



**YMCA OF CENTRAL FLORIDA and ORANGE COUNTY PUBLIC SCHOOLS
BEFORE SCHOOL ENRICHMENT REGISTRATION FORM 2010-2011**

School _____

Date: _____

Grade: _____

PARTICIPANT (STUDENT)	First Name	MI	Last Name	
	Sex Male ____ Female ____	Age	Date of Birth	Preferred Name:
	Street Address		City	
	State	Zip Code	Phone Number	
PARENT/ GUARDIAN <i>(if participant is under 18)</i>	(1) Parent/Guardian First Name	Parent/Guardian Last Name	Phone Number <i>(if different)</i>	
	(2) Parent/Guardian First Name	Parent/Guardian Last Name	Phone Number <i>(if different)</i>	
	Email Address:	Best Method of Contact (check one): ____ Home/Work Phone ____ Cell Phone ____ Email		
EMPLOYER <i>(Parent Employer if participant is under 18)</i>	(1) Employer	Work Phone Number	Cell Phone/Pager	
	(2) Employer	Work Phone Number	Cell Phone/Pager	
EMERGENCY CONTACT	ER Contact	Phone Number		
		Cell Phone		
PERSONAL INFORMATION	____ 2 Parents ____ 1 Parent ____ Foster Parent ____ Other	____ City of Orlando ____ Orange County		
PARTICIPATION	Have you (person enrolling) participated in other YMCA programs? ____ Yes ____ No If yes, please indicate program(s): Has any member of your family participated in other YMCA programs? ____ Yes ____ No If yes, please indicate family member and program(s):			
REFERRED BY	How did you hear about the Central Florida YMCA? <i>Check all that apply</i> ____ Friend ____ Mailed Brochure ____ Another Member ____ TV/Radio/Newspaper ____ Billboard ____ Yellow Pages ____ School Flyer ____ Other: _____			
PAYMENT	Flat rate of \$36 bi-weekly is due WEDNESDAY before the following week. Please attach the first two weeks payment to the registration form, made payable to the Central Florida YMCA. _____ Initial here stating that you understand if payment is not received by WEDNESDAY the child will not be able to attend the program until the payment is received.			

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.

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: _____

Emergency Medical Treatment: 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.

Parent / Guardian Signature _____ Daytime Phone _____

Family Physician/Clinic _____ Location _____

Phone _____ Insurance Company _____ Policy # _____

Authorization to remove child:

Father: YES ___ NO ___ **Mother:** YES ___ NO ___ (If no, documentation) _____

Other: Name _____ **Relationship** _____ **Phone** _____

Other: Name _____ **Relationship** _____ **Phone** _____

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 YMCA of Central Florida and its staff from all liability for any injury, loss or damage connected in any way to my/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 me/my child in the event of an emergency. I give my permission to the Central Florida YMCA to use, without limitation or obligation, photographs, film footage, or tape recording which may include my/my child's image or voice for the purposes of promoting or interpreting YMCA of Central Florida programs.

Participant Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

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