



TIPTAREA YMCA

DATE:	_____
FEES PAID:	_____
PAYMENT	
METHOD:	_____
STAFF INITIALS:	_____

2020 REGISTRATION FORM

YMCA MEMBER REGISTRATION FEE - \$20/DAY YMCA Member Weekly Fee - \$40

POTENTIAL MEMBER REGISTRATION FEE - \$25/DAY Potential Member Weekly Fee - \$60

CHILD'S INFORMATION Child's Full Name: _____ Preferred Name: _____

Date of Birth: _____ Age: _____ Gender: _____ Race: _____

Address: _____

Apt #: _____ City: _____ State: _____ Zip Code: _____

School: _____ Grade (currently in): _____

Mother/Guardian's Name: _____ Employer: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Mother's Email: _____ Father's Email: _____

Father/Guardian's Name: _____ Employer: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Person(s) Permitted to Pick Up Child

Mother ___ YES ___ NO

Father ___ YES ___ NO

Legal Custody: Proof of Custody Required

Mother Only ___ Legal Guardian ___

Father Only ___ Both Parents ___

PLEASE LIST ALL OTHER PERSONS THAT ARE ALLOWED TO PICK UP YOUR CHILD BELOW:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Emergency Contact Information

Name: _____ Relation to Child: _____

Employer: _____ Cell Phone: _____ Home Phone: _____ Work Phone: _____

Medical Information (attach copy of insurance card) Does your child have food allergies? Yes or No

Physicians Name: _____ Phone: _____

PLEASE INFORM US OF ALL THAT APPLY TO YOUR CHILD. WRITE N/A IF NOTHING APPLIES.

Allergies (type): _____

Medication (type & schedule): _____

Special Circumstances (list/explain): _____



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I hereby agree to inform the YMCA Director or main office of any changes in my child's scheduled attendance. I understand that I must pay for all the time my child is registered regardless of attendance, and must notify the YMCA of changes at least two weeks in advance.

Parent/Guardian Signature _____ Date _____

I have received a copy of the parent's handbook.

I understand that this is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and is exempt from state licensure requirements. I understand that the YMCA of Georgia and the Tiftarea YMCA assumes no responsibility for injuries or illnesses that my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports program, the use of any equipment, exercise or other activities. While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommends that you discuss with YMCA staff any special conditions or circumstances involving your child. The YMCA requests that the undersigned do this PRIOR to registration so that the YMCA can advise you as to whether we can make reasonable accommodation for your child. The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises. In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application. I understand that no accident or medical insurance is provided with this activity. I give permission for my child to be transported by the bus service secured by the YMCA for related programs activities. I give my permission to the Tiftarea YMCA to use, without limitation or obligation, photographs, film footage or tape recordings which include my child's image or voice for purpose of promoting or interpreting YMCA programs.

Parent/Guardian Printed Name _____ Date _____

Parent/Guardian Signature _____ Date _____

Place an "X" in the box below the weeks your child will be attending camp.

Weeks	Sept 21-25	Sept 28-Oct 2	Oct 5-9	Oct 12-16	Oct 19-23
Weeks	Oct 26-30				