

School Child Attends: (Check one)

\_\_\_ Tommie Barfield Elem.

\_\_\_ Manatee Elementary

\_\_\_ Parkside Elementary

\_\_\_ Everglades City School

**YMCA of South Collier/Marco YMCA  
2019-20 A.S.P.I.R.E Registration**

Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: M or F Enrollment Date: \_\_\_\_\_

Address: \_\_\_\_\_

Family Email Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Child Lives With \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work #: \_\_\_\_\_ Other Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work # \_\_\_\_\_ Other #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list any allergies, medications, dietary restrictions, or any other special concerns:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Persons Authorized to pick-up my child: (Must be 18 years of age or older)  
Child will not be released to others without written permission.

<u>Name</u>	<u>Relationship to Child</u>	<u>Phone#</u>

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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.

**Authorization for Emergency Treatment**

Medical Information:

I give Permission for the staff of the Marco YMCA to contact the following medical personnel to obtain emergency medical care if necessary:

Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

I give permission for the staff of the Marco YMCA to take whatever steps may be necessary for my child's medical care in the case of an emergency.

**Tuition Payments**

Tuition is due before the scheduled attendance days. **Monthly/Weekly Drafts must be set up upon registering for ASPIRE.** If participating in a drop-in day, payment must be made in advance. 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.

**Manatee and Parkside Programs:**

I authorize YMCA of South Collier to charge my card on file every Friday for the following week of After School Programming. I understand that it is my responsibility to notify the YMCA of South Collier of any billing changes that may occur with my account. I also understand that if my card is declined for any reason, it is my responsibility to ensure payment is made on the due date of every Friday prior to the next school week. I understand that if I fail to make payment on time, my child's space for the program will be forfeited.

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

**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**

I have received the "Know Your Child Care" and "The Parents Guide to Flu" brochures: **yes no**

Does your child receive free or reduced lunch through CCPS? **yes no**

I authorize the CCPS school my child attends to release information to the YMCA of South Collier After School Program/YREADS! Program, including but not limited to grades, test scores, behavioral records, IEP information student ID number, etc.: **yes no**

**Student's CCPS issued ID number:** \_\_\_\_\_

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.

Printed Parent Name: \_\_\_\_\_

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

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**YMCA Liability Release**

I give permission for my child to participate in the ASPIRE/YREADS Program. I understand that even when reasonable precaution is taken, accidents can sometimes happen. I hereby acknowledge that I am releasing the YMCA of South Collier/Marco 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 signing below I acknowledge that I have read and understand, and voluntarily agree to this authorization and release.

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

**THE GREATER MARCO FAMILY YMCA, INC.**

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FOR MINOR CHILD**

In consideration of being permitted to utilize the facilities, services and programs of The Greater Marco Family YMCA, Inc. (YMCA) for any purpose including, but not limited to observation or use of facilities or equipment, or participation in any YMCA program or off-site program affiliated with the YMCA, or any activities on YMCA property, the undersigned, for himself or herself and any of his or her personal representatives, family member 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 YMCA and/or program. The undersigned further warrants that such entry into the YMCA or other facility/location for observation or use of any facilities or equipment or participation in any program constitutes an acknowledgment that such premises and all facilities and equipment thereon or used in such 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 YMCA FOR ANY PURPOSE OR PARTICIPATION IN ANY YMCA PROGRAM OR PROGRAM PROPERTY AFFILIATED WITH THE YMCA, WHETHER ON YMCA PROPERTY OR OFF SITE, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASE, WAIVE, DISCHARGE AND CONVENANT NOT TO SUE the YMCA, its directors, officers, employees and agents (hereinafter referred to as "releasees") and releases all of the foregoing from all liability to the undersigned, his or her personal representatives, family members, 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, including but not limited to negligence or gross negligence of the releases.
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 of or affiliated with the YMCA whether caused by the negligence or gross 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 any action or inaction, negligence or gross 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 of or affiliated with the YMCA,

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4. THE UNDERSIGNED HEREBY WAIVES ANY RIGHT TO SUE THE RELEASEES OR OTHERWISE PURSUE LEGAL ACTION AGAINST RELEASEES AS PART OF THIS AGREEMENT.

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 FLORIDA 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.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

"The language below is required by Florida law,"

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE GREATER MARCO FAMILY YMCA, INC. USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE GREATER MARCO FAMILY YMCA, INC. IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE GREATER MARCO FAMILY YMCA, INC. HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

\_\_\_\_\_  
NAME OF CHILD

Signature of Parent:

Signature of Parent:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Print Name of Parent:

\_\_\_\_\_  
Print Name of Parent:

Date:                      Date:

YMCA Board of Directors Approved 5 30 2014 Chris Kleine, CVO

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