



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PREPARE FOR TOMORROW

Teen Club Registration Packet

YMCA OF ORANGE COUNTY | ymcaoc.org



YMCA OF ORANGE COUNTY - MIDDLE SCHOOL REGISTRATION

CHILD INFORMATION

Student ID # _____

Today's Date	Child's School	Grade: Current / Fall	Start Date	Child's Cell Phone
Child's Last Name	Child's First Name	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	ID Verified
Home Address		City	Zip Code	Home Phone

MEDICAL INFORMATION

Does your child take prescribed medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what kind?		
Does your child have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please list any allergies		
Does your child have any special needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what kind?		

CHILD'S HEALTH STATEMENT: As the parent/guardian of the above named child, I, the undersigned, assert that the information above is true and correct and understand that at a YMCA Child Care Program, physical activity is a regular part of the program. To the best of my knowledge, my child is in excellent physical health and needs no restrictions (except what is listed above) from strenuous activity. If I have any questions regarding my child's health, I understand that is my obligation to seek professional medical advice and to inform the YMCA of any restrictions on my child's activities.

MEDICAL AUTHORIZATION: As the parent, authorized representative, or legal guardian, I hereby give Consent to the YMCA to provide emergency dental or medical care prescribed by a duly licensed physician (M.D.) dentist (D.D.S.) or osteopath (D.O.) for the above name child. This care may be given under whatever conditions are necessary to preserve life, limb or well being of the child above.

Parent/Guardian Signature:	Date:	
----------------------------	-------	--

CHILD SCHEDULE INFORMATION

Days Per Week	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	Before/After School (check all that apply)	<input type="checkbox"/> Before <input type="checkbox"/> After
Other / Drop In	<input type="checkbox"/> Thanksgiving <input type="checkbox"/> Winter Break	<input type="checkbox"/> Spring Break	<input type="checkbox"/> Summer

PARENT INFORMATION

RESPONSIBLE PARTY INFORMATION (The "**Responsible Party**" is the parent/legal guardian enrolling the child and primarily responsible for payment of fees, signing releases, authorizing individuals to sign in/out the child (on custodial days of attendance) and making any changes to the child's participation in the program.

Responsible Party's Last Name	Responsible Party's First Name	Date of Birth	Relationship to Child	Cell Phone
Home Address	<input type="checkbox"/> Check if same as child	City	Zip Code	Home Phone
Email Address	Occupation	Company	City	Work Phone
Other Parent/Guardian Last Name	Other Parent/Guardian First Name	Date of Birth	Relationship to Child	Cell Phone
Home Address	<input type="checkbox"/> Check if same as child	City	Zip Code	Home Phone
Email Address	Occupation	Company	City	Work Phone

Child Lives with:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Both	<input type="checkbox"/> 50/50	<input type="checkbox"/> Other:
-------------------	---------------------------------	---------------------------------	-------------------------------	--------------------------------	---------------------------------

MULTIPLE PAYING PARTIES SPLIT PAYMENTS - All charges to take place on the 1st business day of the month

<input type="radio"/> \$ or <input type="radio"/> %	First Payer	Amount/Percentage	Second Payer	Amount/Percentage

EMERGENCY CONTACTS

EMERGENCY CONTACTS - The following individuals have my **unrestricted** permission to sign the above named child out from the YMCA school-age child care program and can be contacted in an emergency when I cannot be reached. Please notify your Child Care Director in advance in writing if an individual not listed will be picking up your child. **(Minimum of two required)**

Name	Relationship to Child	Home Number	Cell Number	Email Address

RESTRICTED PICK UP: The following individuals are **restricted** from signing my child out from the program due to a court-issued restraining order **(A certified copy of the official court documentation must be kept in child's file).**

Name:		Date of court order:	
Name:		Date of court order:	

YMCA of ORANGE COUNTY - ADMISSION AGREEMENT

As the parent or legal guardian of the above named child, I understand, agree to and/or acknowledge the following:

