"/> Reduced	<input type="checkbox"/> Full pay	Ethnicity	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic
Veteran status (circle any that apply)    Parent is current active military    Parent is a veteran    Neither parent is a veteran    Unknown						

**INSURANCE INFORMATION**

Health insurance company	Policy number
Name of physician	Physician phone
What is your preferred hospital in the event that your child needs medical attention	
Hospital Phone Number	

**PLEASE LIST ANY ADULT OTHER THAN THE ABOVE THAT MAY BE PICKING UP THIS CHILD OR THAT MAY BE CONTACTED IN AN EMERGENCY**

Name	Relationship to Child	Phone 1	Phone 2
Name	Relationship to Child	Phone 1	Phone 2

The YMCA has permission for my children to be photographed and/or interviewed for promotional purposes (circle one)    Yes    No

**You must choose one option below to process your registration. Drafts will occur each Monday of the current week, unless otherwise scheduled through our registration office.**

I am currently on draft. Please use the account on file ending in \_\_\_\_\_. **Authorized account holder signature** \_\_\_\_\_

Full payment attached. (Check or money order only!)     I would like to pay by credit card.

I am authorizing a NEW bank draft from my checking account and I have attached a voided check.

I have the legal authority to sign up the child named on this form and to the best of my knowledge the information on this application form is complete and accurate. I understand that my application will not be processed unless it includes the full fee or automatic draft authorization. I understand that the YMCA prohibits staff members from being alone with children they meet in YMCA programs outside of the YMCA. This includes but is not limited to baby-sitting, tutoring, sleep-overs, etc. In the event I cannot be reached in an emergency, I hereby give permission to the director of the program or designee to secure emergency medical services, including transportation and medical care. I also give permission for the attending physician to order injections, anesthesia or surgery for this child as named above. I understand that medical and accident insurance is the responsibility of the parent or guardian. I understand that this release may be revoked by me at any time by written request.

Signature	Date
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FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## PHOTO/ AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

**My Consent.** For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA), and/or Owensboro Family YMCA (YMCA), I give my consent, now and for all time, to YMCA of the USA, YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and/or revisions, throughout the world and forever.

I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

**Ownership, Confidentiality, and Shared Use.** With respect to any of the above uses, I further agree:

- All uses shall belong to YMCA of the USA and YMCA and either may share them with others;
- There is no obligation of confidentiality
- YMCA of the USA, YMCA, and collaborating third parties will not be liable for any use or disclosure to a third party
- YMCA of the USA and YMCA shall exclusively own all known or later existing rights to the uses worldwide.
- YMCA of the USA and YMCA can use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose and without compensation to me.

\_\_\_\_\_ I give my consent.

\_\_\_\_\_ I do NOT give my consent.

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

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

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

Age: \_\_\_\_\_

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

I am the Mother/Father/Legal Guardian of (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: \_\_\_\_\_

Printed name: \_\_\_\_\_

OWENSBORO FAMILY YMCA  
900 KENTUCKY PARKWAY  
OWENSBORO, KY 42301

# The Owensboro Family YMCA Child Abuse Prevention Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information and sign. A copy will be filed with your child's records. Thank you.

- **I understand that YMCA staff and volunteers are not allowed to baby-sit or transport my child at any time outside the YMCA program.** Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.
- **I understand that I am not to leave my young child or children at the YMCA or program site, unless a YMCA staff or volunteer is there to receive and supervise my child.**
- **I understand my child should not receive any gifts from YMCA staff or volunteers, and I should report this to a supervisor if they do.**
- **I understand that my child should not receive any personal letter or phone call from YMCA staff or volunteers, and I should report this to a supervisor if they do.**
- **I understand that my child should not receive any email address or personal address of a YMCA staff or volunteer, and I should report this to a supervisor if they do.** This includes the last day of Summer Day Camp.
- **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 including older siblings or other relatives must be listed with the Owensboro Family YMCA. Any other arrangements must be made by calling the YMCA office to inform them of a change.**
- **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 to recourse but to contact the police.**
- **I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience.** I too will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.
- **I understand that the YMCA is mandated by state law to report suspected cases of child abuse or neglect to the appropriate authorities for investigation.**

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Parent or Guardian Signature

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Date