



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA OF THE TRIANGLE INFORMATION FORM

2012 Summer  
2012 – 2013 School Year

**FOR OFFICE USE ONLY**

Child's full name \_\_\_\_\_ Program \_\_\_\_\_  
Payor # \_\_\_\_\_ Child # \_\_\_\_\_

# CHILD'S INFORMATION

My child is a:  YMCA member  Program participant  Need flexible spending receipt

Child's name (first/middle/last) \_\_\_\_\_ Name called \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Male  Female Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of Aug. 31, 2012) \_\_\_\_\_ Grade (as of Aug. 31, 2012) \_\_\_\_\_  
School \_\_\_\_\_ Track # \_\_\_\_\_

# CHILD'S INFORMATION CONTINUED

If the schools have an unscheduled early release (i.e. inclement weather), my child will:

Ride the school bus home  Be picked up by a parent at school **Tracking Out participants will follow branch guidelines.**

Check all that apply to your child, or check "None" for those that don't apply:

Allergies (type) \_\_\_\_\_  None  
 Medication (type and schedule) \_\_\_\_\_  None  
 Emotionally, behaviorally, intellectually or physically challenged (explain) \_\_\_\_\_  None  
 Special circumstances (see back page and provide additional information if necessary)/Requests \_\_\_\_\_  
\_\_\_\_\_  None

# FAMILY INFORMATION

Complete information on both parents, then check to indicate which parent to contact for payment and other questions. Check the primary email address for youth program communications.

Mother/guardian's name \_\_\_\_\_ Employer \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ ext. \_\_\_\_\_ Mobile # \_\_\_\_\_ Other # \_\_\_\_\_  
 Email \_\_\_\_\_  
(providing an email address authorizes email communication about your child's programs)

Father/guardian's name \_\_\_\_\_ Employer \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ ext. \_\_\_\_\_ Mobile # \_\_\_\_\_ Other # \_\_\_\_\_  
 Email \_\_\_\_\_  
(providing an email address authorizes email communication about your child's programs)

# YOUTH PICK UPS & EMERGENCY CONTACTS

Please list the individuals other than parents/guardians who may pick up your child. Check to indicate who we may contact in the event of an emergency if parents/guardians cannot be reached. Please note that we require a written request to remove any names listed.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ ext. \_\_\_\_\_ Mobile # \_\_\_\_\_ Other # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ ext. \_\_\_\_\_ Mobile # \_\_\_\_\_ Other # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ ext. \_\_\_\_\_ Mobile # \_\_\_\_\_ Other # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ ext. \_\_\_\_\_ Mobile # \_\_\_\_\_ Other # \_\_\_\_\_

# EMERGENCY INFORMATION (Tracking Out only)

In the case of emergency, please contact the following first:  Mother/guardian  Father/guardian

Child's doctor \_\_\_\_\_ Doctor's # \_\_\_\_\_  
Child's dentist \_\_\_\_\_ Dentist's # \_\_\_\_\_  
Hospital preference \_\_\_\_\_  
Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

# 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 per day from persons other than a parent or guardian.
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. **Inclement Weather** – I understand that programs are not available when school is closed due to inclement weather. This includes all Tracking Out, Early Arrivals, After School and Preschool programs.
10. **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.

11. **Insufficient Funds** – If my bank returns a draft or check, due to insufficient funds, immediate payment is required to keep my child's account up to date. I understand that I will be charged \$25 for each returned check or draft. I will need to send cash, money order or a certified check for the draft or check within 10 business days after I receive a notification letter from YMCA Financial Services. Personal checks will not be accepted. Payment in full is required before my child can continue to participate in YMCA programs. **If I have two returned drafts or checks within a six-month period, I will no longer have the bank draft privilege and will be required to pay program fees in full, in advance.**
12. **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.
13. **Bank draft participants** – I understand that I must cancel, in writing, 30 days prior to date of bank draft in order to stop payment.
14. **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

15. **Accident Insurance** – Participants are responsible for their own accident insurance when using the YMCA and when participating in YMCA programs off-site.
16. **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: The staff of the YMCA of the Triangle will not give shots or administer medications that have to be inserted into body cavities. The one exception to the foregoing is EpiPen injections.  
When special circumstances exist, personnel from the YMCA will be available to meet with the parent(s) or guardian(s) of the child in question and strive to develop through dialogue a mutually acceptable alternative way to make sure the medication requirements of the child are met.
17. **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.
18. **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.

