



FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Afterschool Registration

**Please provide ALL of the following information:**

- Signed and completed application and health form (one per child)
- Registration fee

## **How to Register:**

Please bring completed forms and registration fee to the front desk. Before the start date of Afterschool, your current monthly fee must be paid in full. All financial assistance needs to be approved before enrollment. Only one discount will be applied (Income-based or Gateway Scholarship).

## **Registration Fee: MEMBER RATE**

\$20.00 Per Family on or before August 13, 2011

\$30.00 Per Family After August 13, 2011

## **NON MEMBER RATE**

\$30.00 Per Family on or before August 13, 2011

\$40.00 per Family After August 13, 2011

**I understand that all checks and drafts will be electronically debited from my account. I also understand that if the check or draft is returned, a processing fee of \$30.00 will also be debited from my account.**

Tax Information / Receipts Tax ID # 57-0314425

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

## **YMCA Mission**

**To put Christian principles into practice through programs that build a healthy spirit,  
mind and body for all.**





FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**CHILDREN'S INFORMATION: REGISTRATION FEE MUST BE PAID**

PLEASE PRINT  Middle Tyger YMCA  Berry Shoals Intermediate

DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Grade `11-`12 \_\_\_ School \_\_\_\_\_  Male  Female

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Grade `11-`12 \_\_\_ School \_\_\_\_\_  Male  Female

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Family Email \_\_\_\_\_

**PARENT INFORMATION: SAME ADDRESS AS ABOVE  yes  no PLEASE PRINT**

Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Mother/Guardian Home # \_\_\_\_\_ Father/Guardian Home # \_\_\_\_\_

Mother/Guardian Cell# \_\_\_\_\_ Father/Guardian Cell# \_\_\_\_\_

Mother/Guardian Work# \_\_\_\_\_ Father/Guardian Work# \_\_\_\_\_

Email Work \_\_\_\_\_ Email Work \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

-

**Note:** If parent is not allowed to pick up child, we must have a copy of the court order. In case of divorce or separation, please note if one or both parents can or will call for child.

\*\*\*Person(s) authorized to pick up child or to call in an emergency: please list all that apply\*\*\*

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**YMCA Mission**

To put Christian principles into practice through programs that build a healthy spirit,  
mind and body for all.



FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Please indicate your choice for Afterschool: Required for ALL registrations.

Members  Non Members  Parents Choice  Monthly  Weekly

Signature \_\_\_\_\_

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

\_\_\_\_ I understand that all checks and drafts will be electronically debited from my account. I also understand that if the check or draft is returned, a processing fee of \$30.00 will also be debited from my account.

\_\_\_\_ I understand that the full amount of \$\_\_\_/\$\_\_\_ will be drafted for the months of December and March. Monthly draft amounts are based on a full year total divided into 9 payments and therefore will not be discounted for time not attended such as holidays, vacations, sick time, etc.

\_\_\_\_ I understand my child will be swimming each Friday at the Middle Tyger or Pine Street YMCA.

## Waiver

This Health history is complete and accurate, and participant has permission to engage in all activities otherwise specified in writing. I understand that the YMCA of Greater Spartanburg assumes no responsibility for injuries or illness which my child may sustain as a result to his/her participation in , athletics, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge that my child has been medically cleared to participate in vigorous physical activities. I also understand that there is a risk of injury while participating in physical activities by my child. I agree to hold harmless the YMCA, its staff and volunteers for accidents or injuries arising out of his/her participation in the activity.

**While the YMCA will make every effort to provide reasonable accommodations for mentally and physically challenged children,** Day Camp will not accept children who are (1) of danger to themselves, (2) of dangers to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy the Day Camp programs. Any of the above reasons will be grounds for dismissal from Day Camp. A parent/guardian must discuss special conditions of circumstances involving their child with the director. This must be completed prior to registration so that the administration may make a determination if reasonable accommodations can be made for your child.

### Must be completed prior to Registration.

I agree to have my child examined within a reasonable time period by the family physician stating he/she is free from communicable disease and has not been exposed to such. I hereby give my permission to the medical personnel selected by the YMCA director to order X-rays, routine test, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for myself/or my child. In the event that I can not be reached in an emergency, I hereby give permission to the physician selected by the YMCA director to secure and administer treatment including hospitalization for my child. **I understand that no accident or medical insurance is provided with this activity.** I give permission to the YMCA of Greater Spartanburg, without limitation or obligation to use photographs, film footage, tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs and release the YMCA from any claim of liability to that use. I give my consent for my child to leave the YMCA site, participate in authorized YMCA trips and to ride in authorized vehicles for the purpose of transportation in connection with the YMCA program.

I received the Parent Handbook and have read and agree to all the policies set forth by the YMCA of Greater Spartanburg program.

Signature \_\_\_\_\_

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

## YMCA Mission

To put Christian principles into practice through programs that build a healthy spirit,  
mind and body for all.