



# After School Registration Form 2022-2023

**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: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_

\*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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

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

**(CONTINUED ON BACK)**

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:** \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_