



ARMED SERVICES YMCA

Special Event Military Child REGISTRATION FORM

Rank of Sponsor: _____
Name of Event: _____
Date: _____

Child's Name _____ Sex _____ DOB ____/____/____ Age _____

Child's Name _____ Sex _____ DOB ____/____/____ Age _____

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Child's Name _____ Sex _____ DOB ____/____/____ Age _____

Child's Name _____ Sex _____ DOB ____/____/____ Age _____

Home Address _____ City _____ State _____ Zip _____

Email: _____

Mother's Name _____ Contact #: _____

Place of Employment: _____ Work Phone _____

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

Father's Name _____ Contact #: _____

Place of Employment: _____ Work Phone _____

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

CHILD'S LIVING ARRANGEMENTS

Child's Living Arrangements ☐ Both ☐ Mother ☐ Father ☐ Other

Child's Legal Guardian ☐ Both ☐ Mother ☐ Father ☐ Other

If an alternate custody arrangement exists and individuals other than those listed above have an ability to pick up your child, please complete the following section. If such arrangement exists, please provide documentation.

Stepparent Name _____ Cell: _____

Stepparent Name _____ Cell: _____

Both Stepparents' are authorized to pick up my child.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____



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EMERGENCY CONTACTS AND AUTHORIZED PICK UP PEOPLE

The individuals listed below will be called in case of emergency when the parent or guardian cannot be reached. The child may be released to the person(s) signing this agreement and/or to the following:

Name _____ Relationship to Parent _____
Address _____ City _____ State _____ Zip _____
Home Number _____ Cell Number _____ Work Number _____

Name _____ Relationship to Parent _____
Address _____ City _____ State _____ Zip _____
Home Number _____ Cell Number _____ Work Number _____

Name _____ Relationship to Parent _____
Address _____ City _____ State _____ Zip _____
Home Number _____ Cell Number _____ Work Number _____

EMERGENCY MEDICAL INFORMATION

Child's Doctor or Clinic Name _____ Phone Number _____
Insurance Provider _____ Policy Number _____
Choice of Hospital _____
My child has the following special needs: _____

The following accommodations may be required to most effectively meet my child's needs while at school

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

EMERGENCY MEDICAL AUTHORIZATION

The YMCA does not provide Accident/Medical Insurance for program participants.

I authorize the YMCA to provide emergency treatment in the event I cannot be contacted. I recognize that participation in YMCA activities may expose my child to some risk of injury. I agree to hold the YMCA harmless from any claims for damage to any property or persons which may occur through participation in any activity at the YMCA, or in its programs.

I have read and understand the above information. My child has permission to participate in this YMCA program in accordance with the conditions set forth above.

Parent/Guardian Signature: _____ Date: _____

Facility Administrator Signature: _____ Date: _____



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GENERAL PHOTO RELEASE

I hereby give the YMCA of Coastal GA, Inc. the absolute and irrevocable right and permission, with respect to all photographs taken of my child during the specified dates enrollment in the YMCA Child Care Center:

- 1) To be enclosed in my child's portfolio for purposes of assessment
- 2) To be used in the classroom for display and teaching purposes
- 3) To copyright the same in YMCA's name or any other name that the YMCA may choose
- 4) To re-use, publish, and re-publish the same, in whole or in part, individually, or in conjunction with other photographs in any medium, and for any purpose whatsoever
- 5) To use my name in conjunction therewith if the YMCA chooses.

I hereby release and discharge the YMCA from any and all claims and demands arising out of or in connection with the use of the photographs, including all claims for libel. This authorization and release shall also ensure the benefit of the legal representatives, licenses, and assigns of the YMCA.

I hereby certify that I am the parent or guardian for the person named above. I do give consent according to the terms listed above without reservations to the foregoing on behalf of him, her, or them.

