

Y LEADERS CLUB 2010 REGISTRATION FORM

EAU CLAIRE YMCA 700 GRAHAM AVENUE EAU CLAIRE WI 54701 (715) 836-8460

Participants Information

Name: _____ Date of Birth: ___/___/___ Grade entering Sept. 2010 ___

Address: _____ Phone Number: _____

Emergency Contacts

Primary Caregiver(s) _____

Phone Numbers: Home _____ Work _____ Cell _____

Secondary Caregiver or Emergency Contacts _____

Phone Numbers: Home _____ Work _____ Cell _____

Emergency Information

Student's Medical Facility or Physician

Name: _____

Phone #: _____

Student's Dentist or Office

Name: _____

Phone #: _____

Please list any medical concerns we should be aware of: (allergies, asthma, etc.)

Registration

Please check which weeks the student will attend	1- --- June 9-10	7-() July 19-22
	2-() June 14-17	8-() July 26-29
	3-() June 21-24	9-() August 2-5
	4-() June 28-July 1	10-() August 9-12
	5-() July 5-8	11-() August 16-19
	6-() July 12-15	12-() August 23-26

Yes I understand that **payments** are required 2 weeks in advance.

Yes I understand that there is a \$50.00 cancellation fee for each week cancelled after May 14, 2010.

The Y-Leaders Program operates Monday – Thursday from 8:00am-5:00pm. The students are responsible for checking in and out each day and for the time that they are at the YMCA before and after the program operates. Due to the nature of the program, time accommodations for individual schedules will not be made. Under certain conditions, occasional inappropriate behavioral concerns may arise. However, in order to assure the quality of the program, excessive inappropriate behavior will not be tolerated.

I have read and understand the paragraph above.

Parent Signature _____ Date: _____

Office Use Only: Date _____ Pro Care _____ Chart _____ Confirmation _____ Copies _____

PARENT/GUARDIAN CONSENT FORM

Section #1: REASONABLE ACCOMMODATIONS CLAUSE: Children with special needs or challenges will be accepted provided that "reasonable accommodations" can be made for their participation in the program and/or child's participation does not require an inordinate amount of staff time that would not allow for the safety and welfare of the other children in the program. I understand that if my child/ren requires an unusual amount of one on one attention, whether due to special needs or behavior, my child may be removed from the program. You are solely responsible for determining if your child/ren are physically fit for the activities contemplated in these programs. It is always advisable, especially if your child/ren have an illness, injury or impairment, to consult a physician before undertaking any active recreational program.

_____ (Parent/Guardian Initials)

Section #2: MEDICAL RELEASE: I understand that in the event medical intervention is needed, every attempt will be made to immediately contact the emergency persons listed. In the event they cannot be reached, I give consent for YMCA staff to act in my behalf in granting permission for my child/ren to receive emergency treatment. I agree that I will be responsible for the payment of any and all medical services rendered.

_____ (Parent/Guardian Initials)

Section #3: RELEASE FROM LIABILITY: I understand that all reasonable safety precautions are taken by the YMCA in the operation of its facility, equipment, and programs. However, participants and parent of children must recognize and accept that there are inherent risks when choosing to participate in day camp or any YMCA program. Risks that could cause sickness, injury or death. I agree that my child/ren's participation in the YMCA programs shall be undertaken at his/her sole risk, and that the YMCA, its director, employees, and volunteers shall not be liable for any claims, injuries, damages, losses, diseases, wrongful death, actions or causes of action whatsoever, to my child/ren or his/her property, arising out of or connected to participation in any YMCA programs. I agree to hold harmless and indemnify the YMCA, its director, employees, and volunteers from any and all liabilities and claims resulting from participation in this program.

_____ (Parent/Guardian Initials)

Section #4: MEDIA RELEASE: They YMCA occasionally uses photographs for media coverage and promotional materials.

I do do not give my permission for my child/ren to appear in media coverage approved by the YMCA.

_____ (Parent/Guardian Initials)

Section #5: ACCURATE/COMPLETE INFORMATION: I hereby state that the information is accurate and complete. I understand that it is my responsibility to provide any changes/updates regarding emergency and health information to the YMCA. I further understand that failure to provide accurate, complete, and updated information may jeopardize my child/ren's registration and/or participation in YMCA programs.

_____ (Parent/Guardian Initials)

Section #6: FIELD TRIP PERMISSION: I give permission for my child to participate in walking/student transit/YMCA small bus field trips scheduled during program hours. I understand that these trips are dependent on daily weather conditions and field trips will be planned and implemented with the physical ability and maturity of the children attending taken into consideration.

_____ (Parent/Guardian Initials)

Section #7: RESPONSIBILITY STATEMENT: I understand that the YMCA's responsibility for my child begins after s/he has entered the program area and has been signed in and ends when s/he leaves the program area and is signed out. I understand that I and/or an authorized adult must sign my child/ren in and out.

_____ (Parent/Guardian Initials)

Section #8: PARENT HANDBOOK: I have received the YMCA School Age Child Care Handbook and/or Day Camp Brochure which included necessary program information for my child and me. I have read the information and agree to abide by the policies and procedure therein. I also understand that a copy of the Policies and HFS 46 licensing manual are available to me at the parent table.

_____ (Parent/Guardian Initials)

Section #9: INFORMATION RELEASE: I authorize the Eau Claire YMCA and my child's school to exchange and share information related to my child including: YMCA reports, behavior plans, school psychological evaluations, social work reports, IEP's and related evaluations/reports.

_____ (Parent/Guardian Initials)

Section #10: SCHEDULE/ATTENDANCE INFORMATION: I understand that written schedule changes and cancellations are required by May 14, 2010 to not receive a fee. I understand that any cancellations made after May 14 will require a \$50 cancellation fee per week. I also need to notify the program site staff of all extra curricular activities and illnesses that may affect my child's attendance.

_____ (Parent/Guardian Initials)

Section #11: ACCURATE/COMPLETE INFORMATION: I hereby state that all information I have provided is accurate and complete. I understand that it is my responsibility and required by licensing to provide any changes/updates regarding emergency and health information to YMCA.

_____ (Parent/Guardian Initials)

Section #12: PG-13 MOVIES: The YMCA occasionally watches movies.

I do do not give my permission for my child/ren to watch movies rated PG-13

_____ (Parent/Guardian Initials)

I have carefully read and initialed each of the above parent/guardian consent sections. I fully understand that by signing this form I have given my parent/guardian consent for my child(ren) on all sections contained within.

Participants Name– Please Print

Parent/Guardian Signature

Date

PARENTS PLEASE DO NOT FILL OUT!!

STUDENT: Please answer the following questions as well as you can. Your responses will help us to know what you want to accomplish this summer in this program.

There are a lot of things you could do this summer. Why do you want to be in Y-Leaders?

We hope this summer you learn some great new skills in budgeting, teamwork, community, service, leadership and fitness. What area most interest you and why?

Teamwork is a very important part of Y-Leaders. Tell us about a time you were involved in a team and what skills or characteristics you brought to the team to make it successful.

If you could be any superhero or famous person who would you be and why?

Are you or will you be in band this summer? What instrument?

By being a part of the Eau Claire YMCA's Y-Leader's, I agree to work as a part of a team and learn techniques in leadership, team building and community service while having a fun and enjoyable summer. I understand that occasional inappropriate behavior may occur, but the YMCA staff and other Y-Leader members will not tolerate excessive inappropriate behavior.

I have read and understand the paragraph above.

Student Signature _____ Date _____