

SELECT YOUR BRANCH:

() Dowd YMCA () Johnston YMCA () Morrison YMCA () Simmons YMCA
() Harris YMCA () Keith YMCA () McCrorey YMCA () Hemby Program Center
() Stratford Richardson YMCA

PARTICIPANT INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

DOB: _____ Age: _____ Gender: () Male () Female

Primary Phone: _____ (CIRCLE ONE: HOME WORK CELL) Grade: _____

Do you receive subsidy for your childcare payments from any of the following? () Yes () No

() CCRI () County () Project Lift () Other: _____ Voucher #: _____

Email and text message are our preferred forms of communication. All electronic communications should be sent to:

Primary Email: _____ Cell Phone: _____

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION

1. Parent/Guardian (primary) _____

DOB: ____/____/____

Relationship to Child _____

Phone 1: _____
(CIRCLE ONE: HOME WORK CELL)

Phone 2: _____
(CIRCLE ONE: HOME WORK CELL)

Email: _____

2. Parent/Guardian (primary) _____

DOB: ____/____/____

Relationship to Child _____

Phone 1: _____
(CIRCLE ONE: HOME WORK CELL)

Phone 2: _____
(CIRCLE ONE: HOME WORK CELL)

Email: _____

Two emergency contacts are MANDATORY in addition to parents/guardians for each child. Emergency contacts will automatically be considered authorized to pick up unless indicated otherwise.

1. Emergency Contact _____

Can Pick-up child : ☐ Yes ☐ No

Relationship to Child _____

Phone 1: _____
(CIRCLE ONE: HOME WORK CELL)

Phone 2: _____
(CIRCLE ONE: HOME WORK CELL)

2. Emergency Contact _____

Can Pick-up child : ☐ Yes ☐ No

Relationship to Child _____

Phone 1: _____
(CIRCLE ONE: HOME WORK CELL)

Phone 2: _____
(CIRCLE ONE: HOME WORK CELL)

3. Emergency Contact _____

Can Pick-up child : ☐ Yes ☐ No

Relationship to Child _____

Phone 1: _____
(CIRCLE ONE: HOME WORK CELL)

Phone 2: _____
(CIRCLE ONE: HOME WORK CELL)

4. Emergency Contact _____

Can Pick-up child : ☐ Yes ☐ No

Relationship to Child _____

Phone 1: _____
(CIRCLE ONE: HOME WORK CELL)

Phone 2: _____
(CIRCLE ONE: HOME WORK CELL)

Last Name: _____ **First Name:** _____ **MI:** _____

EMERGENCY CONTACTS CONTINUED

5. Emergency Contact _____

Can Pick-up child : ☐ **Yes** ☐ **No**

Relationship to Child _____

Phone 1: _____

(CIRCLE ONE: HOME WORK CELL)

Phone 2: _____

6. Emergency Contact _____

Can Pick-up child : ☐ **Yes** ☐ **No**

Relationship to Child _____

Phone 1: _____

(CIRCLE ONE: HOME WORK CELL)

Phone 2: _____

PARTICIPANT INFORMATION

INSURANCE:

Is participant covered by insurance? () Yes () No

Health Insurance Carrier: _____ Health Insurance Group#: _____

PREFERRED PROVIDERS:

Primary Physician (First/Last Name): _____ Phone: _____

Preferred Hospital: _____

MEDICAL INFORMATION:

Is the participant currently taking prescription/over the counter medications? () Yes () No

List Medication/Dosage/Purpose: _____

Does the participant have allergies? () Yes () No (e.g. food, medication, seasonal, etc.)

Describe all known allergies in detail: _____

Any condition requiring special care? () Yes () No

If yes, please specify: _____

Has the participant had surgeries, illnesses, or any severe injuries? () Yes () No

If yes, please specify: _____

Does the participant have dietary restrictions? () Yes () No

Explain dietary restrictions: _____

OTHER INFORMATION:

Please provide information we may not have asked that you feel is important for us to know as we incorporate your child into our program: _____

Last Name: _____ **First Name:** _____ **MI:** _____

YMCA of Greater Charlotte
Release of Waiver of Liability And Indemnity Agreement

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Greater Charlotte (hereinafter referred to as "YMCA") and/or any participation in any program affiliated with the YMCA, without respect to location, I, for myself and any personal representatives, heirs, and next of kin, hereby acknowledge and agree to the following while at the YMCA, regardless of location:

