



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

ENSURING A BRIGHTER FUTURE

**Teen After School Program
C.O. MILLER TEEN CENTER**

The YMCA will provide transportation for students from Grandview and Northview Middle Schools and bring them to the C.O. Miller Teen Center to participate in many different activities and homework assistance.

2:15-6:30pm

**YMCA Members: \$30 / month
Non-Members: \$45 / month**

**For more information contact
Wynn Pobletts, Teen Director,
at 828 578 4993 or
wynnp@ymcacv.org.**



**HICKORY FOUNDATION YMCA
701 1st St NW | Hickory NC 28601
828 324 2858 | www.ymcacv.org**

2018-2019 AFTER SCHOOL REGISTRATION FORM

YMCA Member Yes No

E-mail Address _____

Name of Child: _____ (_____)

First

Middle

Last

Name Called

Address: _____ City: _____ State: _____ Zip: _____

D.O.B.: _____ Age: _____ Sex: _____ School: _____ Last Grade Completed: _____

Child's Swimming Ability? None Beginner Moderate Advanced

List health conditions, allergies, special needs, and special interests: _____

Information about the Family

(Please check to indicate the parent to contact for payment and other questions)

Mother/Guardian's Name: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____ Cell Phone: _____

Father/Guardian's Name: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact

(If parent or guardian cannot be located)

Name: _____ Relationship: _____ Home Phone: _____ Work Phone: _____

Name of Child's Doctor: _____ Phone Number: _____

Hospital Preference: _____ Phone Number: _____

Insurance Company: _____ Policy Number: _____

Authorized to pick up

(If parent or guardian cannot be located)

Name: _____ Relationship: _____ Home #: _____ Work #: _____

Name: _____ Relationship: _____ Home #: _____ Work #: _____

Please read and sign:

Waiver of Liability: I fully assume and understand the risks of my child participating in the YMCA program including death or injury due to falls, collisions with other participants, actions by hostile humans or animals, uneven pavement, obstructions, adverse weather, sudden illness and all other risks. I attest that my child is physically fit to participate. In the event my child needs medical attention and I am unavailable, I authorize program staff to provide medical attention at my expense should my child appear in need. I carry Medical insurance on my child and will provide the YMCA with that information. For injuries my child sustains, including death, I agree to save and hold harmless the YMCA of Catawba Valley, volunteers, program staff, suppliers, contractors, and anyone else connected with to organization of this program, from any claim or lawsuit that may be brought at any time by me, my family, estate, heirs or assigns, arising from my child's participation in this program or the instruction received. I agree that images taken of my child during this program may be used in any legal manner without payment to me. The YMCA reserves the right to reject any and all applications and to terminate any and all program privileges by refunding the prorated program fees. Such rejection or termination is to be the sole discretion of the YMCA of Catawba Valley. I authorize the YMCA to transport my child on field trips and to play outside fenced-in areas at the YMCA. I make this agreement and pay the program fee in exchange for the privilege of my child participating under the conditions of the program.

Parent/Guardian Signature

Date

Financial Guidelines

It is the intent of the YMCA of Catawba Valley to provide quality care for each child. The YMCA of Catawba Valley is a non-profit organization; therefore, it is important for each parent to pay for services as requested in the financial guidelines stated below.

Fees

Monthly After School (MEMBER) -----\$30.00 per month
Monthly After School (NON-MEMBER) -----\$45.00 per month
Daily Drop in Rate (MEMBER & NON-MEMBER) -----\$10.00 per day

***** ALL PAYMENTS WILL BE DRAFTED ON THE 1ST OF THE MONTH *****
****DAILY DROP IN IS DRAFTED AFTER ATTENDANCE IS TAKEN FOR THE DAY****
***** NO CASH IS ACCEPTED AT THE SITE *****

Withdrawals / Absences

There is no pro-rating or adjustments to the monthly fee if students are enrolled in the program. The monthly fee is due whether or not the student attends.

Students are considered enrolled until:

1. The parent notifies the YMCA in writing that the student is being withdrawn from the program. **A written 2 week notice is required.**
2. Ten consecutive days of unexplained absences occur, in which case the student will be automatically withdrawn and you will be responsible for the payment of those ten days.

