



After School Registration Form 2023-2024

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

YMCA Members: \$60 per week

Non YMCA Members: \$75 per week

The weekly fee covers school days and any out of school days through the school year. Participants are allowed to designate *two weeks* during the school year as *vacation* without having to pay for those weeks. Absence from the program beyond the two vacation weeks will result in a \$50 reenrollment fee.

Each day children receive homework assistance, snack, and play time during the afternoons.

Child's Name: _____ Birth Date: _____ Grade: _____

Child's Name: _____ Birth Date: _____ Grade: _____

Childs School: _____ Email: _____

Mother's Name: _____ Phone: _____ DOB: _____

Father's Name: _____ Phone: _____ DOB: _____

Address: _____ City: _____ Zip Code: _____

Emergency Contact: _____ Phone: _____

***If your child attends Gallman Elementary or Newberry Middle School, you must complete a Newberry School District transportation form authorizing your child to ride the school bus to the YMCA.**

Persons authorized to pick my child up from YMCA programming other than parents:

Name: _____ Phone: _____ DOB: _____

Name: _____ Phone: _____ DOB: _____

Name: _____ Phone: _____ DOB: _____

Name: _____ Phone: _____ DOB: _____

Persons **NOT** authorized to pick my child up from YMCA programming:

Does your child have any allergies or medical conditions that we need to be aware of?

If so, please explain: _____

(CONTINUED ON BACK)

STAFF USE ONLY

Transportation Form Waiver
Signed Payment

Payment Today:

Card Cash Check Check # _____

I HEREBY GRANT PERMISSION FOR MY CHILD TO BE TRANSPORTED BY THE YMCA FOR ACTIVITIES TO, BUT NOT LIMITED TO SWIMMING AND FIELD TRIPS. I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME OR MY EMERGENCY CONTACT. IF I, OR SOMEONE ON THE EMERGENCY FORM CANNOT BE REACHED, I GIVE THE YMCA PERMISSION TO SECURE THE MEDICAL TREATMENT NECESSARY FOR MY CHILD, INCLUDING HOSPITALIZATION, INJECTION, ANESTHESIA, OR SURGERY. I UNDERSTAND IN EMERGENCIES REQUIRING IMMEDIATE MEDICAL ATTENTION, MY CHILD WILL BE TAKEN TO THE NEAREST HOSPITAL EMERGENCY ROOM. MY SIGNATURE AUTHORIZES THE RESPONSIBLE PERSON AT THE NEWBERRY YMCA TO HAVE MY CHILD TRANSPORTED TO THE HOSPITAL. I UNDERSTAND THAT THE NEWBERRY COUNTY YMCA ASSUMES NO RESPONSIBILITY FOR INJURIES OR ILLNESSES WHICH MY CHILD OR I MAY SUSTAIN AS A RESULT OF MY PARTICIPATION IN ANY ATHLETIC ACTIVITIES, SPORTS PROGRAMS, AND THE USE OF ANY EQUIPMENT, EXERCISE, OR OTHER ACTIVITIES. I EXPRESSLY ACKNOWLEDGE ON THE BEHALF OF MYSELF AND MY HEIRS THAT I ASSUME THE RISK FOR ANY AND ALL INJURIES AND ILLNESSES WHICH MAY RESULT FROM PARTICIPATION IN THESE ACTIVITIES. I HEREBY RELEASE AND DISCHARGE THE NEWBERRY COUNTY YMCA, ITS AGENTS, SERVANTS AND EMPLOYEES FROM ANY AND ALL CLAIMS FOR INJURY, ILLNESS, DEATH, LOSS OR DAMAGE WHICH I MAY SUFFER AS A RESULT OF MY PARTICIPATION IN THESE ACTIVITIES. I UNDERSTAND THAT THE NEWBERRY COUNTY YMCA IS NOT RESPONSIBLE FOR PERSONAL PROPERTY LOST OR STOLEN WHILE MEMBERS AND/OR PROGRAM PARTICIPANTS ARE USING YMCA FACILITIES ON YMCA PREMISES. I GIVE MY PERMISSION TO THE NEWBERRY YMCA TO USE INDEFINITELY, WITHOUT LIMITATION OR OBLIGATION, PHOTOGRAPHS, FILM FOOTAGE OR TAPE RECORDINGS WHICH MAY INCLUDE MYSELF OR MY HEIRS IMAGE OR VOICE FOR PURPOSE OR INTERPRETING YMCA PROGRAMS. BY SIGNING BELOW, I ACKNOWLEDGE THE WAIVER SET FORTH ABOVE.

Parent/Guardian Signature: _____ **Date:** _____

Payment method:

If we have a payment method on file, please sign below to authorize draft for childcare. Accounts will be drafted on Friday for the following week's attendance. If alternative arrangements are needed, please see YMCA leadership staff.

Checking Account Draft

Account Holder: _____ Financial Institution: _____

Routing Number: _____ Account Number: _____

Credit/Debit Card Draft

Name on card: _____

Card number: _____ Exp. Date: _____ CVV: _____

I authorize the Newberry YMCA to draft my payment method for fees associated with my child's/children participation in the YMCA programming.

Parent/Guardian Signature: _____ **Date:** _____

Extra Notes: _____
