



OTT FAMILY YMCA

Afterschool Enrichment Program

Registration 2010-2010

Child's Name: _____ Date of Birth: _____

School: _____ Grade: _____ Date Child will start Program: _____

Mother/Guardian Name: _____

Address: _____ Zip Code _____

Home Phone: _____ Work Phone _____ Cell Phone _____

Father/Guardian Name: _____

Address: _____ Zip Code _____

Home Phone: _____ Work Phone _____ Cell Phone _____

Email address: _____

_____ Program Membership \$20.00 each (required, unless child has a current membership)

Fees are weekly. Payments are due no later than Friday for following week. \$5 off 2nd child. No daily or part time rates.

After School Only	BEFORE & AFTERSCHOOL	Before School Only
School Dismissal till 6:00 pm Includes early release days	Wheeler Elementary - \$66.00 per week Before 7:00am-9:00pm After -School Dismissal – 6pm	Wheeler Elementary - \$28 per week 7:00 am to 9:00 am After -School Dismissal – 6pm
\$58.00 per week per child	Henry Elementary - \$62.00 per week Before 7:00am – 8:00am After -School Dismissal – 6:00pm	Henry Elementary - \$14.00 per week 7:00am – 8:00am

After School sites: Please check site child will attend.

Tucson Unified School District

- Dietz Elementary
- Erickson Elementary
- Wheeler Elementary Before Before & After
- Henry Elementary Before Before & After

- Academy of Tucson

Vail School District

- Cottonwood Elementary
- Desert Willow Elementary
- Ocotillo Ridge Elementary
- Sycamore Elementary

Account type: Please check account.

- Full pay DES Scholarship

**DES authorization must be current. All scholarship recipients need to reapply.
New Scholarship applications must be completed and turned in with registrations.**

**Notice to Parents regarding children with I.E.P. / Special Needs:
If your child has an I.E.P. (Individual Education Plan) with their teacher, counselor, doctor or school you are required to provide the YMCA Child Care Program with a copy before the first day of child care services.**



YMCA of Metropolitan Tucson
RELEASE and WAIVER OF LIABILITY and INDEMNITY
and PHOTO/TALENT RELEASE AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities, or equipment, or participation in any off-site program affiliated with the YMCA, 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, inspected and carefully considered, or will immediately upon entering and/or participating, inspect and carefully consider, such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR 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 ON HIS OR HER BEHALF AND/OR BEHALF OF HIS/HER CHILDREN (hereinafter referred to as "the undersigned") HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS 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 damages, 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 participating 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 OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasees 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.
4. PHOTO/TALENT RELEASE I hereby irrevocably release, consent and allow the YMCA of Metropolitan Tucson and its agents to use my photograph/likeness/voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement for its use. (My initials here revoke photo/talent release_____)
5. MEMBER CONDUCT I agree to abide by all rules and regulations of the YMCA of Metropolitan Tucson, and I understand that failure to act in accordance with the rules may result in expulsion from the YMCA and cancellation of membership.
6. PROPERTY LOSS I understand that the YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities or participating in YMCA programs.
7. INSURANCE I understand that the YMCA does not provide any accident or health insurance for its members or participants and it is my responsibility to provide such coverage.
8. MEDICAL RELEASE I authorize the YMCA, as my agent, to give consent to medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician, and I am unable to give such consent. I authorize a qualified YMCA staff member to administer CPR or first aid if necessary. I understand that it may be necessary for me to provide a release form from my physician regarding my current health status.

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 Arizona 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 AND PHOTO/TALENT RELEASE AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE.

Date:_____ Signature of Applicant:_____ Print Name:_____

Membership Information

PRIMARY MEMBER

Primary Member Name (Please Print) Mr. Mrs. Ms. _____ Jr. Sr. 3RD 4TH
 First _____ M.I. _____ Last _____
 Nickname _____ Date of Birth _____ Male Female
 Home Address _____ City _____ State _____ Zip _____
 Home Phone _____ Alternate Phone _____ E-Mail _____
 Emergency Contact _____ Phone _____
 (Other than your household)

SECOND ADULT

2nd Adult Name (Please Print) Mr. Mrs. Ms. _____ Jr. Sr. 3RD 4TH
 First _____ M.I. _____ Last _____
 Nickname _____ Date of Birth _____ Male Female

DEPENDENT(S)

Dependent(s) Name (Please Print)
 First _____ M.I. _____ Last _____ Date of Birth _____ Male Female
 First _____ M.I. _____ Last _____ Date of Birth _____ Male Female
 First _____ M.I. _____ Last _____ Date of Birth _____ Male Female
 First _____ M.I. _____ Last _____ Date of Birth _____ Male Female

MEMBERSHIP TYPE

Adult _____ Family _____ Young Adult (8-21 yrs) _____ College Student _____ Winter Visitor _____ Program _____

PAYMENT OPTIONS & TERMS

I authorize the below named financial institution to honor drafts by the YMCA of Metropolitan Tucson on the account indicated below for membership, program or annual support campaign payments. It is understood that my monthly bank draft **will continue until written notice of cancellation is given**. Should any draft not be honored by my financial institution, I understand that cash payment and a \$25 service charge are due immediately. Any change, deletion or **cancellation must be submitted in writing**. If changing, deleting or canceling a membership, I must include my membership card(s) along with my written notice. Failure to give a 30 day written notice will make the subsequent draft(s) non-refundable. **Changes or cancellations cannot be made by telephone**. A deposit slip or voided check is required if using a savings or checking account. I understand that the YMCA reserves the right to adjust membership rates as necessary, which I agree to pay, upon at least 30 days advance written notice.

Monthly EFT Bank Draft – Full Name of Bank _____ City _____

OR _____ Checking Savings Account # _____

Monthly EFT Credit Card Draft- Visa MasterCard American Express
 Card # _____ Expiration Date _____

OR Name of Issuing Bank _____

Prepaid (Annual) Membership Term _____ Renewal Date _____

AUTHORIZATION SIGNATURE

Signature (as you sign your checks) _____

Date _____ Staff Initials _____

EFT PAYMENT SUMMARY

Begins on ____/____/____
 \$ _____ Per Month
 \$ _____ Parking
 \$ _____ (Other) _____
 \$ _____ **Total EFT**



CDC/SGH # or name: _____

Emergency Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

Father or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

I authorize the following individuals to collect my child from the facility if I cannot be located:

Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

If Medical care is necessary, CALL:

DOCTOR	Name:	Address (#, Street, City):	Phone:
HOSPITAL	Name:	Address (#, Street, City):	Phone:

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of injury or sudden illness, I request that this individual be called first:

Does your child have insurance coverage? No Yes Name of Insurance Company:

Telephone Authorization Code : _____ (optional)

Immunization Information

For information regarding current immunization requirements go to:
www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE: