



# OTTAWA YMCA 2023/2024 Adventure Club Before/ After School Program

.....

Please print clearly with complete information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Grade (Fall 2023) \_\_\_\_\_ School: \_\_\_\_\_

## Parent Information:

Parent 1: \_\_\_\_\_ M/F D.O.B. \_\_\_\_\_ Preferred contact: Phone/Email

Email \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment \_\_\_\_\_

Parent 2: \_\_\_\_\_ M/F D.O.B. \_\_\_\_\_ Preferred contact: Phone/Email

Email \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment \_\_\_\_\_

## Emergency Contacts & Release:

Name(s) and Phone Number(s) of person(s) OTHER THAN PARENTS, 18 years of age and older, allowed to pick up your child:  
(Please note: Only individuals listed on this form may pick your child/children up.)

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Child's Medical Information:

Please print clearly with complete information

**The YMCA takes your child's safety very seriously. All medical information must be completed and no line is to be left blank.**

Please let us know of any important medical information that will allow us to better serve your child:

\_\_\_\_\_

Will your child need to take any prescription medications while at YMCA  Yes  No

If answer is yes please list all medications on medication form.

**Allergies:**

Please put N/A if your child does not have any allergies

Food/Medication/Other: \_\_\_\_\_

Does your child require an Epi-pen?  Yes  No

If yes, you must provide the Y with an Epi-pen to be kept at the Y during your child’s enrollment. The Epi-pen must be accompanied with a current prescription and a doctor’s note.

Please check off what best describes your child:

\_\_\_\_\_ Friendly      \_\_\_\_\_ Shy      \_\_\_\_\_ Active      \_\_\_\_\_ Aggressive

**Specific activities that are restricted for health reasons:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent Statement of Understanding:**

I, \_\_\_\_\_, have read & understand the policies listed below:

- I understand that when my child(ren) arrives in the morning, I may not leave my child(ren) at the program site unless I have signed in with a YMCA Staff Person.
- I grant permission for my child(ren) to participate in all planned program activities, including trips by motor vehicle away from the YMCA program site.
- I give permission to photocopy all forms.
- I also give my permission to the YMCA to use all photos, videos, voice and images taken of the applicant for purposes, which the YMCA may deem appropriate.
- I understand that I am responsible for following the policies and procedures outlined in the specific program guidelines, including parent manuals when one exists. If I fail to meet my obligation to the program policies, the YMCA reserves the right to suspend my child(ren)’s participation in the program.
- I understand YMCA Staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand the YMCA is not responsible for lost, damaged or stolen articles. I understand that the deposit is not refundable or transferable and that failure to pay all fees, including late fees, for services rendered may result in termination of services. In the case of divorce, the custodial parent is responsible for all payments.
- I understand program fees are NOT refundable. Classes missed due to weather, holidays, acts of God, choice of party or disruptive behavior cannot be made up, credited or refunded. (see the program brochure for the complete refund policy)
- I understand this facility engages and complies with the background check and clearance procedure through DCFS Child Care Connect.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**BEHAVIOR STATEMENT**

The OTTAWA YMCA is founded on Christian principles and prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language or attire, smoking, use of alcohol or drugs, the removal of YMCA property and criminal conduct or any type. Such inappropriate behavior or conduct is unacceptable and the YMCA consequently retains the right to deny memberships to its applicants and to revoke a membership of any current member or participant at its sole discretion.

**YMCA OF OTTAWA GENERAL LIABILITY RELEASE AND WAIVER OF CLAIMS** I have no medical condition, which would prevent me from participating in all the activities of the YMCA. I personally assume all risks and hazards attendant to the use of the facility, use of the equipment, or participation in programs. I hereby agree to release, absolve, indemnify and hold harmless the Ottawa YMCA, its staff, employees, volunteers, supervisors, instructors, and any other representatives or assigns (collectively, the "Related Parties"). I hereby waive all claims against related parties for any injury, including death any less to theft of or damage to my personal property, or for any other consequential or incidental damage, caused in any manner whatsoever where any such liability is attribute to the absence of ordinary or ever slight care. I agree to save and hold harmless the related parties from any claim or lawsuit that may be brought at any time by me, my family, estate, heirs or assigns arising from the above. I authorize the YMCA Adventure Club staff to secure EMERGENCY medical care for my child when I cannot be immediately reached at the time of emergency. I HAVE READ THIS GENERAL LIABILITY RELEASE AND WAIVER OF CLAIMS. I UNDERSTAND THE TERMS OF THIS DOCUMENT, AND I UNDERSTAND THT I AM WAIVING MY RIGHTS TO ANY CLAIMS AGAINST THE RELATED PARTIES, AND SIGN IT FREELY AND VOLUNTARILY.

**SIGN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**CONVICTED CHILD SEX OFFENDER RESTRICTION**

Any individual whose name appears on a county distributed list of child sex offenders shall be denied membership and program participation at the Ottawa YMCA. Any individual on the list shall have the right to appeal this decision to the Ottawa YMCA Executive Committee within 60 days of applying for a membership or program participation. The decision of the Executive Committee is final. Applicant/Member is ineligible to participate while appeal is pending. Any current member or program participant found on this list shall be given immediate written notice of the cancellation of their membership and has the opportunity to appeal. Furthermore, the questions "Have you ever been or are currently required to register as a criminal sex offender?" will appear on all membership applications effective May 1, 1998. Date of Board action 4/16/1998. MY SIGNATURE BELOW INDICATES I HAVE READ THIS STATEMENT AND NEITHER MY FAMILY NOR I HAVE BEEN CONVICTED AS A CHILD SEX OFFENDER.

**SIGN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_