- 1. I HAVE OR IMMEDIATELY UPON ENTERING OR PARTICIPATING WILL INSPECT AND CAREFULLY CONSIDER YMCA PREMISES, FACILITIES AND/ OR THE AFFILIATED PROGRAM and entering constitutes an acknowledgement that I find and accept them as being safe and reasonably suited for the purpose of observation, use, or participation.**
- 2. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") and each of them from any loss, liability, damage, or cost that I may incur due to my/my child's presence, 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.**
- 3. I ACKNOWLEDGE THAT PARTICIPATING IN YMCA ACTIVITIES INVOLVES KNOWN AND UNANTICIPATED RISKS WHICH COULD RESULT IN PHYSICAL OR EMOTIONAL INJURY, PARALYSIS OR PERMANENT DISABILITY, DEATH, AND PROPERTY DAMAGE. I HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE or loss while in, about, or upon the premises of the YMCA or location of a program affiliated with the YMCA and releases, waive, and covenant not to sue the releases. Risks include, but are not limited to, broken bones, torn ligaments, or other injuries as a result of falls or contact with participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical emergencies resulting from physical activity; damaged, lost or stolen property; communicable diseases, which includes the COVID-19 virus. I understand such risks cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.**
- 4. I HEREBY AGREE THAT MY/MY CHILD'S PARTICIPATION IN THESE ACTIVITIES IS VOLUNTARY AND WE ELECT TO PARTICIPATE DESPITE THE RISKS. If at anytime I believe that event conditions are unsafe or that I or my child is unable to participate due to physical/mental conditions, I will immediately discontinue participation.**
- 5. I REPRESENT THAT I HAVE ADEQUATE INSURANCE TO COVER ANY INJURY OR DAMAGE I OR MY CHILD MAY SUFFER OR CAUSE WHILE PARTICIPATING IN THIS ACTIVITY, or else I agree to bear the costs of such injury or damage myself.**
- 6. I HEREBY AGREE THAT THE YMCA MAY PHOTOGRAPH OR CAPTURE FOOTAGE OF ME OR MY CHILD AT THE YMCA OR ON ANY AFFILIATED YMCA PROPERTY AND the YMCA may use those photographs or footage for its marketing purposes and further agree to release both the YMCA and releases from any claim or liability related to that use; waiving all claims for myself, my child and any heirs or next of kin.**
- 7. I HEREBY AGREE THAT IN THE EVENT THAT I/MY CHILD NEED IMMEDIATE MEDICAL ATTENTION FOR INJURIES THAT OCCUR WHILE PARTICIPATING IN A YMCA PROGRAM, and I am not present or able to communicate my desires at the time of injury, I authorize YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency care as needed.**
- 8. I GIVE PERMISSION FOR MYSELF AND/OR MY CHILD TO BE TRANSPORTED BY THE YMCA as needed for field trips, inclement weather, or late pick-ups.**

I expressly agree that this **RELEASE, WAIVER, AND INDEMNITY AGREEMENT** is intended to be as broad and inclusive as is permitted by the law of the State of North Carolina and South Carolina and that if any portion thereof is held invalid the remaining portions shall remain in full legal force and effect.

I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representation, statements, or inducement apart from the foregoing written agreement have been made.

Parent Name: _____ **Parent Signature:** _____ **Date:** _____

Parent or Guardian Additional Agreement
(Must be completed for participants under the age of 18)

In consideration of minors being permitted to participate in this activity, I further agree to indemnify and hold harmless Releases from any claims alleging negligent which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent Name: _____ **Parent Signature:** _____ **Date:** _____

Last Name: _____ **First Name:** _____ **MI:** _____

YMCA of Greater Charlotte

DROP-OFF, PICK-UP, AND RELEASE POLICY

YMCA staff want to ensure your child's safety while participating in our program. An authorized adult (18 years of age or older) must sign the child in and out each day. It is required by state law to sign your child (ren) out when you pick him/her up. Adult must be listed on the authorized pickup list for child to be released. No one other than those on authorized pick up list can pick up your child. ID must also be shown at pickup.

PLAY OUTSIDE FENCED AREA

If the facility has planned activities outside the fenced area of the facility, I will allow my child to play outside the fenced area of the facility. (This statement is required by law)

NC CHILD CARE CODE

I have received a copy of the Summary of North Carolina Child Care Rules and Laws (required for licensed site participants).

