



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

After reading this packet, please complete and return the form below
before enrollment.

Union County Family YMCA Afterschool 2024-2025

I have received and read the After School Parent's Handbook. I understand all of the rules and procedures that apply to this program. I understand that if my child or I fail to abide by these rules and procedures, my child may be released from the program.

Name of Participant _____

Parent/Guardian Signature _____

Date _____

Received by _____ Amount Paid _____



YMCA AFTER SCHOOL
2024-2025
REGISTRATON FORM

Please complete this registration form. It is important that each area be completed, signed and dated.

Child's Name _____ Sex: M/F _____ Age _____ DOB _____

Mother/Guardian Name _____

Home Phone _____ Cell _____ Work _____

Father/Guardian Name _____

Home Phone _____ Cell _____ Work _____

Address _____

Medical concerns/Allergies _____

Physician _____ Phone # _____

Emergency Contact (not parent/guardian) _____

Phone # _____

People authorized to pick up child _____

Weekly payments are due the Friday before for the following week. This insures quality operation and that your child remains in our program. If payment is not received by the Monday of the due date, your child will not be allowed to ride the bus.

Release and Waiver of Legal Liability

I, _____ the parent or guardian of the above mentioned, hereby give approval for his/her participation in any/all camps, sports and activities. I understand that the Union County Family YMCA assumes no responsibility for injuries or illnesses which the above referenced child may sustain as a result of physical condition or resulting from participation in any athletic activities, sports programs, and the use of any equipment, exercise or other activities. I hereby release and discharge the Union County Family YMCA, its agents, assigns and/or employees from any and all claims for injury, illness, death, loss or damage which may result from that above referenced child's participation in these activities. I further understand that the Union County Family YMCA is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on the YMCA premises. I give my permission to the Union County Family YMCA to use, without limitation or obligation, photographs, film footage, or tape recording which may include me (or my dependent's) image or voice for purposes of promotion or interpreting YMCA programs. I also grant permission to the Union County Family YMCA to authorize and obtain medical care from any licensed physician, hospital or medical clinic, should the above reference child become ill or injured while participation in YMCA activities if I am not available to grant authorization for emergency treatment. I realize I may be responsible for the resulting medical bills.

HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS, I HAVE EXCUTED THIS RELEASE TO BE EFFECTIVE IMMEDIATELY.

Child's Name _____ Date _____

Parent/Legal Guardian Signature _____