

Name of family physician: _____
 Address: _____
 Phone: _____
 Date of last physical exam: _____
 Clinic/Hospital: _____
 Insurance carrier: _____
 Dentist or Orthodontist: _____
 Phone: _____
 Special needs - health, physical, special diet, educational or other special instructions for staff awareness:

Allergies: _____

Other afflictions or details of above: _____

Current medications (prescription only): _____

Any specific activities to be encouraged or limited by physician's advice: _____

Swimming Ability: Non-swimmer
 Beginner Intermediate Advanced

PROMOTIONAL AGREEMENT

The Two Rivers YMCA has my permission to use photographs of my children in YMCA promotional materials. Yes No

 SIGNATURE OF PARENT DATE

PARENT AUTHORIZATION

I hereby do declare my child to be physically sound, having medical approval to participate in the activities of the Two Rivers Young Men's Christian Association (YMCA). This health history is correct so far as I know and the person herein described has permission to engage in all prescribed program activities except as noted. I further understand that neither the YMCA nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. I certify that my child is amenable to discipline and free from habits or attitudes which would make him/her and undesirable participant. I understand that repeated disruptive, abusive, rude or otherwise inappropriate behavior will result in the dismissal of my child. The staff will determine when dismissal shall occur. I understand that advance notice of such dismissal is not required. I have studied the brochure and "Parent Guide" and understand the contents thereof. I understand the attendance and refund policies.

 SIGNATURE OF PARENT DATE

EMERGENCY MEDICAL AUTHORIZATION

I hereby give permission to the medical personnel selected by the directors/coordinators to order X-rays, routine tests and treatment for me or my child. In the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician selected by the directors to hospitalize, secure proper treatment for, and order injections(s) and/or anesthesia and/or surgery for me or my child as named above. I will be fully responsible for any costs of such treatment, even if not covered by insurance. I give permission to program staff to administer immediate first aid to my child when injured.

 SIGNATURE OF PARENT DATE

ACTIVITY AUTHORIZATION

I hereby give permission for my child to participate in activities outside of the YMCA facility, which may include YMCA or public pools and traveling on YMCA or Johannes Buses. I agree to release the Two Rivers Young Men's Christian Association, its officers and directors, and the YMCA staff from any and all claims of damages, demands or liabilities which may arise as a result of my child's participation in activities. I give permission for my child to participate in neighborhood walks.

 SIGNATURE OF PARENT DATE

TWO RIVERS YMCA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for 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 program affiliated with the YMCA, without respect to location, 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 or participating will 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 programs 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 PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") 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 releases 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, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases 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 releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases 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 forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Illinois 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 THIS RELEASE

 SIGNATURE OF PARENT DATE



YMCA Before & After School-Age Care 2010-2011

Program Overview

Before & After School-Age Care is available to you through your school district and is delivered and administered by the Two Rivers YMCA.

The SAC program is full of exciting and challenging activities that encourage children to learn new skills, develop their interests and spend meaningful time with friends and adults. All of this takes place in a safe, caring environment conveniently located in your local school.

Coordinated Approach to Child Health (CATCH) and 4-H After School Curriculum provide specialized activities that allow children to explore their interests in a variety of areas. We combine monthly themes with core areas to build experiences beyond what children are exposed to at home or in their school.

All this fun is also designed to provide children with the life skills and character development necessary to grow up to be caring, competent, responsible adults. Participants are constantly exposed to the four core values of Caring, Honesty, Respect and Responsibility and provided incentive for living these values outside of the SAC Program.



TWO RIVERS YMCA

We build strong kids, strong families, strong communities.

2040 53rd Street, Moline • 309-797-3945 • www.tworiversymca.org

Registration

You must register for the program at the Two Rivers YMCA or your school site during regular operating hours at least two days in advance of using our services. If you are not a YMCA Member, you must pay the semester activation fee (paid in August and January) every school year in order for your child to start or continue our program.

2010-2011 Fees

Semester Activation Fees (per child): \$0 Y Members, \$36 Community (Paid twice during the school year, August and January, or before child begins the program each semester)

Fee Per Day	Per Child
AM Rate	5.25
PM Rate	7.75
Half Day <i>(does not include morning if child attends both)</i>	13.50
Full Day	24.00

Program Hours & Dates

HOURS: 6:30 am to the morning bell and school dismissal to 5:30 pm. The YMCA Before & After School-Age Care Program begins on the first day of school and ends on the last day of school, depending on the length of the school day. We will not cover 1 or 2 hour school days..

