

Y-CLUB MIDDLE SCHOOL CHILD ENROLLMENT 2021-2022

This form must be COMPLETED FULLY in order to enroll your child in Y-Club. Incomplete forms will be put on hold. If your form is put on hold, you may lose your spot in Y-Club. Please double-check before submitting to the YMCA.

CHILD'S NAME:

DOB:

GENDER:

School (circle one): THOMAS JEFFERSON LEWIS & CLARK

Grade:

circle all that apply:

Y MEMBER

NONMEMBER

OUTREACH SCHOLARSHIP

JCSD EMPLOYEE

BLAIR OAKS EMPLOYEE

Y EMPLOYEE

Child's Street Address:

City & Zip:

PARENT/GUARDIAN

NAME:

DOB (required):

STREET ADDRESS:

CITY/ZIP:

HOME & CELL PHONE:

EMAIL ADDRESS:

EMPLOYER:

EMPLOYER STREET ADDRESS:

EMPLOYER CITY & ZIP CODE:

WORK SHIFT:

WORK PHONE:

NAME:

DOB (required):

STREET ADDRESS:

CITY/ZIP:

HOME & CELL PHONE:

EMAIL ADDRESS:

EMPLOYER:

EMPLOYER STREET ADDRESS:

EMPLOYER CITY & ZIP CODE:

WORK SHIFT:

WORK PHONE:

COURT DOCUMENTATION IS REQUIRED FOR ANY BIOLOGICAL PARENT BARRED FROM ACCESSING THEIR CHILD.

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EMERGENCY CONTACT OTHER THAN PARENTS

NAME: _____
STREET ADDRESS: _____
CITY/ZIP: _____
PHONE: _____
RELATIONSHIP: _____

AUTHORIZED PICK UP: PLEASE LIST OTHER PEOPLE WHOM YOU AUTHORIZE TO PICK UP YOUR CHILD:

AUTHORIZATION FOR MEDICAL CARE

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize YMCA to contact the following:

DOCTOR: _____ PHONE NUMBER: _____
HOSPITAL (circle one): _____ SSM ST MARY'S 681-3000 CAPITAL REGION 632-5000

PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD

My child is in good health, is able to participate in group care, and has no special health or medical requirements. If my child is able to participate in group care but has special health or medical requirements, I have listed them here. PLEASE LIST ANY SPECIAL HEALTH OR MEDICAL CONDITIONS, including chronic health problems (Asthma, seizures), behavioral disorders, special needs, etc:

An **INDIVIDUALIZED CARE PLAN FORM** is **REQUIRED** for any child with a condition as listed above. Falsification of records is grounds for expulsion from the program.

PARENT SIGNATURE: _____ DATE: _____

LIABILITY RELEASE

I, the undersigned, request permission for _____ to enter the Jefferson City Area YMCA (hereinafter the YMCA) school age programs and to participate in the YMCA activities associated with the program. I know and assume all risks related to the participation in such activities, where such risks arise on or off the YMCA premises. In consideration of demands, damage actions and cause of action (present or future, whether known or unknown, anticipated or unanticipated) for any and all personal damages to my property relating to my presence on the YMCA premises and participation in any YMCA activity. I certify that I am 18 years of age and that my participation in the YMCA activities are voluntary. I give consent for my child to be photographed, videotaped or to appear in local newspaper articles or other local media.

PARENT SIGNATURE: _____ DATE: _____

