



**AFTER SCHOOL ZONE  
2010-2011 REGISTRATION FORM**

School \_\_\_\_\_

Date: \_\_\_\_\_

Grade: \_\_\_\_\_

<b>PARTICIPANT (STUDENT)</b>	First Name	MI	Last Name	Social Security #
	Sex Male ____ Female ____	Age	Date of Birth	Middle School <b>STAFF</b> enter student ID# _____
	Street Address			City
	State	Zip Code	Parent Email Address:	
<b>PARENT/ GUARDIAN</b> <i>(if participant is under 18)</i>	(1) Parent/Guardian First Name		Parent/Guardian Last Name	Phone Number
	(2) Parent/Guardian First Name		Parent/Guardian Last Name	Phone Number <i>(if different)</i>
<b>EMPLOYER</b> <i>(Parent Employer if participant is under 18)</i>	(1) Employer		Phone Number	
	(2) Employer		Phone Number	
<b>EMERGENCY CONTACT</b> <i>(other than parent/guardian and must be 18 yrs old)</i>	(1) ER Contact		Work Phone Number	Cell Phone/Pager
	(2) ER Contact		Work Phone Number	Cell Phone/Pager
<b>EMERGENCY MEDICAL TREATMENT</b>	<p>I understand that every effort will be made to contact the parent's) or guardian's) of participants. If this is not possible, I hereby authorize the Central Florida YMCA to obtain medical treatment.</p> <p>Parent/Guardian signature: _____</p> <p>Family Physician/Clinic: Name _____ Location: _____</p> <p>Phone: _____</p> <p>Insurance Company: _____ Policy #: _____</p>			

**Medical Release and History**

**Health Statement:** (to be completed by Parent/Guardian and/or Medical Doctor).

YES responses will require an explanation.

	<u>YES</u>	<u>NO</u>
* Respiratory problems - Asthma, persistent cough, etc.	_____	_____
* Heart problems - High / low blood pressure, chest pain, etc.	_____	_____
* Kidney, Stomach, Gall Bladder or Liver problems	_____	_____
* Diabetes, hypoglycemia	_____	_____
* Recent fractures, illness, exposure to contagious disease, etc.	_____	_____
* Eye, ear, nose or throat problems - Skin disease	_____	_____
* Allergies - Bee stings, ant bites, plants, sun, food, penicillin, etc.	_____	_____
* Nervous disorders - Epilepsy, convulsions, dizziness, etc.	_____	_____
* Emotional disorders - Frequent anxiety, excessive fears, etc.	_____	_____
* Any hospitalization in the last two years?	_____	_____
* Do you have any physically limiting conditions?	_____	_____
* Do you currently take medication?	_____	_____
* The participant WILL be bringing medication to programs and activities	_____	_____

Explanations:

(See back page for additional information)

## YMCA of Central Florida Mission Statement

**The purpose of this association shall be to help develop Christian values and improve the quality of life in Central Florida by involving individuals and families in programs that develop Spirit, Mind and Body.**

**Authorization to remove child:**

Father: YES \_\_\_ NO \_\_\_      Mother: YES \_\_\_ NO \_\_\_      (If no, documentation) \_\_\_\_\_  
Other: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Other: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**After School Enrichment Program:**

My child has my permission to sign him/herself out at \_\_\_ p.m. in order to walk or bike home \_\_\_ Yes \_\_\_ No

At this time my child must leave campus or they will be charged with Trespassing. \_\_\_\_\_

**Accommodation Clause:**

The Central Florida YMCA will provide reasonable accomodaiton to students with disabilities, provided these accomodations do not pose an undue hardship on the organization or jeopardize the safety of other students or employees. Management reserves the right to make all program-related decisions on reasonable accomodations. The goal of the Central Florida YMCA is to be as inclusive as possible in providing recreational opportunities for all youth. By enrolling your child in the program, you agree that your child is physically fit, has the skill level required to participate, is able to use restroom facilities with minimal assistance, and is able to eat meals and snacks unassisted. If there are any questions regarding a child's ability to participate in our program, the Central Florida YMCA may require an individualized assessment. Please note that we are not able to provide one-on-one supervision of your child.

Please explain any assistance your child may need while attending this program:

**Discipline:**

All discipline infractions will be handled according to the Orange County Schools' Student Code of Conduct. Please see the Site Coordinator if you would like a copy of this manual. Discipline infractions may result in possible expulsion from the After School Zone.

### WAIVER

I hereby state that I/my child am physically and mentally capable of safe participation in the YMCA activities. I understand and expressly acknowledge that I release the Central Florida YMCA and its staff along with the Orange County Government and their staff from all liability for any injury, loss or damage connected in any way to my child's participation in YMCA activities, whether on or off the YMCA's premises. I also authorize the YMCA to obtain medical treatment for my child in the event of an emergency. I give my permission to the Central Florida YMCA along with the Orange County Government to use, without limitation or obligation, photographs, film footage, or tape recording which may include my child's image or voice for the purpose of promoting or interpreting Central Florida YMCA programs.

I hereby give my permission for my child \_\_\_\_\_ to be transported to and from any scheduled field trips. I am releasing the Central Florida YMCA along with Orange County Government from all liability while participating in off campus field trips.

The YMCA After School Zone closes promptly at the c designated program end time at 6:00pm

A \$1.00 per minute late fee will be charged after the program's end. This payment must be received at the time of pick-up.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**For internal use only:**

Verify Student ID# \_\_\_\_\_

YMCA Bar Code # \_\_\_\_\_



**YMCA of Central Florida - Building strong kids, strong families, strong communities**