Delinquent Accounts

A \$25.00 late payment fee will be applied to payments not received by the 5th of the month. **Payments not made by the 5th of the month are considered delinquent.** If your account becomes delinquent, your child will not be able to attend after school. The Y is not responsible for any student left at school because of delinquent accounts. In the event of declined payment a \$15 charge will be added to the balance that must be paid to return to good standing.

Payment Option Plans

The YMCA of Catawba Valley offers the following payment plan options. Please mark the payment option that you choose to enroll in. **A two week written notice is required to change your payment plan or your enrollment status.**

- Monthly**-The account will be drafted on the 1st of the month September 2018-June 2019
- Daily**- Your account will be charged \$10.00 per day that your student attends

I authorize the AUTOMATIC After School Payment Option for the services I am enrolled in. By completing the information below, I authorize the YMCA to charge the balance owed for the following month and/or per day to my card on the first of the month for monthly payment or after each use for the daily payment

Parent/Guardian Name: _____ Student Name _____

Cardholder Name: _____ Contact Phone#: _____

VISA/ MASTERCARD/ DISCOVER Card Number: _____ - _____ - _____ - _____

Expire Date: ____ / ____ / ____ Signature: _____

Security Code: _____ Billing Zip Code: _____ Monthly Daily

I, _____, the parent/guardian of _____ understand the financial guidelines of the YMCA of Catawba Valley. I also agree to follow and abide by all terms of these guidelines. If for any reason circumstances prevent you from adhering to the guidelines stated above, see your Teen director. Any special arrangements between you and the Teen director must be in writing and signed by all parties.

Parent/Guardian Signature _____ Date ____/____/____

SWIMMING AND TRANSPORTATION INFORMATION

Does your child know how to swim? YES NO
Do you give your child permission to go swimming? YES NO

I agree to and understand the following guidelines: Participants agree to abide by the rules and regulations set by the YMCA for the health, safety and welfare of all children. Children are not allowed to smoke, chew tobacco, possess any smoking materials, alcohol, illegal drugs, firecrackers or explosives, weapons, use lewd conduct and inappropriate touching of any kind. Willful destruction of property will be the financial responsibility of the child’s parent/guardian. Children may not leave the property or established boundaries without YMCA staff permission.

- If my child will not be attending the program, I will call the YMCA by 1:00PM and notify staff.
- I will sign my child out each day.

The YMCA of Catawba Valley reserves the right and WILL send ANYONE home (at parents’/guardians’ expense and liability) who violates these rules. It is the responsibility of the parent/guardian to pick up or arrange transportation home for the child. The program director reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary.

Medical Release: This health history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. In the event my child needs medical attention and I am unavailable, I authorize program staff to provide medical attention at my expense should my child appear in need.

Photo Release: I hereby irrevocably consent to and authorize the use and reproduction by the YMCA, or anyone authorized by the YMCA, or any and all photographs taken of my child, negative or positive, for any purpose whatsoever without compensation to me. All negatives and positives, together with the print, shall constitute the YMCA’s property, solely and completely.

I make this agreement and pay the program fee in exchange for the privilege of my child participating under the conditions of the program.

Parent’s/guardian’s signature is required on the agreement to follow YMCA policies and guidelines, Waiver of Liability, Medical Release and Photo Release in order for your child to participate in camp.

Parent/Guardian Signature _____ Date _____

TRANSPORTATION AND ACTIVITY AUTHORIZATION FORM

This is a blanket permission form for all given field trips and activities.

I, _____ parent/guardian of _____ give my
Name of Parent/Guardian Name of Child
permission to YMCA of Catawba Valley for my child to participate in the following activities:

- (1) Trips in the YMCA Bus and/or Chartered Buses
- (2) Field trips away from the facility.

I understand that the facility will use the appropriate child restraint devices and abide by all the safety rules in Rule .1000 when my child is transported in a vehicle. The facility will also notify me each time that my child is to participate in an activity that would involve transportation. This authorization is valid from the date of the signature until withdrawal from the program.

