



Student Information: Date of Birth: _____ Sex: _____ Date of Enrollment: _____

Full Name: _____

Child's Physical Address: _____

Family Email: _____

Child's School Information: _____

School Name

Grade Entering

Family Information: Child Lives With: _____

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Custody: Mother _____ Father _____ Both _____ Other _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care warranted.

Doctor: _____ Address: _____ Phone: _____

Please list allergies, special medical or dietary needs, or other areas of concern:

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YMCA programs or accessing YMCA facilities could increase the risk of contracting COVID-19. The YMCA in no way warrants that COVID-19 infection will not occur through participation in YMCA programs of accessing YMCA facilities. The YMCA; however, will take all necessary precautions to avoid any risks. We sanitize periodically throughout the day and every evening.

Liability Release:

I give permission for my child to participate in Youth Development at the YMCA. I understand that even when reasonable precaution is taken, accidents can sometimes happen. I hereby acknowledge that I am releasing the YMCA as well as its staff members and volunteers from all liability due to injury, loss, or damage, which may occur on the YMCA property while my child participates in the activities of this program. By registering I acknowledge that I have read and understand, and voluntarily agree to this authorization and release.

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

Name	Address	Work #	Home #
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Name	Address	Work #	Home#
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Name	Address	Work #	Home #
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Discipline Policy

Our discipline policy is based on recognizing and providing positive reinforcement for appropriate behaviors and natural or logical consequences as a response to less desirable ones. We believe that children truly want to learn how to behave in an appropriate manner. Our job is to help them learn this by serving as role models and guides. Our discipline policy is designed to be effective in a variety of situations and is based on the following components: Consistency, Emphasis on the positive, Logical consequences, Response. *We will never use any type of physical punishment. Nor will we shame, scold, or humiliate children. *The YMCA reserves the right to dismiss a child from the ASPIRE/YREADS program if repeated efforts at modifying misbehavior have failed and/or if parents are not cooperating with our policies. *** Please note: Any child who runs away from his/her group, will be terminated from the program immediately.

Tuition Payments

Tuition is due before the scheduled attendance days. If paying weekly, the tuition is due the Friday prior to the up-coming week. If participating in a drop-in day payment must be made in advance. Payment must be paid in advance for all payment options. Failure to make payments timely, will result in immediate termination from program. All drafts will be charged as scheduled on a monthly basis. We must receive a request in writing at least 15 days prior to the next draft date in order to stop a draft payment from being charged. All registrations and program fees are non-refundable.

Hours of operation:

Camp is operating Monday thru Friday between 7 a.m.-6:00 p.m. There is a late fee charge of \$1 per minute, per child for anyone picked up after 6:30 p.m. Multiple late pick-ups will result in termination from the program.

Program Permissions: (please circle yes or no)

Program Permissions and Information (please circle yes or no)

- My child may go swimming in the YMCA pool: yes no
- Sunscreen and bug repellent may be used on my child at staff discretion: yes no
- I authorize any photos taken of my child to be used for program advertising purposes yes no
- Does your child receive free or reduced lunch through CCPS? yes no

By signing below, I also acknowledge that I have read, received, and agree to abide by all the policies within the ASPIRE Parent Handbook set forth by YMCA of South Collier and Greater Naples YMCA.

Signature	Print Name	Date
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Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor’s right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor’s participation in YMCA of South Collier Programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in YMCA activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with YMCA participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with YMCA participation and that said list in no way limits the operation of this Agreement.

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Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____’s participation in YMCA of South Collier, I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the YMCA of South Collier, its officers, directors, employees, volunteers, agents, representatives and insurers (“Releasees”) from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of YMCA facilities/equipment or participation in YMCA programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor’s participation in the YMCA of South Collier, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor’s YMCA participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in YMCA participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in the YMCA and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in the YMCA of South Collier.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Participant Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)