- A.** That the Middle School Program is a drop in program and children are allowed to sign themselves in/out at anytime.
- B.** That field trips, either by walking or in YMCA vehicles or charter buses, are part of the Middle School program activities. No additional permission slips will be required.
- C.** That YMCA staff and volunteers are not allowed to babysit or transport my children at any time outside of the YMCA program.
- D.** That should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the safety of the child, staff may have no recourse but to contact the police.
- E.** That the YMCA is mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.
- F.** My child's file is available for review by Department of Social Services and law enforcement may interview my child without prior parental/guardian permission. Law enforcement personnel may also request information in your file and may interview your child if necessary.
- G.** That program participation requires a YMCA school-age membership to be in good standing and that non-payment of fees will result in my child not being allowed to participate in the program and could result in legal referral with additional costs to myself. I further understand there is an administrative processing fee for any payment returned by my bank or credit card for any reason.
- H.** The YMCA and the staff employed by the YMCA will not become involved in any custodial disputes between parent/guardian. If YMCA document are requested, the court must request them in writing. The staff's responsibility is to provide a safe environment for children.
- I.** I understand that I am required to give 30 days written notice when terminating from the YMCA Middle School Program.
- J.** That the YMCA may terminate my child's enrollment for any of the following reasons:
 - * Emergency names and phone numbers are incorrect.
 - * Parent is late picking up child after program center closes or when requested to pick up child.
 - * Non/Late/NSF payment of fees.
 - * Failure to notify YMCA that child will be absent.
 - * Behavior that is destructive to property and/or refusal to replace said property.
 - * Behavior that is continually disruptive or dangerous to others and/or self.
 - * Any single incident that is deemed by the center director to be dangerous, harmful or disruptive.
 - * Harassment, violent behavior or threat of such behaviors against a staff person or other member by parent/guardian or other persons associated to the child.

Parent/Guardian Signature:		Date:	
----------------------------	--	-------	--



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

Consent & License. For my participation in activities to be conducted by the YMCA of Orange County or any of its chartered member associations in the United States (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All works shall belong to YMCA of Orange County;
- The Y has no duty of confidentiality regarding any licensed uses;
- YMCA of Orange County shall exclusively own all known or later existing rights to the uses throughout the world;
- The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

Release from Liability. By signing below I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

I do consent for myself and spouse (if applicable) I do not consent

I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child(ren). I am the parent or legal guardian of _____. I do not consent.

Signature of Member/Parent or Legal Guardian

Date

Printed Name

Spouse/Child(ren)'s Names (if applicable)

YMCA OF ORANGE COUNTY

13821 Newport Avenue, Tustin CA 92780 #200

P (714) 549-9622 ymcaoc.org

**YMCA OF ORANGE COUNTY
ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND
INDEMNITY AGREEMENT**

Adult Member/Participant Name _____
(Please Print)

Child Member/Participant Name _____
(if applicable) (Please Print)

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of the YMCA of Orange County (the “YMCA”) and/or for my children listed above to so participate for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, on behalf of himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as “the undersigned”) hereby acknowledges, agrees and represents that he or she has inspected and carefully considered such premises, equipment and facilities and/or the affiliated program and that the undersigned finds and accepts same as being safe and reasonably suited for the use or participation by the undersigned and such participating children.

In addition, the undersigned acknowledges that there is widespread, ongoing transmission of novel coronavirus (“COVID-19”) worldwide, including throughout Orange County and Los Angeles County, California. In accordance with the most recent (as of the revision date set forth above) orders and recommended guidance and protocols issued by various governmental and public health agencies, including without limitation the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), the Orange County Health Care Agency (OCHCA), the Los Angeles County Department of Public Health, and, with respect to the YMCA’s child care facilities, services and programs, the California Department of Social Services (Community Care Licensing Division), for slowing the transmission of COVID-19 (collectively, “COVID-19 Risk Mitigation Guidance”), the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of the YMCA (other than any exclusively online services and programs) if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify the YMCA immediately if he or she believes that any of the foregoing access/use restrictions may apply.

The YMCA has taken certain steps to implement COVID-19 Risk Mitigation Guidance for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above, enhanced cleaning and disinfecting protocols, and physical distancing measures. The COVID-19 pandemic is a challenging and fluid situation, and COVID-19 Risk Mitigation Guidance may change frequently. The undersigned acknowledges and agrees that the YMCA may revise its procedures at any time based on updated COVID-19 Risk Mitigation Guidance and further agrees to comply with the YMCA’s revised procedures prior to utilizing the facilities, services, and programs of the YMCA. The undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by the YMCA, social and physical

distancing of 6 feet per person among participants (including children, caregivers and staff) is not possible. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of the YMCA and acknowledges that use thereof by the undersigned and/or such participating children may, despite the YMCA's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FACILITIES OR PROGRAMS FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH PARTICIPATING CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, volunteers and agents (hereinafter referred to as "Releasees") from all liability to the undersigned or such participating children and all personal representatives, assigns, heirs, and next of kin of the undersigned or such participating children for any loss or damage, and any claim or demands on account of any property damage or any injury to, or an illness or the death of, the undersigned or such participating children (or any person who may contract COVID-19, directly or indirectly, from the undersigned or such participating children) whether caused by the negligence, active or passive, of the Releasees or otherwise while the undersigned or such participating children are in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned expressly and knowingly waives all rights under California Civil Code Section 1542, which provides: **"A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party."**