Climbing Tower Release

HICKORY FOUNDATION YMCA
CLIMBING TOWER
PARTICIPANT AGREEMENT AND MEDICAL RELEASE FORM

Participant & Parent/Guardian Name: _____ / _____
(Please print)

Initial below to indicate that you have read, understood, and agree to the section following your initials. Parents/Guardians/Legal Representatives should initial on behalf of participating Minors after discussing each section with them, indicating that both the Minor and the Parent/Guardian/Legal Representative agree to each section.

_____ I state that I am not now under the influence of any chemical substance including alcohol, and that I will not be under the influence of any substance when participating in the challenge course program. I realize participating in any Climbing Tower Programs while under the influence of a substance would endanger myself and others.

_____ I am aware that I might be photographed and/or videotaped during my participation, and authorize such photographs and/or videotapes to be used by the YMCA of Catawba valley in training and/or promotional that I will not receive compensation for the use of such photographs and/or videotapes.

_____ I give my consent to the YMCA of Catawba Valley and Climbing Tower Staffs employees and to emergency medical personnel to treat me if they deem it to be medically necessary. I authorize YMCA of Catawba Valley and Climbing Tower staff to secure such medical advice and services as they feel necessary for my health or well-being. I give permission for emergency anesthesia and/or surgery that might be necessary due to an illness or injury occurring during my participation.

_____ I agree to accept financial responsibility for any medical expenses and/or loss of income not covered by my Insurance Policy that occurs as a result of my participation in the challenge course program.

RELEASE OF LIABILITY

_____ I understand that Challenge Course/Climbing/Adventure Based activities are, by their nature, physically and emotionally demanding, and that participating in the challenge course program may involve risks such as walking, bending, twisting, pulling, lifting, running, jumping, climbing, swinging, increased hear or breath rates and/or physical contact with others.

_____ I understand that although the YMCA of Catawba Valley and Climbing Tower staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen (i.e. cuts, bruises, crapes, fractures, dislocations, fatalities, etc.). I am aware that certain risks and dangers exist in the activities that are beyond the control of the YCMA of Catawba Valley and Climbing Tower Staffs and their employees.

_____ I understand that I have the right and the responsibility to limit my participation in any activity that I believe will compromise my safety, and agree to notify a YMCA or Climbing Tower Staffs employee if I have any concerns. YMCA of Catawba Valley and Climbing Tower practices the "Challenge by Choice" philosophy. This means, if I choose to physically participate in any activities, I voluntarily assume all risks associated with such participation.

_____ I understand that YMCA of Catawba Valley and Climbing Tower staff has the right to deny my participation and that it is my responsibility as a Participant to follow the instructions, guidelines and procedures established by the Facilitator(s)/Trainer(s). If, at any time, I do not understand or have not heard specific instructions given by the Facilitator(s)/ Trainer(s), I realize that it is my responsibility to ask for clarification and/or assistance before any participation.

_____ I understand and assume all dangers and risks (both known and unknown) associated with my participation in the challenge course program and waive, release and discharge the YMCA of Catawba Valley and their agents, officers and employees from all claims or causes of action arising from my participation. I do hereby release the YMCA of Catawba Valley and Climbing Tower Staff and their agents, officers, and employees from any and all liability, even if arising from the negligence of the releases, and agree to indemnify and hold the YMCA of Catawba Valley and Climbing Tower staff harmless from any suits for any accidents, personal injury or loss of or damage to property, and from any legal fees and expenses incurred in the defense of same, arising as a direct or indirect result of participating in the challenge course program. This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable law.

My signature on this document is also intended to bind my representatives, administrators, successors, heirs, next of kin and assigns on my behalf.

By signing below I am agreeing that I have carefully read and agree to all of the sections initialed above. I am also verifying that the information listed on the health History form is complete and accurate to the best of my knowledge. (Please additionally complete the Health history Form prior to signing this document)

Participant Signature (Minors must sign)

Date

Parent/Guardian/Legal Representative Signature
(Required if Participant is under 18 years of age)

Relationship

Date

Emergency contact number _____