



Y Afterschool Program
Grades Pre-K – 6th

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

2017-2018 Registration Form

Please complete a separate form for each child.

EMAIL: _____ Grade Entering: _____

****Required for communication to parents regarding special events and reminders****

Child's Name: _____

Home address: _____

city

state

zip

Male/Female Age: _____ Date of Birth: _____

Mother/Guardian: _____ Phone: _____

Place of Work: _____ Work Phone: _____

Father/Guardian: _____ Phone: _____

Place of Work: _____ Work Phone: _____

EMERGENCY CONTACTS/ ALLOWED TO PICK-UP

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Relationship to child: _____

Relationship to child: _____

MEDICAL INFORMATION

Please list any allergies/medical conditions: _____

Will child need to take medication while in Afterschool care? Yes: _____ No: _____

If yes, please list: _____

****If yes, you will need to fill out a Medical Dispensing Form from the Camp Director.****

Child's Clinic & Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Does this child require any special accommodations ? YES: ___ NO: ___

If yes, please explain: _____

Swim level/ ability: _____

SITE ATTENDING: ___ Parkview Learning Center(Virginia) ___ Merritt (Mt. Iron)
___ Vaughan-Steffensrud (Chisholm) ___ Washington (Hibbing) ___ Greenhaven (Hibbing)

Y Afterschool Program – Parental Permission/ Liability Release Form

I give permission for my child to participate in the Y Afterschool Program. I understand that this is a participatory activity which includes swimming, sports, art projects and more. I hereby release the Mesabi Family YMCA and Y Afterschool Program staff from responsibility for injury to my child during his or her participation in the Y Afterschool Program.

Please initial _____

I give the YMCA and Y Afterschool Program staff permission to act in the best interests of my child to the best of their ability should an emergency arise. When family or named alternate party cannot be reached, Y Afterschool Program staff has my permission to contact the Emergency Medical Service (EMS) for transportation of my child to an appropriate medical facility.

Please initial _____

I understand that my child will have to follow the rules and will be expected to cooperate for safety at the Y Afterschool Program. I will discuss these Behavior Expectations with my child: **BE KIND. BE SAFE. HAVE FUN.**

Please initial _____

I understand that I am responsible for all program fees. I understand that payments must be made on time or Y Afterschool Program privileges will be suspended until my account is paid.

Please initial _____

I give permission for the Mesabi Family YMCA to use photo images of my child in promotional materials. My child's artwork designated with his or her first name and age may be displayed and also published. I understand that photos of special events and artwork may appear in the local newspaper and may be used for promotion of Mesabi Family YMCA programs. I agree that I am owed no compensation for use of photographic images in Mesabi Family YMCA materials.

Please initial _____

I understand that evaluation is a part of this and all YMCA programs and give permission for my child to be involved in ongoing individual and program evaluations conducted by YMCA and program staff.

I understand that ALL information regarding my child remains confidential.

Please initial _____

I have read and understand the above statements.

Name of parent / guardian (Please print): _____

Signature of parent/guardian: _____ Date: _____