



Check One	
AM-only	<input type="checkbox"/>
PM-only	<input type="checkbox"/>
AM/PM	<input type="checkbox"/>

Registration & Permissions 2007-2008

1st CHILD Name _____ Date of Birth ____/____/____

M ____ F ____ Last First Middle Initial

2nd CHILD Name _____ Date of Birth ____/____/____

M ____ F ____ Last First Middle Initial

INITIAL IN THE BOX BELOW TO AUTHORIZE SIGNING CHILD(REN) IN/OUT OF PROGRAM. Be prepared to provide custody documents in support of information provided below. Indicate below **Legal Guardian Name(s)/Relationship** if other than Mother/Father:

MOTHER _____ Street Address: _____

Home Phone() _____ Pager/cell() _____ City, State, Zip _____

MOTHER's Place of Employment _____ Phone () _____

FATHER _____ Street Address: _____

Home Phone() _____ Pager/cell() _____ City, State, Zip _____

FATHER's Place of Employment _____ Phone () _____

Email Address (1) _____ (2) _____

Emergency Information & Medical Release

Allergies/Medications _____ Special Needs _____

Physician's Name _____ Physician's Phone () _____

Insurance Company _____ ID# _____ Group# _____

ALTERNATE CONTACT NAME: _____ PHONE NUMBER: _____

(Initials) EMERGENCY MEDICAL TREATMENT: I understand that every effort will be made to contact the Parent/Guardians of the participants listed above. If this is not possible, I hereby authorize the City of Maitland Youth Leisure Services, the Central Florida YMCA Program, and its/their representative(s), to obtain medical treatment.

(Initials) To expedite the care of my child(ren) named above, I give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival at the appropriate facility. I agree to be financially responsible for my child(ren)'s treatment. I also request that I (or the alternative emergency contact person listed) be notified of my child(ren)'s condition and admission as soon as possible.

(Initials) In case of minor accident or illness, I request that a Program Representative contact me. If I am unable to be reached, I request that one of the persons listed on this form be contacted to care for my child.

(Initials) In the event of a life-threatening accident or illness, I understand that a Program Representative may contact 911 Services immediately. I agree to be financially responsible for my child(ren)'s care and treatment.

(Initials) I do hereby give consent for the child(ren) named above to participate in scheduled on-site experiences and off-site fieldtrips as part of this program.

By my signature below, I do hereby confirm that I am the Parent or Legal Guardian of the child(ren) named on this form. Further, I do hereby consent and agree to all stipulations initialed above.

Parent or Legal Guardian's Signature: _____

REGISTRATION AGREEMENTS & PERMISSIONS

ACTIVITIES PERMISSIONS/LIMITATIONS

Please list any activities in which your child is UNABLE to participate: _____

DEPARTURE/PICK-UP AUTHORIZATIONS

Authorization to Sign Out: Besides those designated on Page 1 of this form, the following people are authorized to sign my child(ren) out of the program: (Valid Picture ID is required)

1. NAME: _____ Phone() _____
2. NAME: _____ Phone() _____
3. NAME: _____ Phone() _____

MY child(ren) should (check one): () Wait to be picked up by me or an authorized person (noted above)

OR () Ride bike / walk home @ [] : [] (time)

Code word or Secret PIN

(Initials) City of Maitland and Central Florida YMCA Program Staff have my permission to release my son/daughter to walk/bike home at the time noted above. By my signature below, I agree that I will not hold the City of Maitland, the Central Florida YMCA, or any agents thereof responsible for my child(ren) once he/she/they are appropriately released from the Program.

Before/AfterSchool PROGRAM REGISTRATION AGREEMENTS & WAIVER

(Initials) I have received a copy of the Parent Manual. I understand and agree to abide by the policies stated therein.

(Initials) I hereby state that my child(ren) is/are physically and mentally capable of safe participation in Program activities.

(Initials) I understand the City of Maitland Fee Policies & Rate Schedule and consent to abide by them, as stated in the Parent Manual. Payments will be made to "City of Maitland" due **not later than** the DUE DATE specified in the fee schedule provided in the Parent Manual; late fees will be applied to payments made after the date, as explained in the Parent Manual. Children will be denied access to services if payments become overdue.

Deposits, Registration and Participation fees (tuition) are not pro-rated and are non-refundable.

(Initials) WAIVER: By my signature below, I release the City of Maitland, City Elected Officials, Employees, the Parks & Recreation Advisory Board, the Central Florida YMCA, and their agents, contract services, servants and employees from all liability for any injuries, illness, loss or damage connected in any way to my child(ren)'s participation in this program and its activities, whether onsite or off premises. I understand that the City of Maitland and the Central Florida YMCA may not provide insurance for my child(ren), and that I am financially responsible for all treatment or medical care of my child(ren). I understand that the City and the YMCA reserve the right to limit participation of any child for disciplinary reasons or non-payment of fees. I consent that any damage to property caused by my child(ren) will be billed directly to me, as Parent/guardian, and the child(ren) may be dismissed from the program, without refund or prorate of fees. I give my permission to the City of Maitland and the Central Florida YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my child(ren)'s likeness, image or voice, for the purposes of promoting or interpreting the program. *At the Site Coordinator's discretion:* The City and YMCA reserve the right to remove any child who is judged detrimental to the general welfare of the program, staff, &/or other participants. Furthermore, the right is reserved to search any child's belongings, when reasonable information is available that illegal substances &/or objects forbidden by school or program policy may be present.

I, _____, have read, do understand and consent to the above agreements.

(Print Your Name)

Signature of Parent or Legal Guardian _____ Date _____



OUR PROMISE TO YOU....

We strive to provide the Youth of our Community a lifetime of memorable experiences, through:

- A team of talented, experienced & enthusiastic program leaders
- Programs designed to develop children through Expressive, Active, & Free Play
- Varied and dynamic activities engaging body, mind & community spirit
- The freedom to choose activities that children will love
- A safe, caring, entertaining and energetic environment



THE CENTRAL FLORIDA YMCA MISSION:

“...to improve lives of all in Central Florida by connecting individuals, families, and communities with opportunities based on Christian values that strengthen the Spirit, Mind and Body.”