



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Y-PALS Before/After School Enrichment 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:

July 1<sup>st</sup>-21<sup>st</sup>: \$30/Member, \$40/Non-Member

July 22<sup>nd</sup> – Aug 19<sup>th</sup>: \$40/Member, \$50/Non-Member

After August 19<sup>th</sup>: \$55/Member & Non-Member

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 \_\_\_\_\_

**\*\*\*YPALS registration cannot be completed without a completed registration packet and checklist.**



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## 2019-2020 YPALS Registration Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender \_\_M\_\_F

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Primary Phone \_\_\_\_\_

Age as of 8/16/19 \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Phone: \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Phone: \_\_\_\_\_

Primary email Address \_\_\_\_\_ Alt. e-mail: \_\_\_\_\_

Authorized Pick-Up		
First Name	Last Name	Phone Number

### Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

**My child will usually attend:** (check all that apply)

Before School

After School

Late Start Wednesdays

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

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**PARENTAL CONSENTS:**

As a participant of the YPALS program, I understand that repeat, disruptive, abusive, rude or otherwise inappropriate behavior will result in dismissal from YPALS 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 YPALS participant has my permission to participate in all scheduled YPALS 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 YPALS program. **Parent/Guardian Initials**\_\_\_\_\_

I have received and read the policies in the 2019–2020 YPALS Parent Handbook. I understand and agree to follow these policies. Failure to follow these policies may result in termination of YPALS 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 YPALS 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 and do not 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 YPALS 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 YPALS 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. Failure to comply with the above could result in the loss of a reserved space for your child. **Parent/Guardian Initials**\_\_\_\_\_

My YPALS participant has permission to be transported to/from program location in a YMCA operated vehicle for YPALS program purposes. I recognize and acknowledge that there are certain risks of injury and I agree to assume the full risk of any injuries, damages or loss which said participant may sustain as a result of accident or incident. **Parent/Guardian Initials** \_\_\_\_\_