



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Y-PALS PLUS—SCHOOL BREAK DAYS 2011-2012 REGISTRATION INFORMATION

- This form will be kept on file for the entire school year.
- Children already registered in the Y-PALS Before & After School program do not need to complete this form.
- There is a one-time \$15 registration fee for those who do not attend the Y-PALS program.
- Those who receive subsidies from CCRRN or the YMCA and those who attend Y-PALS are exempt from paying reg. fees.
- **Registration & all fees must be received no later than 48 hours before start date to ensure program availability.**
- **There is a minimum program attendance of 6 participants per day.**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_Male \_\_\_Female  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Primary Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 School \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
 Email Address \_\_\_\_\_ YMCA Member \_\_\_\_\_ YMCA Non-Member \_\_\_\_\_  
 Mother/Guardian Name \_\_\_\_\_ Father/Guardian Name \_\_\_\_\_

Persons Authorized to Pick Up Child(ren)		
First Name	Last Name	Phone Number
1.		( )
2.		( )
3.		( )

### Emergency Contact Information

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_

**Other information that the YMCA should know about your child (allergies, likes, dislikes, special needs, etc...)**

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Y-PALS Plus Dates							
August	15, 16 & 17	November	23	January	2, 3, 16 & 17	March	26, 27, 28, 29 & 30
October	10 & 21	December	21, 22, 23, 26, 27, 28, 29 & 30	February	20 & 21	April	6 & 30

Y-PALS Plus Fees		
<i>All Participants Pay a \$15 Yearly Fee Registration Fee.</i>		
	Daily	Weekly <i>Dec. 26-30 &amp; Mar. 26-30</i>
YMCA MEMBERS	\$22	\$90
PROSPECTIVE MEMBERS	\$30	\$120



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**Parental Consents**

As a participant of the Y-PALS program, I understand that repeat, disruptive, abusive, rude or otherwise inappropriate behavior will result in dismissal as stated in the Y-PALS Before & After School Child Care Parent Handbook. The Program Director overseeing the program will determine when dismissal shall occur. I understand that the YMCA will do its best to refer my child to an alternative program if this occurs. However, advance notice of such dismissal from this program is not required.

**Parent/Guardian Initials** \_\_\_\_\_

The above participant has my permission to participate in Y-PALS activities. Emergency treatment for the applicant is authorized, provided the parent/guardian of said participant fills out this form. I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which said participant may sustain as a result of participating in any and all activities connected with or associated with such programs.

**Parent/Guardian Initials** \_\_\_\_\_

I have received and read the policies of the Bloomington-Normal Y-PALS Before & After School Child Care Parent Handbook. I understand and agree to follow these policies. Failure to follow these policies may result in termination of child care services.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**YMCA Authorization Agreement for Preauthorized Payments:**

*I (we) hereby authorize the Bloomington-Normal YMCA to initiate monthly debit/credit entries to the financial institution(s) on file for my YMCA child care payments.*

**Electronic Funds Transfer Information**

***Payment will be drafted at the time of registration***

Type of Account:  Checking  Savings  Credit Card

Routing Number							

Account Number											

Bank Name \_\_\_\_\_

Name on Check \_\_\_\_\_

*(Exactly how it appears on credit card/check)*

**Credit/Debit Card Information**

Credit Card Type:  Visa  Mastercard  Discover

Expiration Date: \_\_\_\_\_/\_\_\_\_\_

Account Number											

1. The YMCA shall incur no liability if the balance in bank account is insufficient to cover draft or for any reason was uncollectable. A \$25.00 service charge will be charged for each return.
2. The YMCA reserves the right to refuse services for my child(ren) due to insufficient funds, stop payment or incorrect banking/credit card information.
3. This authority is to remain in force and effect until the YMCA has received written notification from me of its termination. The preauthorized payment plan is **CONTINUOUS**. Payments will continue for all unpaid balances with the pay schedule I have chosen until I have canceled the EFT process. Any outstanding balances that remain after I cancel will be made with another accepted form of payment.
4. I understand that it is my responsibility to notify the YMCA in writing should I change my account number or financial institution at any time.
5. Should my program fee draft not be honored by my bank for any reason, I realize I am still responsible for the payment. This is in addition to any service fee my bank may make and the insufficient funds fees assessed by the YMCA.