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, of the Releasees or otherwise while the undersigned or any participating child is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned understands and agrees that the YMCA is not required to provide insurance to cover the undersigned or such participating children in the event they suffer illness, injury, death, property loss, theft or damage of any sort upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

The undersigned agrees and acknowledges that use of the YMCA facilities and services, and participation in the YMCA programs, may involve inherent danger and risk, including, without limitation, the risk of physical illness or injury, death or property damage. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF ILLNESS, BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such participating children due to negligence, active or passive, of Releasees 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 acknowledges that any

illness or injuries that the undersigned or such participating children contract or sustain may be compounded by negligent first aid or emergency response of the Releasees and waives any claim in respect thereof.

THE UNDERSIGNED further expressly agrees that the foregoing ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM THE YMCA IN CASE OF ILLNESS, INJURY, DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO COVID-19 AT ANY YMCA FACILITY OR PROGRAM AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS. IF SIGNING ON BEHALF OF MINOR: I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I REPRESENT AND WARRANT TO THE YMCA THAT I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

I have read and understand the terms of this Assumption of Risk, Release and Waiver of Liability, and Indemnity Agreement and agree to its terms.

Signature

Date

Emergency Contact Name

Emergency Contact Number



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear YMCA Teen Club Families,

We would like to take this time to explain our cell phone & electronics policy. Focusing on responsibility and development of our teen students, we allow the use of student's personal cell phones and electronics. The students have standards that need to be followed with the use these electronics. Please review with your student the below standards that are implemented at the YMCA Teen Club. A parent & student signature is required.

Cell Phone and Electronic Permission

1. The YMCA Teen Club is not responsible for any lost, broken, or stolen items.
2. The YMCA Teen Club is not able to monitor messages or internet use on personal devices.
3. My student will not use their cell phone or electronics for bullying (i.e. inappropriate text messages to other students, etc.)
4. Each cell phone is for the student's personal use and may not be shared with other students.
5. During planned activity times, students are expected to put electronics away to participate in activities
6. Personal laptops are prohibited.
7. Parents will contact the site phone to provide permission to have student released daily.

I have read and agree to the above statements and I give my student permission to use their electronics at the YMCA Teen Club.

I understand that if negative behavior occurs, my student's electronics may be confiscated for the day and my student may be asked to keep their electronics at home.

Date:

Parent Name:

Student Signature:

Parent Signature:

Student Name:

Billing Information / Electronic Funds Transfer (EFT) Authorization

RESPONSIBLE PARTY INFORMATION (The "**Responsible Party**" is the parent/legal guardian enrolling the child and primarily responsible for payment of fees, signing releases, authorizing individuals to sign in/out the child (on custodial days of attendance) and making any changes to the child's participation in the program.

Account Holders First/Last	Child(ren)'s Name(s) First/Last	Daytime Phone Number	Email Address
Child Care Location	Account Holder Signature		Date

I hereby authorize the YMCA of Orange County to initiate debits from the Bank/Card account indicated below on the first business day of each month for the monthly child care tuition. I understand and agree to pay a non-refundable and annual registration fee upon enrollment/re-enrollment and applicable tuition is due upon enrollment. Tuition fees will not be refunded without 30-days written notice and I further understand and agree to pay the \$25 service charge fee for any and each payment that does not clear my account. Furthermore, I agree to pay a \$25 late payment fee for tuition payments not paid in full by the first of the month and understand late payments may result in suspension or termination of child care services.

Credit Card Fees: I acknowledge that by using a credit card I am agreeing to pay the required credit card processing fee as charged by the YMCA of Orange County.

MULTIPLE PAYING PARTIES SPLITTING PAYMENTS - All charges to take place on the 1st business day of the month

<input checked="" type="radio"/> \$ or <input type="radio"/> %	First Payer	Amount/Percentage	Second Payer	Percentage
Account Holders First/Las	Child(ren)'s Name(s) First/Last	Daytime Phone Number	Email Address	
Child Care Location	Account Holder Signature		Date	

This section needs to be cut and shredded after information has been entered

Credit Card Information	Bank Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Credit Card Number:	Bank Account Number:		
Expiration Date:	Routing Number:		