



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

KOKOMO FAMILY YMCA OUT OF SCHOOL TIME PROGRAM 2022-2023 ENROLLMENT FORM

PLEASE ATTACH COPIES OF YOUR CHILD'S BIRTH CERTIFICATE AND IMMUNIZATION RECORDS.

CHILD INFORMATION

Child's Name: _____ Date of Birth: _____
First Middle Last

Age: _____ Grade in 2022-2023: _____ School: _____ Gender: Male Female

Address: _____
Street City State ZIP Code

Child Resides With: Mother Father Other: _____

Parent/Guardian Marital Status & Custody of Child: _____
 IF THERE ARE ANY LEGAL DOCUMENTS PERTAINING TO THE CUSTODY OF YOUR CHILD, PLEASE ATTACH THOSE DOCUMENTS.

HEALTH INFORMATION

Please describe any allergies, dietary restrictions, or special needs of your child:

IF YOUR CHILD HAS AN EPIPEN, YOU WILL NEED TO HAVE OUR ANAPHYLAXIS EMERGENCY CARE PLAN FILLED OUT BY YOUR CHILD'S PHYSICIAN. THIS FORM CAN BE DOWNLOADED FROM OUR WEBSITE OR AT THE DOWNTOWN YMCA FRONT DESK.

IF YOUR CHILD HAS ANY MEDICATIONS THAT WILL NEED TO BE TAKEN DURING OUR PROGRAM, YOU WILL NEED TO FILL OUT A MEDICATION AUTHORIZATION FORM FOR EACH MEDICATION. PRESCRIPTION MEDICATIONS MUST BE TURNED IN TO YMCA STAFF IN THE ORIGINAL CONTAINER THAT HAS THE ORIGINAL PHARMACY LABELS, IDENTIFYING THE CHILD AS THE RECIPIENT OF THE MEDICATION, AS WELL AS THE DOSAGE, PRESCRIPTION NUMBER, AND TREATING PHYSICIAN'S NAME.

Does your child have a communicable disease or condition which may prove to be a risk to others? Yes No

*If Yes, please comment: _____

Family Physician: _____ Telephone: _____ Date of Last Physical Exam: _____

Family Dentist: _____ Telephone: _____ Hospital Preference: _____

Insurance Carrier: _____ Policy Number: _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN #1:

Name: _____ Relationship to Child: _____

Address: _____
Street City State ZIP Code

Telephone: _____ Email Address: _____

Employer: _____

PARENT/GUARDIAN #2:

Name: _____ Relationship to Child: _____

Address: _____
Street City State ZIP Code

Telephone: _____ Email Address: _____

Employer: _____

EMERGENCY CONTACTS AND ALTERNATE PICK-UP LIST

The following individuals are authorized to pick up my child from the YMCA, in addition to the parent/guardian(s):

EMERGENCY CONTACT/PICK-UP #1:
First Name: _____
Last Name: _____
Relationship to Child: _____
Telephone: _____

EMERGENCY CONTACT/PICK-UP #2:
First Name: _____
Last Name: _____
Relationship to Child: _____
Telephone: _____

EMERGENCY CONTACT/PICK-UP #3:
First Name: _____
Last Name: _____
Relationship to Child: _____
Telephone: _____

EMERGENCY CONTACT/PICK-UP #4:
First Name: _____
Last Name: _____
Relationship to Child: _____
Telephone: _____

EMERGENCY CONTACT/PICK-UP #5:
First Name: _____
Last Name: _____
Relationship to Child: _____
Telephone: _____

EMERGENCY CONTACT/PICK-UP #6:
First Name: _____
Last Name: _____
Relationship to Child: _____
Telephone: _____

ANY PERSON COMING TO THE YMCA TO PICK UP A CHILD SHOULD BE PREPARED TO SHOW VALID PHOTO ID.

PROGRAM POLICIES AND AUTHORIZATIONS

Please read and initial the following policies and authorizations. More information can be found in the Parent Handbook.