**Authorized Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



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**Authorization & Permission**

I hereby do declare my child to be physically sound, having medical approval to participate in the activities of the Bloomington-Normal YMCA. This health history is correct so far as I know and the person herein described has permission to engage in all prescribed program activities except noted. I further understand that neither the YMCA nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. I certify that my child is amendable to discipline and free from habits or attitudes, which would make him/her an undesirable participant. I have studied the Y-PALS before and After School Parent Handbook and registration packet and understand the contents thereof.

**Parent/Guardian Initials**\_\_\_\_\_

I hereby give permission for my child to participate in Y-PALS activities and to travel by bus with YMCA staff. I understand that only licensed and qualified personnel will operate any vehicle to and from Y-PALS and that there will be at least one YMCA staff member present at all times. I agree to release the Bloomington-Normal YMCA, its officers and directors and Y-PALS staff from any and all claims of damages, demands, or liabilities which may arise as a result of my child's participation in Y-PALS activities and bus trips.

**Parent/Guardian Initials**\_\_\_\_\_

I hereby give permission to the medical personnel selected by the Executive Director or Program Director/Coordinator overseeing the program to order X-rays, routine tests and treatment for me or my child, and in the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician selected by the Executive Director or Program Director/Coordinator to hospitalize, secure proper treatment for and order injections and/or anesthesia and/or anesthesia and/or surgery for me or my child as named above. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

**Parent/Guardian Initials**\_\_\_\_\_

My signature below indicates that I have that legal authority to register the child named on this form and that to the best of my knowledge the information on this application form is complete and accurate. I further understand that this is an application and the named child's participation is contingent upon space being available in the program in which I want the child to participate. I also understand that once my application is confirmed, I must complete payments by the deadlines of said program as contained in the Parent Handbook and that, furthermore, all necessary forms must be signed and on file with the YMCA prior to my child attending the program. Failure to comply with the above could result in the loss of the Y-PALS space.

**Signature of Parent/Guardian**\_\_\_\_\_

**Date**\_\_\_\_\_

**Printed Name**\_\_\_\_\_

**To complete the registration process, this form must be returned in the following ways:**

**By Mail or in Person**

Bloomington-Normal YMCA  
602 S. Main St  
Bloomington, IL 61701

**By Fax**

309.827.0807



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**Bloomington-Normal YMCA Photo & Video/Audio Recording Release**

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by BLOOMINGTON-NORMAL YMCA, I hereby give my permission and consent, now and for all time, to BLOOMINGTON-NORMAL YMCA, the National Council of Young Men’s Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with BLOOMINGTON-NORMAL YMCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at BLOOMINGTON-NORMAL YMCA, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensations to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at BLOOMINGTON-NORMAL YMCA, I authorize, according to this Release, shall belong to BLOOMINGTON-NORMAL YMCA, YMCA of the USA and third parties collaborating with BLOOMINGTON-NORMAL YMCA and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at BLOOMINGTON-NORMAL YMCA;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at BLOOMINGTON-NORMAL YMCA will not be subject to any obligation of confidentiality and may be shared and used by BLOOMINGTON-NORMAL YMCA, YMCA of the USA and third parties collaborating with BLOOMINGTON-NORMAL YMCA and/or YMCA of the USA;
- BLOOMINGTON-NORMAL YMCA, YMCA of the USA and third parties collaborating with BLOOMINGTON-NORMAL YMCA and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage sound track recordings and photo reproductions of me and/or my narrative account of my experience at BLOOMINGTON-NORMAL YMCA; and
- BLOOMINGTON-NORMAL YMCA, YMCA of the USA and third parties collaborating with BLOOMINGTON-NORMAL YMCA and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide use and shall be entitled to the unrestricted use of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at BLOOMINGTON-NORMAL YMCA for any purpose without compensation to me.

I agree that my consent and this Release are irrevocable. I hereby release and discharge BLOOMINGTON-NORMAL YMCA, YMCA of the USA and third parties collaborating with BLOOMINGTON-NORMAL YMCA and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at BLOOMINGTON-NORMAL YMCA as described herein.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Age** \_\_\_\_\_

**Address** \_\_\_\_\_

**I am the Mother/Father/Legal Guardian of \_\_\_\_\_ (child’s name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.**

**Signature of Mother/Father/Legal Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_