



Central Florida YMCA

Summer Zone Registration Form

School: _____

Grade: _____

Date: _____

PARTICIPANT (STUDENT)	First Name		MI	Last Name		
	Gender Male ___ Female ___	Birth Date	Age	YMCA STAFF enter student ID#		
	Street Address					
	City		State	Zip Code	YMCA Member? YES _____ NO _____	
PARENT/ GUARDIAN	Mother First Name		Last Name		Home Phone	
	Father First Name		Last Name		Home Phone	
PARENT'S EMPLOYERS	Mother Employer		Work Phone		Cell Phone	
	Father Employer		Work Phone		Cell Phone	
EMERGENCY CONTACT (other than parent and must be 18 years old)	Contact Name		Home Phone	Work Phone	Cell Phone	
	Contact Name		Home Phone	Work Phone	Cell Phone	
EMERGENCY MEDICAL TREATMENT	Every effort will be made to contact the parent/guardian of participants. If this is not possible, I hereby authorize the Central Florida YMCA to obtain medical treatment.					
	Parent/Guardian signature: _____					
	Family Physician Name/Clinic: _____					
	Phone: _____ Location: _____					
Insurance Company: _____ Policy # _____						
<u>Medical Release and History - To be completed by Parent/Guardian and/or Medical Doctor</u>						
* Respiratory problems - Asthma, persistent cough, etc.		YES _____	NO _____			
* Heart problems - High / low blood pressure, chest pain, etc.		YES _____	NO _____			
* Kidney, Stomach, Gall Bladder or Liver problems		YES _____	NO _____			
* Diabetes, hypoglycemia		YES _____	NO _____			
* Recent fractures, illness, exposure to contagious disease, etc.		YES _____	NO _____			
* Eye, ear, nose or throat problems - Skin disease		YES _____	NO _____			
* Allergies - Bee stings, ant bites, plants, sun, food, penicillin, etc.		YES _____	NO _____			
* Nervous disorders - Epilepsy, convulsions, dizziness, etc.		YES _____	NO _____			
* Emotional disorders - Frequent anxiety, excessive fears, etc.		YES _____	NO _____			
* Any hospitalization in the last two years?		YES _____	NO _____			
* Do you currently take medication?		YES _____	NO _____			
* The participant WILL be bringing medication to programs and activities		YES _____	NO _____			
Explain any conditions that were answered 'YES': 						

Central Florida YMCA Mission Statement

The purpose of this Association is to improve lives of all in Central Florida by connecting individuals, families and communities with opportunities based on Christian values that strengthen Spirit, Mind and Body.

Authorization to remove child:

Mother: YES _____ NO _____ Father: YES _____ NO _____ **(If no to either parent, documentation must be provided)**

Other: Name _____ Relationship _____ Phone _____

Other: Name _____ Relationship _____ Phone _____

My child has my permission to sign themselves out at _____ P.M. YES _____ **(initial)** OR NO _____ **(initial)**

My child must leave campus or they can be charged with trespassing _____ **(initial)**

Accommodation Clause:

The Central Florida YMCA will provide reasonable accomodation 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 accommodations. 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. _____ **(initial)**

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. Speak with the Site Coordinator if you would like a copy of this manual. Discipline infractions may result in possible expulsion from the Summer Zone. _____ **(initial)**

WAIVER

I hereby state that my child is physically and mentally capable of safe participation in the Central Florida 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 Central Florida YMCA activities, whether on or off the Central Florida YMCA's premises. I also authorize the Central Florida 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. _____ **(initial)**

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 the Orange County Government from all liability while participating in off campus field trips. _____ **(initial)**

Participant (Student) Signature: _____

Date: _____

Parent / Guardian Signature: _____

Date: _____

Parent Email Address: _____