_____ I understand that the YMCA of Kokomo's responsibility for my child begins when my child is signed-in to the program by the parent or guardian. I am aware all children must be signed-in each day. Staff will greet each child as they arrive.

_____ I understand that the YMCA of Kokomo's responsibility for my child ends when an authorized adult (over the age of 18) or myself has signed-out my child. I understand that the YMCA will only release my child to the parent/guardian and emergency contacts listed on this enrollment form. Photo ID will be required. I understand that I must fill out an Alternate Pick-Up Form to authorize someone other than the individuals listed on this enrollment form to pick up my child from the YMCA.

_____ I understand that YMCA of Kokomo staff and volunteers are not allowed to communicate with, babysit, or transport children at any time outside of the YMCA program.

_____ I acknowledge that total weekly or program fees are due at noon on the Friday before the week my child will be in attendance. We also charge Fall and Spring Activity Fees of \$30.00. You may pay at the Child Care Office, online or at the Y's front desk. Late payments will not be accepted.

_____ I have read and understand the late pick-up policy. I am aware that beginning at 6:01pm, I will be charged \$20.00, as well as an additional \$20.00 every ten minutes thereafter. At 6:45pm, the Director will alert local authorities. I understand that all late pick-up fees must be paid in full prior to my child(ren) returning to the YMCA program or future YMCA programs. After three late pick-ups, your family will be dismissed from the program.

_____ I understand that the YMCA of Kokomo is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

_____ I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for my child's safety, YMCA staff may have no recourse but to contact the police department.

PROGRAM POLICIES AND AUTHORIZATIONS (cont.)

_____ I acknowledge it is my responsibility to keep the YMCA of Kokomo advised of any changes to my child's enrollment form.

_____ I understand that if my child has an allergy that requires an EpiPen, I must provide one to stay onsite at all times and 911 will be called in the event of an allergic reaction. I will also have my child's physician fill out the YMCA's Anaphylaxis Emergency Care Plan form and return prior to my child's first day at the YMCA OST/Day Camp Program. This form can be picked up at our Child Care Office or at the Downtown YMCA front desk.

_____ The YMCA of Kokomo agrees to keep the parent/guardian informed of any incidents, including illnesses, injuries, exposure to communicable diseases, and behavioral concerns.

_____ I understand that before any medication is dispensed to my child, I must fill out a Medication Authorization Form. Medication will only be administered by YMCA administrators or trained staff.

_____ I understand that neither the YMCA of Kokomo, nor its agents, officers, directors, employees, or volunteers, can be held responsible in the event of an accident, injury, or death. I understand that all precautions will be taken to ensure the safety and health of my child.

_____ I understand that if, after a reasonable period (at the administration's discretion) it is found that my child is unable to adjust to the program, the YMCA of Kokomo reserves the right to dismiss my child from the program.

_____ I understand that if my child receives three (3) written Corrective Action Reports, the YMCA of Kokomo reserves the right to dismiss my child from the program. If the severity of the problem is great enough after the first incident, suspension or dismissal from the program will be effective immediately. This decision is that of the Program Director or Coordinator.

_____ I am financially responsible for damage to equipment and/or facilities caused by my child.

_____ I understand that my child may not bring any toys, electronic devices or games to the program. I further understand that the YMCA of Kokomo is not responsible for lost, stolen or damaged items.

Agreement to Adhere to the Policies/Procedures and Expectations: I acknowledge that the above referenced child and I have read and discussed the established policies, procedures and behavioral expectations as stated in the Parent Handbook. Further, we agree to abide by these policies, procedures, and behavioral expectations and understand that failure to do so may result in dismissal from the program.

Parent/Guardian Signature

Date

Printed Name

PHOTO/VIDEO RELEASE

I authorize the YMCA of Kokomo to use photos, images, and video of my child in any publication affiliated with the YMCA or with any news service for publicity, including, but not limited to, program newsletters, fundraising brochures, press releases to newspapers, social media, and the YMCA of Kokomo's website and SmugMug page. I understand and agree that there will be no compensation for use of these materials. This release shall continue in full effect until I send in written notice to terminate the use of any photo, image, or video of my child. Such termination shall not affect the use of photos, images, or videos before the notice of termination.

