



YMCA of Broward County
We build strong kids,
strong families, strong communities.

YOUTH

REGISTRATION

Date: _____ Member Non-Member

Please Complete All Items

Child 1

Program: _____ Session: _____ Time: _____

Name: _____ School: _____

Birth Date: ____/____/____ Grade: _____ Age: _____ Gender: M / F (Circle One)

T-Shirt Size: (Circle one) YOUTH S M L ADULT S M L XL XXL

Child 2

Program: _____ Session: _____ Time: _____

Name: _____ School: _____

Birth Date: ____/____/____ Grade: _____ Age: _____ Gender: M / F (Circle One)

T-Shirt Size: (Circle one) YOUTH S M L ADULT S M L XL XXL

Child 3

Program: _____ Session: _____ Time: _____

Name: _____ School: _____

Birth Date: ____/____/____ Grade: _____ Age: _____ Gender: M / F (Circle One)

T-Shirt Size: (Circle one) YOUTH S M L ADULT S M L XL XXL

Mother/Guardian Name: _____

Work Place _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

Home Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Father/Guardian Name: _____

Work Place _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

Home Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Email Address: _____

YMCA STAFF USE ONLY

PROGRAM FEE = Re-Registration Required for new Program / REGISTRATION FEE = One Time Fee for Program Registration for Multi-Session Program (Child Care, Camp, etc)

Program Fee / Registration Fee \$ _____ Amount Paid \$ _____ Payment Type [CASH] [CHECK & CK#] [CREDIT CARD & CC#] _____

YMCA Staff Signature _____

Position _____

Receipt # _____ Date ____/____/____

MEDICAL INFORMATION

UPDATE 01/08



Permission for Enrollment and Release of YMCA from liability

(must be filled out for child to participate in the program)

I give my child/children permission to participate in YMCA activities. In consideration of being permitted to utilize the facilities, services and programs of the YMCA for any purpose including, but not limited to, observation or use of the facilities or equipment, or participation in any off-site programs affiliated with the YMCA, the undersigned for himself, herself and any personal representatives, executors and administrators, WAIVE, RELEASE, DISCHARGE AND COVENANT NOT TO SUE the YMCA of Broward County, their directors, officers, employers and their agents for any and all injuries and other damages which he/she may suffer in connection with his/her participation in the program or any other activities.

Parent's Signature: _____ Date: _____

I have read this form and grant permission for my child, Child #1 _____

Child #2 _____ Child #3 _____

to participate in all activities provided by the YMCA of Broward County.

Parent's Signature: _____ Date: _____

If my child, Child #1 _____ Child #2 _____

Child #3 _____, should become ill or injured during YMCA activities, I understand that the YMCA will: 1) contact me immediately, or 2) contact the person(s) I have designated if I cannot be reached.

Should the YMCA be unable to reach me or the person(s) designated, the YMCA is authorized to contact my physician or arrange for immediate medical treatment to ensure the health and safety of my child/children. I **accept responsibility** for payment of medical services rendered.

Parent's Signature: _____ Date: _____

Medical or other information (ie. Allergies, medical, physical or emotional conditions, or special needs)

Child 1: _____

Child 2: _____

Child 3: _____

Physician Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Insurance Co./Policy #: _____

Photo/Video Release

I grant the YMCA of Broward County permission to use photographs and videotapes taken of my child for YMCA publication purposes.

Parent's Signature: _____ Date: _____

Transportation Release

I, _____, give my child/children permission to participate in YMCA field trips. I understand that the YMCA of Broward County will provide transportation to and from scheduled field trips.

Parent's Signature: _____ Date: _____

I have received a parent handbook and agree to follow all stated policies.

Parent's Signature: _____ Date: _____

YMCA Mission: To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all.

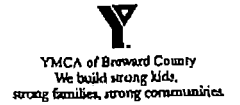
PARTICIPANT RIGHTS AND GRIEVANCE PROCEDURE

UPDATE 02/03

WHITE - Branch File

YELLOW - Site File

PINK - Participant Copy



PARTICIPANT RIGHTS

Individuals who participate in YMCA of Broward County programs have the right to expect fair and equitable treatment at all times. The YMCA of Broward County respects the rights of all persons to practice their own personal beliefs, religions and lifestyles.

Participants are encouraged to express their likes and dislikes regarding programs that they or their dependents are involved in. They have the right to expect that reasonable care and consideration be given to their needs and concerns. The YMCA of Broward County prohibits the solicitation of participants through the use of fraud, intimidation, undue influence, including offering discounts, special offers that include prizes, free services or other incentives by outside entities and/or individuals.

- Participants have the right to be in a caring and safe environment in which to participate and enjoy activities.
- Participants have the right to be treated in an honest and fair manner from staff members, volunteers and other participants.
- Participants have the right to be treated respectfully and confidentially when applying for financial assistance and not be denied services based on race, color, ethnic origin, creed, gender, lifestyle or disability.
- Participants have the right to have their information handled in a confidential manner.

GRIEVANCE PROCEDURE

The YMCA of Broward County takes seriously all concerns expressed by participants. Should an individual have a grievance, a Grievance Form must be completed and processed in the order below. Responses to grievance will be provided to individuals verbally and in written form in a language appropriate and easily understood by individual.

- The individual reports grievance to the Site Coordinator or the Program Director on the Grievance Form.
- If the grievance cannot be resolved, it is reported to the Branch Executive Director for further consideration.
- Unresolved serious grievances will then be reported to the President/Chief Executive Officer.
- The Association Board of Directors may be consulted should a grievance be of nature that is not resolved through the first three steps.
- The President/Chief Executive Officer and/or Association Board of Directors will make the final determination in the matter.

I have read and understood the YMCA of Broward County, Youth and Family Companion and have been given a copy of the Participant Rights and Grievance Procedures at the time of registration.

Furthermore, I understand the YMCA of Broward County is legally obligated to report any suspicion of abuse, neglect or exploitation. Providers and Parent(s)/Guardian(s) may make abuse claims to 1.800.96.ABUSE.

Parent/Guardian Signature

____/____/____
Date Signed

Staff Witness

____/____/____
Date Signed

Participant's Name

Additional Participant's Name

Additional Participant's Name

Site