



YMCA of the Triangle 2017 - 2018 Y Guides Program

PLEASE WRITE CLEARLY.

YMCA member (Y/N): _____ Member number: _____

BASIC CONTACT INFORMATION

Father's first name: _____ Father's last name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Date of birth: ____ / ____ / ____

Home phone: _____ Cell phone: _____

Work phone: _____

Mother's first/last name: _____ Mother's phone: _____

EMAIL ADDRESS

Father's e-mail: _____ Mother's e-mail: _____

***Providing your e-mail address authorizes e-mail communication about the Y Guides program. Due to the size of the program e-mail is the most effective form of communication.**

Please provide both primary e-mail addresses. If your e-mail address changes, please notify our office as soon as possible. We will not provide your e-mail address to anyone outside of the YMCA of the Triangle.

EMERGENCY CONTACT/HEALTH INFORMATION

A significant part of the Y Guides program is participation in residential camping activities. Please provide the following information on you and your participating child(ren):

Emergency contact: _____ Phone number: _____

Relationship: _____ E-mail address: _____

Father's Health Information:

Allergies (type): _____

Health conditions requiring treatment, restriction, or other accommodations while at camp: _____

Child #1: Tribe name: _____ Program year (circle one): 1 2 3 TB Date of birth: ____ / ____ / ____

First name: _____ Last name: _____

Allergies (type): _____

Health conditions requiring treatment, restriction, or other accommodations while at camp: _____

Child #2: Tribe name: _____ Program year (circle one): 1 2 3 TB Date of birth: ____ / ____ / ____

First name: _____ Last name: _____

Allergies (type): _____

Health conditions requiring treatment, restriction, or other accommodations while at camp: _____

PROGRAM FEES PAYMENT VIA CREDIT CARD Check one (Discover not accepted): VISA MasterCard AMEX

Card # _____ - _____ - _____ Exp. date ____ / ____ Total charged: \$ _____

Authorization Signature _____ Date _____

PLEASE READ AND SIGN THE POLICIES ON THE BACK OF THE PAGE.

PROGRAM POLICIES

Please read each of the following policies and sign below to indicate your understanding of these policies. Policies are subject to all applicable laws.

WAIVERS/PERMISSIONS

1. I permit my child to **participate** in activities the YMCA conducts outside the fenced-in play areas at YMCA facilities.
2. **Field Trips** – I permit my child to leave the YMCA on authorized trips under the supervision of the YMCA staff.
3. **Photography/Audio** – I give the YMCA of the Triangle Area, Inc. ("YMCA") and its employees and agents permission to use for any lawful purpose my and/or my child's likeness, image, voice and/or appearance as such may be embodied in any pictures, drawings, renderings, photographs, video recordings, audiotapes, digital images or the like, with the understanding that the YMCA will not publish my child's name.
I agree that the YMCA has complete ownership of such pictures, etc., including but not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements and any promotional or educational materials in any medium now known or later developed, including but not limited to the internet, television, radio, newspapers, magazines, social media sites (e.g., Facebook, Twitter, Flickr, blogs, etc.), and/or YMCA audio, print or internet publications. I also agree that the YMCA has permission to release such pictures, etc. to the news media. I acknowledge that I will not receive any compensation or remuneration for the use of such pictures, etc. I understand that once such pictures, etc. are published to the media or on the internet, or are otherwise published, they may be used in publications and/or on websites outside of YMCA control.
4. **Transportation** – I understand and agree that for YMCA programs providing transportation for my child 1) to a YMCA program from home, 2) home from a YMCA program or, 3) from his/her school to a YMCA program, the YMCA of the Triangle Area's liability for my child begins when the child boards a YMCA vehicle and ends when the child exits the vehicle. Under some circumstances, YMCA liability will continue if my child is exiting the YMCA vehicle to participate in a YMCA program. Pickup and drop off points will be determined prior to my child attending the program for which he/she is registered. If YMCA staff encounters circumstances that they perceive as dangerous at the location where my child is scheduled to exit a YMCA vehicle, my child will not be permitted to exit.

