

YMCA of Orange County  
Teen Club  
Registration Material  
Middle School Programs

**South Coast Family YMCA**  
29831 Crown Valley Parkway  
Laguna Niguel, CA 92677  
Phone (949) 495-9622

**Y TEEN CLUB**<sup>TM</sup>  
We build strong kids, strong families, strong communities.

# YMCA Of Orange County Admissions Agreement

**ACKNOWLEDGEMENT / AGREEMENT** - As the parent or legal guardian of the above named child, I understand, agree to and/or acknowledge the following:

- A. I have received and will read a copy of the YMCA of Orange County YTeen Club™ registration packet and will comply with the policies set forth. I further acknowledge that I have received copies of the fees page.
- B. Those field trips, either by walking or in YMCA vehicles or school district buses, are a part of the program.
- C. Authorization for the YMCA to take photographs, videos, motion pictures and /or sound recordings of the middle school participant or members of the participant's family. I further grant the YMCA permission to use the photographs, video, motion pictures and/or sound recordings in its general publicity materials.
- D. That YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program. (The YMCA will take immediate staff and volunteer disciplinary action if a violation occurs.)
- E. I understand the program is non-licensed and my youth must sign in upon arrival to the program and may sign him/herself out or be signed out by a parent or authorized individual (as agreed upon between parent and child). I understand the sign in and out sheet is for tracking attendance and other attendance reporting that the YMCA may deem necessary.
- F. That should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. (Please do not put staff in a position where they have to make this judgment call.)
- G. That the YMCA is mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.
- H. I understand the YMCA of Orange County may terminate my child's enrollment for any of the following reasons:
  - ❖ Emergency names and phone numbers are incorrect
  - ❖ Parent is consistently late picking up child after Program Center closes
  - ❖ Non/late/NSF payment of fees
  - ❖ Behavior that is continually disruptive or dangerous to others and/or self
  - ❖ Behavior that is destructive to property and/or refusal to replace said property
  - ❖ Any single incident that is deemed by the Program Center Director to be dangerous, harmful or disruptive
  - ❖ Harassment, violent behavior or threat of such behaviors against a staff person or other member by parent/guardian or persons associated to the child (family member, family friend etc.)
- I. That Program participation requires a YMCA school-based membership in good standing and that non-payment of membership fees will result in my child not being allowed to participate in the program and could result in legal referral with additional costs to myself. I further understand there is an administrative processing fee for any payment returned by my bank or credit account.
- J. The YMCA and the staff employed by the YMCA will not become involved in any custodial disputes between parent/guardian. If YMCA documents are requested, the court must request them. The staff's responsibility is to provide a safe environment for Children.
- K. I understand that I am required to give 30 days written notice when terminating from the YMCA Middle School Program. If **30 days written notice** is not given, I will not receive a refund or credit.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
YMCA Child Care Representative

\_\_\_\_\_  
Date

# YMCA of Orange County – Middle School Program Registration

Today's Date	School / YMCA Center	Date child will begin	
Child's Last Name/First Name		Date of Birth	Sex M F
Grade in the Fall			
<b>I. RESPONSIBLE PARTY INFORMATION</b> (The "Responsible Party" is the parent/legal guardian enrolling the child and is responsible for payment of fees, signing releases, authorizing individuals to sign out the child and making any changes to the child's participation in the program.)			
Responsible Party's Last Name/First Name		Date of Birth (For ID Purposes)	Relationship to child
Home Address		City	Zip Code
			( )
Driver's License # / State of Issue	Social Security Number	Employer Name	Employer Phone
	- -		( )
E-mail address <input type="checkbox"/> Check to receive e-mail	Child lives with (circle one)		Cell/Pager Number
	Mother	Father	Both
	50/50	Other	( )
Other Parent's Last Name/First Name (if applicable)		Date of Birth (for ID purposes)	Relationship to child
Home Address		City	Zip Code
			( )
Driver's License # / State of Issue	Social Security Number	Employer Name	Employer Phone
	- -		( )
E-mail address <input type="checkbox"/> Check to receive e-mail			Cell/Pager Number
			( )
<b>II. CHILD'S PARTICIPATION SCHEDULE</b>			
<b>Middle School Options</b>	<b>Circle Days</b>		
<input type="checkbox"/> Fulltime	<input type="checkbox"/> Before School Only		
<input type="checkbox"/> Three (3) Days*	M T W TH F		
<input type="checkbox"/> Thursday Morning Only	<input type="checkbox"/> After School Only		
<b>III. EMERGENCY CONTACT INFORMATION</b>			
<b>EMERGENCY CONTACTS</b> – The following persons should be contacted in an emergency when I cannot be reached.			
Name	Phone #1	Phone #2	Relationship to child
	( )	( )	
	( )	( )	
My child is being restricted from being released to the following persons due to a court order. (A certified copy of the official court documentation must be kept in child's YMCA file).			
Name		Name	
Name		Name	
<b>IV. MEDICAL INFORMATION</b>			
DOES YOUR CHILD TAKE PRESCRIBED MEDICATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, a Permission to Medicate form is required)		IF YES, WHAT KIND:	
		SIDE EFFECTS:	
LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF (food, medications, environmental, etc.):			
DESCRIBE THE ALLERGIC REACTION:			
DOES CHILD HAVE ANY SPECIAL NEED (S) <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT KIND:	
<b>V. EMERGENCY MEDICAL INFORMATION (THIS INFORMATION IS REQUIRED)</b>			
<b>MEDICAL AUTHORIZATION:</b> As the parent, authorized representative, or legal guardian, I hereby give Consent to the YMCA to provide emergency dental or medical care prescribed by a duly licensed physician (M.D.), dentist (D.D.S.) or osteopath (D.O.) for _____. This care may be given under whatever conditions are necessary to preserve life, limb or well being of the child named above.			
Parent/Guardian Signature:			Date:
<b>VI. CHILDS HEALTH STATEMENT:</b> I, the undersigned, understand that at a YMCA Middle School Program, physical activity is a regular part of the program. To the best of my knowledge, my child is in excellent physical health and needs no restrictions (except what is listed below under "special problems") from strenuous activity. If I have any questions regarding my child's health, I understand that it is my obligation to seek professional medical advice and to inform the YMCA of any restrictions on my child's activities.			
Parent/Guardian Signature:			Date:

**YMCA OF ORANGE COUNTY**  
**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

Parent/Guardian Name (Please Print) \_\_\_\_\_

Child/Participant Name (Please Print) \_\_\_\_\_

IN CONSIDERATION of being permitted to enter the YMCA for any purpose, including but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering will, inspect such premises and facilities. It is further warranted that such entry into the YMCA for observation, participation or use of any facilities or equipment in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment there on and such affiliated program have been inspected and carefully considered that the undersigned finds and accepts same as being safe and reasonably suited for the purposes of such observation or use.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION, USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participants in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OR BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releasee or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THE RELEASE

Signature \_\_\_\_\_

Date \_\_\_\_\_