# BEHAVIOR EXPECTATIONS AND DISCIPLINE POLICIES

It is important that staff maintain good order and discipline in all programs. Top objectives in all YMCA programs are safety and a positive atmosphere for learning and developing social skills. The YMCA makes every effort to help children understand clear definitions of acceptable and unacceptable behavior.

## The YMCA does not condone and will not permit:

1. Corporal punishment
2. Ridiculing, threatening, using an inappropriate loud voice
3. Leaving children unsupervised
4. Use of profanity

## A child's behavior is expected to be consistent with the following:

5. Use appropriate language at all times.
6. Cooperate with staff and follow directions.
7. Respect other children and staff, equipment and facilities, and yourself.
8. Maintain a positive attitude.
9. Stay in program areas—running away is not acceptable.
10. Participate successfully within the YMCA staff-child ratios specific for each program.

## YMCA Discipline Policy:

11. If a child is unable to comply with the behavior expectations, a conference will be held by the program director with the child. The parent(s)/guardian will be notified.
12. If after the above meeting the child is still unable to comply with the behavior expectations, the program director will set up a conference with the parent(s)/

- guardian. A behavior contract will be established and signed by the parent(s)/guardian and the program director.
13. If the child's behavior continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal.
  14. Failure of the parent(s)/guardian to attend conference(s) and cooperate will subject the child to suspension or dismissal.

## Behaviors which may result in immediate suspension or dismissal include, but are not limited to:

15. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff. Prohibited conduct may include, but is not limited to, abusive jokes, insults, slurs, threats, name calling, bullying or intimidation.
16. Fighting
17. Possession of a weapon of any kind
18. Vandalism, destruction, or theft of YMCA property or property of others
19. Sexual misconduct
20. Possession of or use of alcohol. Possession of or use of controlled substances unless under the prescription of a doctor.
21. Running away
22. Biting

## Special Circumstances

Parents or guardians are required to inform the YMCA in writing, prior to a child's acceptance in a YMCA program, of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions.

Upon being informed of such circumstances, the branch director (or his or her designee, i.e., senior program director, youth director) may require a conference with the parent(s)/guardian to discuss issues created by these circumstances.

**I understand and acknowledge that:** (i) it is the responsibility of the parent(s)/guardian to make full disclosure to the YMCA of any special circumstances which may affect the ability of my child/ward to participate, as described above; (ii) it is the responsibility of the parent(s)/guardian to inform the YMCA of any requested accommodation believed by the parent(s)/guardian to be necessary and readily achievable for such participation; and (iii) full disclosure of any special circumstances is material to the YMCA's evaluation of the child's/ward's ability to participate and the YMCA's consideration of any requested accommodation.

## Please initial, indicating you have read and understand the above:

\_\_\_\_\_  
Parent/legal guardian

\_\_\_\_\_  
Date

**I have read, understand and agree with the policies as stated in this document and have discussed the expectations of behavior with my child/ward. I understand that the YMCA has the authority to revoke my child's right to participate in YMCA programs for behavior which is not in keeping with the mission of the YMCA or for failing to follow the policies/procedures of the YMCA. My signature below indicates that I agree to adhere to all policies, procedures and the mission of the YMCA.**

\_\_\_\_\_  
Parent/legal guardian

\_\_\_\_\_  
Date

## TEEN PROGRAMS COMMUNICATION POLICY

### (Grades 6 & up)

I hereby give permission for my teenager to communicate via email, web-based communication (such as Facebook) and phone (including cell phone text messages and images) with YMCA staff and volunteer advisors. I understand that my child and the staff and volunteer advisors may be communicating about YMCA program information and other information while not supervised by YMCA personnel. I release and hold harmless the YMCA from any legal claims or liability related to such communications via email, web-based communication and phone.

### Providing an email address authorizes email communication about Teen Programs:

Email \_\_\_\_\_