



Child's First Name: _____ Last Name: _____ Birthdate: _____

2022/2023 Y CLUB PROGRAM REGISTRATION INFORMATION

Intended Start Date: _____

Child's Gender: Female Male Prefer not to say Custom: _____

Primary Language Spoken at Home: _____

Ethnicity (Optional): _____

Registering Parent/Guardian

Legal First Name¹: _____ Legal Last Name¹: _____ Birthdate¹: _____

Mobile Phone Number: _____ Email: _____

Additional Parent/Guardian (If Applicable)

First Name: _____ Last Name: _____ Birthdate: _____

Mobile Phone Number: _____ Email: _____

Is the additional parent/guardian authorized to change enrollment information? Yes No

Will you be using alternative or 3rd party payments?²

CRS CDA NACCRRA Other: _____

Does your child have any allergies? Yes³ No

Does your child have/use any of the following?

Epi-Pen⁴ Inhaled Medication⁵ Glucagon⁶ Blood Glucose Monitoring⁷ N/A

Will your child be taking any regular medications not listed above? Yes No

Does your child have any conditions requiring special consideration? Yes⁸ No

For School-Age Programs Only:

School: _____ Grade in 2022/2023: _____

1. Legal name and date of birth are required to prepare and provide tax documentation.
2. Alternative Payment/3rd Party Certificate must be on file with the YMCA prior to start date.
3. Additional Allergies Information Form required with registration.
4. Additional IMS Physician Checklist and Training Log for Epi-Pens required prior to start date.
5. Additional IMS Physician Checklist and Training Log for Inhaled Medication required prior to start date.
6. Additional IMS Physician Checklist and Training Log for Glucagon Medication required prior to start date.
7. Additional IMS Physician Checklist and Training Log for Blood-Glucose Monitoring required prior to start date.
8. Must have a conversation with the Program Director of the program prior to enrollment to ensure reasonable accommodations can be provided, additional special assistance questionnaire may be required.



2022/2023 Y CLUB PROGRAM OPTIONS

Please mark your program days below

MONTHLY FEES FOR Y CLUB AT SAN PASQUAL UNION

Fees have been calculated based upon an annualized rate of the total number of program days and divided into 11 equal monthly payments regardless of the number of school days per month of service. Fees cover all minimum days.

All fees are due in advance of the month of service. Fees are paid by credit card on the 15th or by ATS (bank draft) on the 10th. ATS are deducted monthly from your checking account.

PRICING: K — 8TH

Day Options:	Price:	
1 Day PM (Parent Choice)	\$114	<input type="checkbox"/>
3 Days AM (Parent Choice)	\$98	<input type="checkbox"/>
3 Days PM (Parent Choice)	\$284	<input type="checkbox"/>
5 Days AM	\$165	<input type="checkbox"/>
5 Days PM	\$384	<input type="checkbox"/>

PRICING: TK

Day Options:	Price:	
1 Day PM (Parent Choice)	\$114	<input type="checkbox"/>
3 Days AM	\$98	<input type="checkbox"/>
3 Days PM HALF (Parent Choice)	\$98	<input type="checkbox"/>
3 Days FULL (Parent Choice)	\$330	<input type="checkbox"/>
5 Days HALF	\$165	<input type="checkbox"/>
5 Days FULL	\$449	<input type="checkbox"/>

After your registration is complete, the Business Center will contact you within 3 business days to set up and schedule monthly payments.



Child's First Name: _____ Last Name: _____ Birthdate: _____

2022/2023 ADMISSIONS AGREEMENT - PAGE 1 OF 2

Please read and initial your understanding of the following, then sign below:

_____ I have received the Family Handbook and the Participant/Parent Code of Conduct and am responsible for reading and abiding by the Policies and Procedures as set forth by the YMCA.

_____ I understand that I am responsible for ensuring my child is signed in and out of the facility by an authorized adult (18+ years old) on a daily basis.

_____ I understand that, after completing registration, if there is space available in the program, it will take up to 3 business days before my child can begin attending the program.

_____ My monthly rate will be \$_____ for ___ days a week in the _____ program. I understand that I will be given a minimum of 30 days' notice of any rate changes.

