



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Y-PALS Before and After School Program Checklist

Parent Handbook:

- 1.) Parent/Guardian has received a copy of the Parent Handbook

Parent/Guardian Initials _____

Registration Form Completion:

- 2.) All information on the Registration Information Form has been filled out

Staff Signature _____

- 3.) Registration fee has been paid:

-\$25/Child July 11th- 31st -\$35/Child August 1st-12th -\$40/Child after August 12th

Staff Signature _____

- 4.) Parent has saved credit card or checking account information in DAXCO

Staff Signature _____

- 5.) Parent/Guardian has read and initialed all parental consents

Staff Signature _____

*****Y-PALS registration cannot be completed without a completed registration packet and checklist.**



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2016-2017 Y-PALS

Registration Information

Child's Name _____ Date of Birth ___/___/___ Gender __M__F

Address _____ City _____ Zip Code _____

Primary Phone _____ Alternate Phone _____

Age _____ Grade _____ School _____

Mother/Guardian Name _____ Father/Guardian Name _____

Email Address _____

Authorized Pick-Up		
First Name	Last Name	Phone Number

Emergency Contact

Name _____ Phone _____ Relation _____

Other information our camp staff should know about your child (allergies, special needs, etc...)

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 from Y-PALS as stated in the 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 and payment refunds are not required. **Parent/Guardian Initials**_____

My Y-PALS participant has my permission to participate in all scheduled 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 the Y-PALS program. **Parent/Guardian Initials**_____

I have received and read the policies in the 2016-2017 Y-PALS Parent Handbook. I understand and agree to follow these policies. Failure to follow these policies may result in termination of Y-PALS participation. **Parent/Guardian Initials**_____

I grant the Bloomington-Normal YMCA the rights to use photographs and video film of my child for promotional or news purposes. **Parent/Guardian Initials**_____

I hereby do declare my child to be physically sound, having medical approval to participate in the Y-PALS activities. This health history is correct so far as I know and the person herein described has permission to engage in all prescribed program activities. I agree not to hold the YMCA nor any of its paid staff or volunteers responsible in the event of an accident. I understand that the YMCA is not able to provide professionally trained and certified staff to accommodate participants' special needs. I certify that my child does not require an aid to attend Y-PALS or that I will make arrangements to provide one. **Parent/Guardian Initials**_____

I hereby give permission to the medical personnel selected by the Director of Youth Development or YMCA Y-PALS Staff, to order X-rays, routine tests and treatment for my child 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 Director of Youth Development to hospitalize, secure proper treatment for, order injections, anesthesia or surgery for my child in the event I am not able to communicate or cannot be reached in an emergency . 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 the 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 through the Electronic Funds Transfer option as stated in the Parent Handbook. All necessary forms must be signed and on file with the YMCA prior to my child attending Y-PALS. Failure to comply with the above could result in the loss of a reserved space for your child. **Parent/Guardian Initials**_____