PROGRAM POLICIES

5. **Babysitting Policy** – The YMCA strives to employ the very best staff possible in all of our programs. During staff time off or after they are no longer employed with the YMCA, these persons are private citizens and are no longer subject to our employment rules and procedures. The YMCA cannot and does not endorse or recommend its present or former staff members as babysitters to any parent or guardian of any child in any of our programs. Any babysitting arrangements with present or former staff of the YMCA is separate and independent from any YMCA program and must be based on the independent investigation, responsibility and judgement of the parent or guardian. I agree that the YMCA shall not be responsible and will be held harmless from any claims or liability in connection with such babysitting activities.
6. **Licensing** – Tracking Out is the only YMCA of the Triangle program licensed by the State of North Carolina because care is provided on a regular basis of at least once per week for more than four hours but less than 24 hours for more than 4 months per year.
7. **Indemnity** – I understand that YMCA activities have inherent risks, and I hereby assume all risks and hazards incident to my participation/my child's participation in all YMCA activities, and recreation activities provided by third party vendors. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA and its employees, organizers, volunteers, vendors, 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 YMCA property and/or my participation/my child's participation in any YMCA activities.
8. I understand that the YMCA is not responsible for any **personal items** lost or stolen at our programs.
9. **Tracking Out** – I understand the YMCA does not supplement my child's lunch to meet USDA requirements per North Carolina Day Care Licensing regulations.
10. **Inclement Weather** – I understand that programs are not available when school is closed due to inclement weather.
11. **Toilet Training** – Children age 3 and older need to be toilet-trained.

PAYMENT POLICIES

- I understand policies concerning payment, cancellation and refunds. I may not register my child for a new program until outstanding balances due on past programs at any branch of the YMCA of the Triangle Area are paid.
12. **Insufficient Funds** – If my financial institution returns a draft or check, due to insufficient funds, I understand that I will be charged \$25 for a returned draft or a check payment that is returned. The YMCA will attempt to collect returned drafts on the YMCA's next draft date. YMCA drafts are on the first, ninth, seventeenth and twenty-fourth of each month. The YMCA will attempt to collect payment on each draft date until payment is successfully received; however the returned payment fee is charged on the original attempt only. **If I have two returned drafts or checks within a six-month period, I will no longer have the draft privilege and will be required to pay in full, in advance. When using a Credit or Debit Card if my scheduled payment is rejected, I understand it is my responsibility to contact my YMCA branch to resolve any inquiries or issues with my credit or debit card.**
 13. **Cancellations** – Two-week notice is required. Nonattendance, without written cancellation, does not relieve me of the responsibility to pay for the program. I will refer to the registration receipt for details on specific program cancellation policies.
 14. **Bank and Credit Draft Participants** – YMCA drafts are on the first, ninth, seventeenth and twenty-fourth of each month. If these dates fall on a Saturday, my account will be drafted on Friday. If these dates fall on a Sunday, my account will be drafted on Monday. I understand that I must cancel, in writing, 30 days prior to date of bank or credit card draft in order to stop payments.
 15. **Refunds** – I understand that nonattendance does not entitle me to a refund. I understand that no refunds or adjustments are granted for illness, vacation or when YMCA programs are cancelled due to inclement weather. All refunds or program credits given for other reasons are issued on a prorated basis. I understand that the YMCA reserves the right to apply any credit due to other outstanding balances. Refunds are issued within 30 days of cancellation. Program payment is not transferable from one YMCA program to another nor from one YMCA branch to another. Deposits are nonrefundable.

MEDICAL TREATMENT POLICIES

16. **Accident Insurance** – Participants are responsible for their own accident insurance when using the YMCA and when participating in YMCA programs off-site.
17. **Medication** – The YMCA does not normally administer any medication and will do so only when directed in writing by the child's parent or guardian. Medications must be in original containers with written instructions for dispensing. Do not send medications with your child. A parent or guardian must give the medication to program staff. Notice: With respect to giving EpiPen and/or Glucagon injections to children participating in its programs, the YMCA will comply fully with the requirements of the Americans With Disabilities Act. For those children who may require EpiPen and/or Glucagon injections, or who have other special medical needs, the YMCA will meet with the parent(s) or guardian(s) of such children and, through dialogue, strive to develop a mutually acceptable plan designed to address the medical circumstances of each individual child. The YMCA will not administer, or be responsible for administering, medications that have to be inserted into body cavities.
18. **Blood Borne Pathogen Exposure** – I understand that, while my child is in the care of the YMCA, if a child is exposed to a body fluid on broken skin or mucous membrane (e.g. splashing in mouth or eye) from another child, the YMCA will contact the parents of both children. They will explain what has occurred, and provide the name of the attending physician of the source child to parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, the YMCA will provide the name and telephone number of the child's attending physician to the staff member. I have read and agree with the statement and specifically authorize the YMCA to release the name and telephone number of my child's physician and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or to any staff member who experiences such an exposure from my child.
19. **Emergency** – In the event of an emergency in which the parent/guardian or listed emergency contacts cannot be reached, the YMCA will contact emergency medical personnel and, pending their arrival, take those actions that are in the YMCA's judgement to be in the best interests of the child.

I have read and understand all the policies stated above.

Parent/guardian signature _____

Date _____

The parent/guardian signing above represents by executing this document that he or she has the full authority to give permission for the minor child to participate in this program and intends unconditionally for the YMCA of the Triangle to rely upon this representation for all purposes related to the program.