



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## **DROP-IN CHILDCARE REGISTRATION FORM**

### **General Information**

Child's Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Child's Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Child's Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Child's Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Child's Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent/Guardian Names: \_\_\_\_\_  
Parent/Guardian Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Family Email Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Code Word/ID #: \_\_\_\_\_

### **Authorized Emergency Release**

The following individuals are authorized to pick-up my child(ren) listed above in the event of an emergency. Each understands the pick-up process developed by the YMCA and will provide either a code word or ID # upon arrival. Each individual will abide by all policies and procedures set forth. The individuals listed will be reviewed annually by the child's parent/guardian and should be amended when necessary.

Review #1 \_\_\_\_\_

Review #2 \_\_\_\_\_

Individual Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Individual Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Individual Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Health Information** (Please specify which child)

Please list ALL known allergies to medication, food, insects, environmental, etc. that could affect your child in YMCA programs:

Please list a description of any current physical, mental, developmental or psychological conditions requiring medication, treatment, or special restrictions or considerations while in YMCA programs:

### **Wellness Guidelines**

It is our sincere desire to provide quality care for your children while you are participating in various YMCA services and programs. For the safety and well being of all children and staff, the following health and wellness policies will be strictly enforced. Children should not participate in YMCA Childcare Programs if one or more of the following conditions exist:

1. The illness prevents the child from participating comfortably in childcare activities.
2. The illness results in a greater need than the YMCA staff can provide without compromising the health and safety of the other children.
3. The child has any of the following conditions:
  - a. A fever higher than 100 degrees. Child must be fever free for at least 24 hours without fever reducing medication before they can return to childcare programs.
  - b. Continuous and/or Colored Nasal Drainage. A current note from a physician can be provided if drainage is caused by an allergy.
  - c. Diarrhea
  - d. Vomiting within a 24 hour period
  - e. Communicable diseases (Including but not limited to pink eye, head lice, skin rash, etc)

If children exhibit any of these symptoms during their stay, the parent/guardian will be asked to pick their child up promptly. Children may return to childcare programs if they are symptom free after 24 hours or if a written note from a child's physician is provided to the YMCA. A doctors' note can be provided for seasonal allergies. If a child display's a combination of symptoms, a doctor's note can also be provided. **If a child is sent home from a program they are discouraged from participating in any other YMCA program within a 24 hour period.**

**Program Guidelines** (Please initial)

\_\_\_\_\_ I understand that I must remain on YMCA property and/or otherwise easily accessible when participating in YMCA sponsored programs in order for my child(ren) to participate in a maximum of two hours per 24 hour time period of drop-in childcare.

Please note: Due to NC State Licensing Guidelines, children may not participate in the following programs or a combination of the following programs for more than four hours in a 24 hour period at a YMCA branch or in combination with multiple YMCA branches:

- Unlicensed Preschool
- Unlicensed Afterschool
- Children’s Enrichment Programs (PNO, PMO, PAO, etc.)
- Drop-in Childcare

\_\_\_\_\_ I understand that drop-in childcare is a benefit of my YMCA membership and can only be utilized for children (i.e. dependents) active on my YMCA membership.

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Greater Charlotte (hereinafter referred to as “YMCA”) and/or any participation in any program affiliated with the YMCA, without respect to location, I, for myself and any personal representatives, heirs, and next of kin, hereby acknowledge and agree to the following while at the YMCA, regardless of location:

1. I HAVE, OR IMMEDIATELY UPON ENTERING OR PARTICIPATING WILL INSPECT AND CAREFULLY CONSIDER YMCA PREMISES, FACILITIES AND/OR THE AFFILIATED PROGRAM and entering constitutes an acknowledgement that I find and accept them as being safe and reasonably suited for the purpose of observation, use, or participation.
2. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the YMCA, its directors, officers, employees, and agents (hereinafter referred to as “releases”) and each of them from any loss, liability, damage, or cost that I may incur due to my/my child’s presence, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.
3. I ACKNOWLEDGE THAT PARTICIPATING IN YMCA ACTIVITIES INVOLVES KNOWN AND UNANTICIPATED RISKS WHICH COULD RESULT IN PHYSICAL OR EMOTIONAL INJURY, PARALYSIS OR PERMANENT DISABILITY, DEATH, AND PROPERTY DAMAGE. I HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE or loss while in, about, or upon the premises of the YMCA or location of a program affiliated with the YMCA and release, waive, and covenant not to sue the releases. Risks include, but are not limited to, broken bones, torn ligaments, or other injuries as a result of falls or contact with participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical emergencies resulting from physical activity; and damaged, lost or stolen property. I understand such risks cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
4. I HEREBY AGREE THAT MY/MY CHILD’S PARTICIPATION IN THESE ACTIVITIES IS VOLUNTARY AND WE ELECT TO PARTICIPATE DESPITE THE RISKS. If at anytime I believe that event conditions are unsafe or that I or my child is unable to participate due to physical/mental conditions, I will immediately discontinue participation.
5. I REPRESENT THAT I HAVE ADEQUATE INSURANCE TO COVER ANY INJURY OR DAMAGE I OR MY CHILD MAY SUFFER OR CAUSE WHILE PARTICIPATING IN THIS ACTIVITY, or else I agree to bear the costs of such injury or damage myself.
6. I HEREBY AGREE THAT THE YMCA MAY PHOTOGRAPH OR CAPTURE FOOTAGE OF ME OR MY CHILD AT THE YMCA OR ON ANY AFFILIATED YMCA PROPERTY AND the YMCA may use those photographs or footage for its marketing purposes and further agree to release both the YMCA and releases from any claim or liability related to that use; waiving all claims for myself, my child and any heirs or next of kin.
7. I HEREBY AGREE THAT IN THE EVENT THAT I/MY CHILD NEED IMMEDIATE MEDICAL ATTENTION FOR INJURIES THAT OCCUR WHILE PARTICIPATING IN A YMCA PROGRAM, and I am not present or able to communicate my desires at the time of injury, I authorize YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency care as needed.
8. I GIVE PERMISSION FOR MYSELF AND/OR MY CHILD TO BE TRANSPORTED BY THE YMCA as needed for field trips, inclement weather, or late pick-up.

I expressly agree that this RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the States of North Carolina and South Carolina and that if any portion thereof is held invalid the remaining portions shall remain in full legal force and effect.

I HAVE READ AND VOLUNTARILY SIGN THE 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.

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only</b>			
Signed-up by: _____	Date: _____	Entered by: _____	Date: _____