

YMCA of Orange County
Teen Club
Registration Material
Middle School Programs

**West County Family YMCA
19891 Beach Blvd. # 17
Huntington Beach, CA 92648
714-847-9622**



We build strong kids, strong families, strong communities.

YMCA of Orange County

Teen Pre-Admission Health History – Parent’s Report

CHILD’S NAME		SEX: M F	BIRTHDATE
FATHER’S NAME		DOES FATHER LIVE IN HOME WITH CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
MOTHER’S NAME		DOES MOTHER LIVE IN HOME WITH CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
I. MEDICAL INFORMATION			
IS OR WAS CHILD UNDER REGULAR SUPERVISION OF PHYSICIAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, NAME OF PHYSICIAN:	
		DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION:	
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:	
CHILD’S MEDICAL HISTORY (Please include immunization dates if applicable):			
	Yes	No	
			IMMUNIZATION DATE:
Diabetes			Chicken Pox
Epilepsy			Rheumatic Fever
Hay Fever			Whooping Cough
Asthma			Mumps
			Poliomyelitis
			10-Day Measles (Rubeola)
			3-Day Measles (Rubella)
PLEASE SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS:			
DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW MANY IN THE LAST YEAR?	
LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF (food, medications, environmental, etc.):			
DESCRIBE THE ALLERGIC REACTION:			
DOES CHILD HAVE AN ALLERGIC REACTION TO SUNSCREEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		DESCRIBE THE ALLERGIC REACTION:	
DOES CHILD USE ANY SPECIAL DEVICE (S)? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT KIND:	
DOES CHILD USE ANY SPECIAL DEVICE (S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT KIND:	
II. EMERGENCY MEDICAL INFORMATION (THIS INFORMATION IS REQUIRED)			
PHYSICIAN:		PHONE:	
DENTIST:		PHONE:	
INSURANCE CO. NAME:	POLICY NO.:	PHONE:	
MEDICAL AUTHORIZATION: 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:
III. CHILDS HEALTH STATEMENT: 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:
IV. PARENT’S EVALUATION OF CHILD’S PERSONALITY			
PLEASE TELL US ABOUT YOUR CHILD. DOES HE/SHE HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN)			
Parent/Guardian Signature:			Date:

YMCA of Orange County – Teen Club Program Registration

Today's Date		School / YMCA Center		Date child will begin	
Child's Last Name/First Name			Date of Birth	Sex	Grade in the Fall
				M F	
I. RESPONSIBLE PARTY INFORMATION (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	Home Phone	
				()	
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	Home Phone	
				()	
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	
				()	
II. CHILD'S PARTICIPATION SCHEDULE					
Middle School Options		Circle Days		Middle School Options	
<input type="checkbox"/> Fulltime (Before and After School Monday – Friday)				<input type="checkbox"/> Three (3) Days*	
<input type="checkbox"/> Before School Only - 5 Days				<input type="checkbox"/> Two (2)-Days*	
				*2 & 3 day options require days specified at time of enrollment.	
III. PARENT DIRECTORY: To be shared with other Middle School Parents					
List Name?		List Address?		List Phone?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Parent/Guardian Signature:				Date:	
IV. SIGN OUT / EMERGENCY CONTACT INFORMATION					
SIGN OUT AUTHORIZATION / EMERGENCY CONTACTS - The following individuals have my unrestricted permission to sign the above named child out from the YMCA school-age child care program and should be contacted in an emergency when I cannot be reached. Please notify Child Care Director in advance in writing if an individual not listed will be picking up your child. (Minimum of two required)					
Name		Phone #1	Phone #2	Relationship to child	
		()	()		
		()	()		
		()	()		
		()	()		
The following individuals are restricted from signing out my child due to a court-issued restraining order (A certified copy of the official court documentation must be kept in child's YMCA file).					
Name			Name		
Name			Name		
Parent/Guardian Signature:				Date:	

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

Adult Member/Participant Name (Please Print) _____

Child Member/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 _____

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 acknowledge that I have received copies of the fees page.
- B. That field trips, either by walking or in YMCA vehicles or school district buses, are a part of the middle school program activities.
- 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. That I am not to leave my child at the YMCA Program Center unless a YMCA staff or volunteer is there to receive and supervise my child.
- 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. That the YMCA may terminate my child's enrollment for any of the following reasons:
 - ❖ Emergency names and phone numbers are incorrect
 - ❖ Parent is late picking up child after Program Center closes
 - ❖ Non/late/NSF payment of fees
 - ❖ Failure to adhere to the sign-in/sign-out policies
 - ❖ Failure to notify the YMCA that child will be absent
 - ❖ Child leaving the Program Center without authorized written permission
 - ❖ 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. 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