YMCA School-Age Care Curriculum

- Arts & Humanities
- Character Development
- Health, Wellness & Fitness
- Homework
- Literacy
- Science & Technology
- Service Learning
- Social Competence & Conflict Resolution

Program Goals

- Provide quality care that support the needs of the family unit.
- Promote academic achievement and success.
- Foster healthy lifestyles through increased awareness of health, nutrition and fitness.
- Provide children with the life skills necessary for a successful transition to adolescence.
- Offer a variety of activities that allow children to explore new interests with an open mind.
- Deliver the program in a positive environment with safety, support and care.

Processing Fee and Advance Payment

If you choose to make payments with checks or money orders there will be a processing fee of \$5 for every transaction. You will also be required to make your payment in advance in order to use our services. The processing fee must be included in your check or money order amount along with the fees you are paying. You may make payments to our site staff only if you choose to use check or money order payment method. **We will not accept cash.**

Draft Payment

If you choose to provide us with your checking, savings, debit or credit card information, we will draft your fees twice a month and there will be no processing fees or advance payment requirement. We will draft or charge your account at the first and middle of the month (closest banking day) to keep your account current.

I also understand that should a payment not be honored with the credit card provided below, I am still responsible for that payment in addition to any service fees established by the YMCA and/or my bank or credit card provider.

If at any time I prefer to discontinue this means of payment, I must provide written notice to the Two Rivers YMCA SAC office ten (10) days prior to the next scheduled payment.

Authorization to Debit Credit Cards*

I hereby authorize the Two Rivers YMCA to keep the following information on file electronically and to draft payments once during the middle of each month and once at the end of each month (when a balance is present) for the 2009-2010 school year.

Type of account (please check one):

- Savings Checking (attach voided check)
 Debit Card Credit Card - Expiration date: _____

Name on card: _____

Account number: _____

Bank Routing number: _____

Signature: _____

*This information will be kept confidential.

Financial Assistance

All families applying for financial assistance or state agency assistance must pay a deposit of \$25 per child to begin the program, along with the activation fee. It can take up to 4 weeks to process paperwork to determine your adjusted fees. This deposit helps keep your account balance within a reasonable amount until your fees can be determined.

School's Out Club

School's Out Club is available at the Two Rivers YMCA facility during school holidays and institute days. *School's Out Club is also available when school is cancelled for the day due to inclement weather for Moline, East Moline and Rock Island Schools.* A calendar of SOC days will be available the first day of school at your site. YMCA members may register online for School's Out Club.

2010-2011 Before & After School Program Student Information Form

Child's Information

Name _____

Address _____

City/State/Zip _____

School _____

Date of Birth _____ Primary Contact _____

Age _____ Grade _____ Race _____ Sex _____

Parent/Guardian Information

1. Guardian Name _____

Relationship _____

Mailing Address _____

City/State/Zip _____

Place of Employment _____

Work Phone _____

Home Phone _____

Email address _____

Cell phone/pager _____

2. Guardian Name _____

Relationship _____

Mailing Address _____

City/State/Zip _____

Place of Employment _____

Work Phone _____

Home Phone _____

Email address _____

Cell phone/pager _____

Check all that apply, give approximate dates

Frequent Ear Infection _____ Convulsions _____

Heart Defect/Disease _____ Diabetes _____

Mononucleosis _____ Hypertension _____

Tetanus Innoculation _____ Asthma _____

Bleeding/Clotting Disorders _____

YMCA Membership Information

I have a YMCA membership Yes _____ No _____

If yes, please check the type:

- Individual Individual + Child(ren) Youth Senior



PICK-UP INFORMATION

I authorize only the people below to pick up my child. **Please list in order of preference all persons (including yourself and, if applicable, the child's other parent or legal guardian) who are authorized to pick up your child.** For your child's safety, he/she will not be released to anyone else. No changes to this list will be made unless the parent or legal guardian whose signature appears on reverse requests such changes in writing at least one day in advance. Photo ID required at pick up.

Name _____

Address _____

Work Phone _____

Other Phone _____

Relationship _____

Name _____

Address _____

Work Phone _____

Other Phone _____

Relationship _____

Name _____

Address _____

Work Phone _____

Other Phone _____

Relationship _____

Name _____

Address _____

Work Phone _____

Other Phone _____

Relationship _____