



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

Union County Family YMCA
After School Program
2025-2026

I have received and read the 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 25-26 AFTER SCHOOL PROGRAM REGISTRATON FORM

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

Child's Name _____ Age _____ DOB _____

Male / Female (Circle One) Address _____

Mother/Guardian Name _____

Home Phone _____ Cell _____ Work _____

Father/Guardian Name _____

Home Phone _____ Cell _____ Work _____

Email Address _____

Medical Concerns/Allergies _____

Physician/Hospital _____ Phone # _____

Emergency Contact (**not parent/guardian**) _____

Phone # _____

To help us prepare for your child’s arrival, please check any that your child has experienced. *If you choose any of these options, this will not disqualify your camper from participating or limit their participation in any way. Your Program Director will get in touch with you before the camp season begins to gain more insight about how we can best support your child.

- Behavior intervention Plan, 504 Plan or has an IEP.
- Requires additional supervision or support to safely participate in group activities.
- Has difficulty following directions or staying with a group.
- Has a history of physical aggression (hitting, kicking, biting, etc.).
- Has a tendency to run away or leave designated areas without permission.
- Has sensory sensitivities or difficulty in loud/active environments.
- Has emotional or behavioral challenges that staff should be aware of.
- Has experienced or expressed thoughts of self-harm.
- None of the above.

Please let us know any special accommodations or comments that would help us care for your child.

People authorized to pick up child:

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 participating 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 EXECUTED THIS RELEASE TO BE EFFECTIVE IMMEDIATELY.

Child's Name _____ Date _____

Parent/Legal Guardian Signature _____