

Kids Business

J. Smith Young YMCA

119 W. Third Ave.

Lexington, NC 27292

336.242.1134

PLEASE PRINT CLEARLY			
Date of application:		Parents/guardians must sign at bottom of policies page.	
Child's Full Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth date	Age	Nickname	
Mailing address			
Home phone			
Insurance company & policy #		Hospital preference	
<i>**Participant's insurance will be considered primary coverage in case of an accident; YMCA insurance is secondary coverage</i>			
FAMILY INFORMATION			
Mother's / Guardian's name			
Home phone	Work phone	Cell phone	
Email address			
Father's / Guardian's name			
Home phone	Work phone	Cell phone	
Email address			

FAMILY STATUS			
Child lives with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both parents <input type="checkbox"/> Other (specify who)			
Has there been a divorce/separation in your family? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, who has custody?			
Are there any custody issues which we need to be aware of? If yes, please explain			
Can the non-custodial parent pick up child?		<i>IF NOT, CUSTODY PAPERS MUST BE PROVIDED</i>	
EMERGENCY CONTACTS (if parents are not available - list at least 2 people other than parents/guardians)			
In case of emergency, please contact the following first: _____ Mother/guardian _____ Father/guardian			
1. Name		Relationship to child	
Home phone	Work phone	Cell phone	
2. Name		Relationship to child	
Home phone	Work phone	Cell phone	
List names/phone #'s of people other than parents/guardians who have permission to pick up your child			
1.			
2.			
3.			

Is your child currently under a doctor's care? No Yes If yes, for what reason?

Is your child on any medication? No Yes If yes, what?

Will they need to take it during their time at Kids Business? No Yes If yes, a medication authorization form must be completed.

Is your child allergic to anything? No Yes If yes, please list and include reaction and treatment.

Is there anything else you would like us to know about your child?

YMCA Facility Use

Does your child have permission to travel to the main YMCA with Kids Business staff for organized recreation time?

YES _____ NO _____

Swimming Skills

1. Does your child know how to swim? Yes _____ No _____
2. Can your child swim in water above his head without a flotation device? Yes _____ No _____
3. My child has permission to swim. Yes _____ No _____

Policies

1. Photography – I authorize Kids Business & the J. Smith Young YMCA to utilize videotape, audio or photograph materials of myself or dependent children, for the purpose of promotional materials for KB/YMCA programs and services with no compensation due me. This includes any printed material, broadcast and print advertising, promotional videos and the KB/YMCA website. I also permit the KB/YMCA and/or the media to use images of my child in broadcast and print media news coverage of the KB/YMCA. I understand that my child's name is not published.

2. Indemnity – I understand that KB/YMCA activities have inherent risks, and I hereby assume all risks and hazards incident to my participation/my child's participation in all KB/YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the KB/YMCA and its employees, organizers, volunteers, supervisors, officers, directors, participants, coaches and referees, as well as all persons or parents transporting participants to and from activities, from any legal claims, liabilities, damages and costs for any physical injury or damage to my personal property sustained during my use of KB/YMCA property and/or my participation/my child's participation in any KB/YMCA activities.

3. I understand that the KB/YMCA is not responsible for any personal items lost or stolen at our programs.

4. All afternoon pick-ups must be made no later than 6:00 p.m. Parents arriving after 6:00 p.m. will be charged \$1.00 for each additional minute. Children will be released only to persons authorized by the parent. Send written permission for situations in which persons other than those listed on the registration form are going to pick up the child. KB/YMCA will call Davidson County Social Services to take custody of children left more than 45 minutes past pick-up time and no contact with authorized persons.

5. Payment and Reservations for Camps and Special Events- I understand payment is due when reservations are made for camps and special events. Cancellations occurring less than 24 hours before the camp or special event will not result in a credit or refund.

6. Children Displaying Illnesses- I will not bring my child to Kids Business if he/she is running a fever of 99.0 degrees or more or has experienced other symptoms of illness such as diarrhea, nausea, vomiting, headache, excessive runny nose or cough, rash, sore throat, red itchy eyes or ear infection in the past 24 hours. I understand Kids Business is a Drop In Child Care facility and I am required to be able to pick my child up within 15 minutes of being notified of him/her displaying an illness of any type.

I have read and understand the above policies and been given a copy of the J. Smith Young YMCA Kids Business Parent Handbook.

_____ Parent Signature _____ Date