INITIAL: _____ (LEAVE BLANK IF AUTHORIZATION NOT GRANTED.)

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby certify that my child (named in this enrollment form) is in normal health and capable of safe participation in the program in which he or she is enrolling. I further give permission for my child to be given emergency medical treatment by a Young Men's Christian Association of Kokomo, Indiana ("YMCA") staff member until parents can be reached and be present and/or emergency care arrives for treatment. In case of emergency, I understand that my child will be transported to St. Vincent Ascension Hospital or Community Howard Regional Health Hospital by local emergency ambulance services for treatment, if YMCA staff deem it necessary. In the event that I cannot be contacted, I further consent to the medical, surgical and/or hospital care to be performed for my child by a licensed physician or hospital when deemed immediately necessary by the physician to safeguard my child's health. It is understood that some medical situations will require YMCA staff to contact local emergency resources before the parent(s), child's physician and/or adults acting on the parent's behalf. I understand any costs incurred related to my child's medical treatment are not the financial responsibility of the YMCA.

Parent/Guardian Signature: _____ Date: _____

MINOR PARTICIPANT LIABILITY WAIVER

Minor Participant Waiver, Release, Indemnification of All Claims and Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF KOKOMO, INDIANA ("YMCA of Kokomo") FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR.

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of YMCA of Kokomo facilities, services, equipment and premises ("Facilities") and any participation in YMCA of Kokomo programs and activities ("Programs") comes with inherent risk including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease, including, without limitation, COVID-19. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification and Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that the YMCA of Kokomo, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease, or accident of any kind, arising out of or in any way related to the use of Facilities or participating in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly): _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Print Clearly): _____

YOUTH DISCIPLINE POLICY

The Y expects all children to demonstrate the four core values of Caring, Honesty, Respect, and Responsibility. Children are expected to follow our Youth Code of Conduct at all times. Children who fail to exhibit these core values will be counseled by Y staff. YMCA employees use positive discipline approaches (including redirection and teaching the importance of following our core values) to modify behavior. Y staff respect children and do not participate in any forms of physical discipline or corporal punishment, including spanking, hitting, or using exercise as punishment. Should discipline problems arise that require parent/guardian involvement, the Y will follow these steps below:

- First Offense - Corrective Action Plan issued.
- Second Offense - Corrective Action Plan revised and/or suspension from the program.
- Third Offense - Corrective Action Plan revised and/or dismissal from the program.

Please Note: These steps are guidelines and YMCA Directors reserve the right to adjust consequences on an individual basis as the situation warrants. We want all of our children to enjoy their experiences at the Y. We also want all of our children to be physically, emotionally, and mentally safe when in our programs. Children who interfere with the mental, emotional, or physical safety of others may not find this program a good fit and may be asked to leave. If your child is dismissed from the program due to behavior, no refunds or credits will be issued.

All campers, parents, guardians, and other caregivers are expected to behave in a respectful manner toward others at all times. Using a disrespectful or threatening tone with any YMCA staff will not be tolerated. Mutual respect is expected.

Youth Code of Conduct

- Children must behave toward others and their environment in a way that demonstrates the Y's four core values: Caring, Honesty, Respect, and Responsibility.
- The use of cell phones or other electronic devices is not permitted.
- Children are expected to follow all instructions issued by Y staff.
- Children may not strike or kick other children or staff.
- Children may not use disrespectful or vulgar language.
- Children must stay with their group at all times. Children may not leave their group without their counselors.
- Children may not intentionally damage or destroy Y property or the property of others.
- Children may not steal or take items that do not belong to them.
- Bullying of any kind will not be tolerated.

Parent/Guardian Signature: _____ Date: _____