



RANDOLPH-ASHEBORO YMCA/UWHARRIE RIDGE AFTERSCHOOL REGISTRATION FORM



Student's Last Name: _____ First: _____ MI: _____

D.O.B: ___/___/___ Gender: Male ___ Female ___ Grade: 6th ___ 7th ___ 8th ___

YMCA Scholarship % _____

Race (please indicate for grant purposes): White ___ Black ___ Hispanic ___ Other ___

Home Address: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ E-mail address: _____

Father's Name: _____ Father's Cell #: (____) _____ - _____

Father's Employer: _____ Father's Work #: (____) _____ - _____

Mother's Name: _____ Mother's Cell #: (____) _____ - _____

Mother's Employer: _____ Mother's Work #: (____) _____ - _____

MEDICAL INFORMATION AND RELEASE FORMS

I _____, hereby request that the staff give the following medication to my child, _____ . I understand that any medication must be brought in its original container.

Medication: _____ Dosage: _____ Time: _____

Physician: _____ Physician's Phone #: (____) _____ - _____

Pharmacy: _____ Pharmacy's Phone #: (____) _____ - _____

Allergies/Medical Concerns: _____

Medical Insurance Company: _____

Policy Holder's Name: _____ Policy #: _____

Field Trip & Medical Release:

I hereby give permission for my child to participate in planned field trips corresponding with the After School program. I agree not hold the YMCA or its staff (professional or volunteer) responsible for injuries sustained by my child while participating in Camp. If I am not available in the event that my child needs medical attention, I hereby give my permission to the YMCA staff or any competent medical authority to render such attention. I accept full financial responsibility for any medical attention or treatment administered to my child in connection with the YMCA camp activities. I carry medical insurance on my child and will provide the YMCA with that information or I pay independently for medical treatment & care. I fully understand the inherent risks involved in activities my child will be choosing or has already chosen. I accept all risks including those activities preliminary and subsequent to the chosen activities.

Media Release:

Photos, film footage or tape recording of my child may be used for publicity.

Parent/Guardian Signature: _____ Date: ___/___/___

PICK-UP AND EMERGENCY CONTACT INFORMATION

PICK-UP:

List those who are allowed to pick up your child. Your child will not be allowed to leave with anyone not on this list.

Name: _____ Relationship _____ Phone #: (____) _____ - _____

Name: _____ Relationship _____ Phone #: (____) _____ - _____

Name: _____ Relationship _____ Phone #: (____) _____ - _____

Name: _____ Relationship _____ Phone #: (____) _____ - _____

Please list any relevant custody issues or persons **unable** to pick-up your child:

EMERGENCY CONTACT (NOT PARENTS):

Name: _____ Relationship _____ Phone #: (____) _____ - _____

ACKNOWLEDGMENTS

By initialing below, I acknowledge that I have read and understand the following:

- There is a one-time, non-refundable, non-transferrable registration fee for all students who participate in the program. This includes scholarship recipients as well as full-paying individuals.
- The first week's payment and the registration fee are due at the time my child is registered.
- There are no daily rates for the program, only weekly.
- There will be a 10% charge on any late payments; payments are due on Fridays and considered to be late if paid after Monday at 10pm.
- Any balances not paid for my child's participation in the program will be charged to my account and neither I, my child nor any other family member will be allowed to participate in any other YMCA programs until the balance is paid.
- Fees for the program are as follows:
 - One-Time Registration Fee: \$25.00
 - Uwharrie Ridge: \$50.00/Week
- My child may be picked up at any time during the program hours; however, I must sign my child out when doing so.
- My child must be picked-up no later than 6pm and if he/she is not picked-up by 6pm, I will be charged \$1 per minute for every minute past 6pm. These fees are due when I pick my child up.

Parent/Guardian Initials: _____