PARENT HANDBOOK

I have received the YMCA Parent Handbook. I understand that it is my responsibility to read through the entire handbook. I do hereby state that I have read and received a copy of the facility discipline and behavior management policy and that the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

AQUATICS POLICY

**At this time, no swimming is planned. Further communication will be released if we are able to offer swim in the future.*

Participants may swim during programming; exact days are dependent upon group scheduling. The YMCA of Greater Charlotte has very strict guidelines on appropriate and safe pool procedures. For the sake of safety, this is one area where any type of horseplay or non-compliance will not be tolerated.

Children are expected to have swimsuits and towels with them in order to swim. A swim suit is defined as an article of clothing made with supportive lining for the purpose of swimming. Basketball shorts will not be permitted. If a child does not have those two things, he/she will not swim. Moreover, we will not make calls home asking for someone to bring either of these two items.

All children will be evaluated for swimming ability on or before the first day of camp, or the participants first swim day. Children will be assigned a colored band based on their ability and height. Children who are do not pass a YMCA swim test will be required to wear flotation vest and be within reach of an adult. Children classified as yellow or green band swimmers based on the YMCA swim test will not be required to have a flotation device if they are over four feet tall, and they may swim in designated areas of the pool.

The YMCA prides itself on equipping children with the tools to become excellent swimmers. To ensure the quality of our program, please see our aquatics policy below:

Safety Hazards:

The YMCA pool contains the following items, Calcium Hypochlorite (60-80%), Sodium Chloride (10-20%), Calcium Chlorate (0-5%), Calcium Chloride (0-5%), Calcium Hydroxide (0-4%), Calcium Carbonate (0-5%), Water (5.5-10%). These chemicals could cause potential hazard if swallowed. If children are allergic to these items, skin and eye irritations may occur.

Supervision:

Locker Room: All Youth Services participants are supervised in the locker rooms by two certified YMCA counselors at all times.

Pool: For every twenty-five (25) children there will be one lifeguard on duty along with two certified YMCA counselors. All YMCA certified counselors must accompany the children in the pool.

Discipline: To ensure the safety of our children, our students are expected to follow the pool rules. However, when rules are not followed, discipline will go as follows:

Strike 1- Verbal Warning

Strike 2- Pool Break (3-5 minutes)

Strike 3- Pool Break for remainder of session.

In the event that a field trip is planned to another aquatics facility, our staff and students will be expected to comply with both YMCA regulations as well as regulations set forth by that accompanying aquatics facility.

In the event of an emergency, Lifeguards will blow the whistle and children and staff will exit the pool. Upon exiting the pool, staff will count children and move to a safe place until clearance is given to re-enter.

I have received the YMCA Youth Services Swimming Procedures and Policies. I have read and agree to all the policies set forth by the YMCA of Greater Charlotte and by the YMCA Youth Development Department.

Last Name: _____ **First Name:** _____ **MI:** _____

YMCA of Greater Charlotte Childcare Policies

DISCIPLINE POLICY

Praise and positive reinforcements are effective methods of the behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policies.

WE DO:

- Praise, reward, and encourage the children.
- Reason with and set limits for the children.
- Model appropriate behavior for the children.
- Modify the classroom environment to attempt to prevent problems before they occur.
- Listen to the children.
- Provide alternatives for inappropriate behavior to the children.
- Provide the children with natural and logical consequences of the behaviors.
- Treat the children as people and respect their needs, desires, and feelings.
- Ignore minor misbehaviors.
- Explain things to children on the levels.
- Use short supervised periods of "time out."
- Stay consistent in our behavior management program.

WE DO NOT:

- Spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
- Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
- Shame or punish the children when bathroom incidents occur.
- Deny food or rest as punishment.
- Relate discipline to eating, resting, or sleeping.
- Leave the children alone, unattended, or without supervision.
- Place the children in locked rooms, closets, or boxes as punishment.
- Allow discipline of children by children.
- Criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

I, undersigned parent or guardian of _____, do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: _____

I have read and agree to all of the policies set forth by the YMCA of Greater Charlotte.

CHILD NAME (Print)

PARENT/GUARDIAN NAME (Print)

PARENT/GUARDIAN SIGNATURE

DATE