Printed Name of Parent or Guardian _____

PARENTAL ACKNOWLEDGEMENTS

- 1) My child will not be allowed to enter or leave the facility without being escorted by the parent or person authorized by the parent or facility personnel.
- 2) I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, i.e. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.
- 3) The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc. which include my child.
- 4) I understand that the ASYMCA Military child care program operates as an exempt program based on Rule 591-1-1-.46(1)(a) of the BFTS Child Care Rules and Regulations Manual. I understand that this is not a licensed program.
- 5) I understand the YMCA will not provide any drinks or meals, but we will provide a non-allergy snack. We ask that you do provide some extra snacks and a sippy cup/water bottle to keep your little one happy!
- 6) I agree to bring the packing list given to me.
- 7) I understand that there will be a \$1 dollar per minute late fee for late pick up of my child.

Parent/Guardian Signature: _____

Date: _____



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RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to enter the YMCA for any purpose, including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned, for himself or herself and any personal representatives, heirs and next of kin, hereby acknowledge, agrees and represents that he or she has, or immediately upon entering will, inspect such premises and facilities. It is further warranted that such entry into the YMCA for observation, participation or use of any facilities or equipment constitutes an acknowledgement that such premises and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for the purposes of such observation or use. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION, USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY WAY, 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 (herein after 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 herein; and undersigned is in, or about the premises or any facilities or equipment therein; and
- 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 whether caused by the negligence of the release or otherwise; and
- 3) THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of the releases or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment hereon.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASES, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as in permitted by the laws of the State of Georgia and that if any portion hereof 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 THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representatives, statements or inducement apart from the foregoing written agreement have been made.

By signing below, I certify that I have read and accept this release.

Parent or Guardian Signature _____ Date _____



ARMED SERVICES YMCA

Child Watch Policies

- **Ages accepted:** 6 weeks to 12 years old.
- **Time Limit:** 2 hours per day and 10 hrs. maximum per week. (There is a \$1.00 per minute/per child late charge applied for every minute past the 2 hour allotted time.)
- Members will have 10 hours per week per branch to use for Child Watch and PMO. PMO cannot be used more than 8 hours per week. (This is State Regulated)
- **Fee:** Included in membership
- Parent(s)/guardians are not allowed to leave the facility while their child(ren) are in Child Watch.

Diapering

- The child must have a dry diaper before being dropped off for child care services.
- The staff is required to keep written record of diaper changes.
- Please assist the attendants in taking your child to the restroom or have a dry diaper on before being dropped off and signed in.

Food

- Due to risk of food allergies, choking and/or spreading of germs, food and beverages are not permitted in the Child Watch room with the exception of bottles for younger children.

Personal Items

- Parents must provide their own diapers and/or pull-ups. Please notify the staff if the child is potty training and will need assistance.
- Child Watch team members are not responsible for any loss or damages to personal items.

Behavior

- If your child is not happy in child watch, the staff members will try their best to calm the child. This may include calming techniques as advised by the parent. If the child cannot be calmed after 15 minutes, the staff will retrieve the parent to assist in calming the child. **Please remember if your child is upset it may be more difficult for the other children to feel at home.**
- Time-out is the only method of discipline administered in child watch.
- The YMCA has the right to hold the parent/guardian responsible for replacing damaged equipment or furniture.
- Any behavior relating to the safety or well-being of the child will result in the time out method equivalent to their age. This includes biting, pinching, hitting, kicking, pulling hair, scratching, etc. **Excessive physical contact will result in the parent being called to remove the child from the child watch area for that day.**

Health

- Children with the following physical signs and symptoms will not be allowed in child watch due to risk of exposure: diarrhea, temperature of 100 degrees or above, runny nose of any color, coughing, rashes including chicken pox and ringworm, conjunctivitis (pink eye), or other signs of contagious or non-contagious illness.
- The YMCA does not dispense over-the-counter medication.
- YMCA team members are mandated by Georgia Law to report any suspected child abuse to the Department of Family and Children Services. Signs of abuse may include, but not limited to physical, emotional, sexual and neglect.

Non-compliance with the policies may result in suspension of privileges from the Child Watch program. Your cooperation is greatly appreciated. The YMCA Child Watch Staff would like to thank you for allowing us to provide you with this service. We are dedicated to providing your child with excellent care while you enjoy our programs and facilities. **If you have any questions please feel free to contact the Child Care Program Director at 912-368-9622. Thank you and enjoy your time at the YMCA!**

Parent Signature

Date