_____ I understand that cancellations and withdrawals from the program are required in writing 10 business days prior to my billing date. Failure to do so will result in financial responsibility for payment. No refunds are given.

_____ The \$50 registration fee (all programs) is non-refundable.

_____ Monthly payments are made via Automatic Transfer System (ATS) on the 10th for checking accounts and the 15th for credit cards. Notification of changes or corrections must be made in writing 10 business days prior to my billing date via an ATS Form. I understand that it is my responsibility to notify the YMCA of any changes.

_____ A \$10 service fee will be applied to accounts with late payments, returned payments, stopped payments, unpaid balances, and closed accounts and that the service fee may be assessed for each of these reasons independently.

_____ YMCA program participation requires my child's account to be in good standing and that non-payment of any outstanding fees will result in my child not being allowed to participate in any other YMCA programs.

_____ A \$1 per minute fee will be assessed for late pickups past the program closing time.

_____ Program fees are averaged out over the total number of operating days within the year, no credits or refunds will be given for holidays, vacations, weekends, or days when program is not in session.



Child's First Name: _____ Last Name: _____ Birthdate: _____

2022/2023 ADMISSIONS AGREEMENT – PAGE 2 OF 2

Please read and initial your understanding of the following, then sign below:

_____ YMCA staff and volunteers are not allowed to baby-sit, transport, or otherwise be present with participants outside of YMCA programs.

_____ The YMCA, our staff, and volunteers are mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.

_____ Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the safety of the child, staff may have no recourse but to contact the police.

_____ The YMCA, our staff, and volunteers will not become involved in any custodial disputes between parents/guardians. Request for documents in relation to your child's participation in the program must be made in writing from the court.

_____ The YMCA may immediately terminate my child's enrollment for any of the following reasons, including but not limited to:

- Emergency names and phone numbers are incorrect.
- Parent/guardian is late picking up their child after the program closes on multiple occasions or a single excessive occasion.
- Non-payment, late-payment, or NSF payment of program fees.
- Failure to adhere to the sign-in or sign-out procedures.
- Failure to notify the YMCA that your child will be absent (after-school programs).
- Behavior that is continually disruptive or dangerous to others, themselves, or staff.
- Behavior that is destructive to property.
- Any single incident that is deemed by the Program Director to be dangerous, harmful or disruptive.
- Failure to adhere to the Parent/Guardian code of conduct.
- Involving YMCA staff in custodial disputes.

Parent/Guardian Signature: _____

Date: _____

YMCA Staff Signature: _____

Date: _____

YMCA OF SAN DIEGO COUNTY
RELEASE FORM MINORS

STAFF	ID Verified: _____
	Staff Initials: _____
	Type: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OUR MISSION: The YMCA of San Diego County is dedicated to improving the quality of human life and to helping all people realize their fullest potential as children of God through the development of the spirit, mind and body.

ADULT PHOTO ID REQUIRED FOR ADULTS 18 AND OVER

Parent/Legal Guardian Name			
Primary Phone		Email	
Children Name	DOB	Gender	
Children Name	DOB	Gender	
Children Name	DOB	Gender	
Children Name	DOB	Gender	
Children Name	DOB	Gender	
Address	City	State	Zip Code
Alternate Emergency Contact Name		Phone Number	

YMCA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FOR MINORS

Name of Minor(s)

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs whether at a YMCA location or virtually from wherever the minor may be. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor being permitted to enter any branch of the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above in any program either in person or virtually, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby:

- Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document.
- Except for YMCA's gross negligence or willful misconduct I release the YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me or the above said minor, for any loss or damage to property or injury or death to person, whether said damage or injury results from conditions arising upon the YMCA facilities or arising out of or in connection with YMCA programs or activities. YMCA shall not be liable for any damages arising from any act or neglect of any other member, occupant or user of the YMCA premises or participant in YMCA programs or activities. I agree that the above said minor assumes full responsibility for, and risk of, bodily injury, death or property damage except caused or due to the gross negligence or willful misconduct of the YMCA.
- I agree not to sue Releasees for any loss, damage, injury or death described above and except for YMCA's gross negligence or willful misconduct, I will indemnify, protect, defend and hold harmless the YMCA and its Releasees from and against any and all claims and/or damages, liens, judgments, penalties, attorneys' and consultants' fees, expenses and/or liabilities arising out of, involving, or in connection with, the YMCA membership, use of YMCA facilities and/or participation in YMCA programs by me, the above said minor or any other person. If any action or proceeding is brought against YMCA by reason of any of the foregoing matters, I shall upon notice defend the same at my expense by counsel reasonably satisfactory to YMCA and YMCA shall cooperate with me in such defense. YMCA need not have first paid any such claim in order to be defended or indemnified.
- I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.
- The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of any groups of people other than in your own household. YMCA of San Diego County ("YMCA") has put in place preventative measures suggested by the Centers for Disease Control and Federal, State, and Local Government to reduce the spread of COVID-19; however, YMCA cannot guarantee that you or your child will not become infected with COVID-19. Further, attending YMCA facilities, programs or childcare could increase your family's risk, your risk, and your child's risk of contracting COVID-19. By signing this agreement, I acknowledge the highly contagious nature of COVID-19 and voluntarily assume the risk that my child and I along with my family may be exposed to or infected by COVID-19 by attending YMCA facilities, programs or childcare and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at YMCA facilities, programs or childcare may result from the actions, omissions, or negligence of myself and others, including, but not limited to, YMCA employees, volunteers, and program participants and their families I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child or my family may experience or incur in connection with my child's attendance at YMCA or participation in YMCA programming ("Claims"). On my behalf, and on behalf of my family and children, I hereby release, covenant not to sue, discharge, and hold harmless YMCA, its employees, agents, and representatives, of and from any and all Claims, including all liabilities, claims, actions, suits, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of YMCA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any YMCA program.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Parent/Guardian Signature	Date
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WAIVER/CONSENT

I, _____ give my permission to the YMCA of San Diego County (YMCA) to use my picture or other likeness, or a picture or other likeness of any of my children, specifically, _____, in the YMCA's general publicity and campaign materials.

Signature	Date
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NATIONWIDE MEMBERSHIP WAIVER

"By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Association of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law."

YMCA OF SAN DIEGO COUNTY CODE OF CONDUCT

The YMCA of San Diego County is dedicated to providing a safe and welcoming environment for all its members and guests. The YMCA is an organization open to all people. We welcome and value individuals of all ages, races, ethnicities, religions, gender identities, abilities, sexual orientations and financial circumstances. We are committed to having programs and services that embrace diversity, reflecting the people and needs of our communities.

To promote safety, all individuals are asked to act appropriately and follow the rules/guidelines at all times within our facility or when participating in our programs. We expect persons using the Y to act maturely, to behave responsibly, and to respect the rights and dignity of others. Anyone who witnesses behavior that goes against this code of conduct is encouraged to report the behavior to a YMCA staff person immediately. The following actions listed below are behaviors considered inappropriate in our facilities and programs, and therefore are not allowed. Please note this is not an exhaustive list.

- Using or possessing illegal chemicals (drugs) on YMCA property, in YMCA vehicles, and at Y-sponsored programs
- Smoking on YMCA property
- Carrying a concealed weapon or any device or object that may be used as a weapon or to harm another person are not allowed on property unless carried by qualified active and/or retired law enforcement
- Harassment or intimidation by words, gestures, body language, or any type of menacing behavior
- Physical contact with another person in an angry, aggressive, or threatening way
- Verbally abusive or offensive behavior-including angry or vulgar language, swearing name-calling or shouting
- Sexually explicit conversation and behavior
- Any sexual contact with another person
- Inappropriate, immodest, or sexually revealing attire
- Theft or behavior that results in the loss or destruction of property
- Loitering on YMCA property
- Cell phone photography or unauthorized photography of facilities, members or participants
- Pets are not allowed on Y property unless they are service animals to assist members
- Misrepresenting or withholding critical COVID-19 health screening information that may put other members, participants, or YMCA staff at risk.

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

Suspension or termination of YMCA membership and/or program privileges may result if the Executive Director determines that a violation of the Code of Conduct has occurred.

Parent/Legal Guardian Signature	Date
Additional Signature	Date



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FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's First Name: _____ Last Name: _____ Birthdate: _____

ALLERGIES INFORMATION

Specific Type of Allergy/Allergies:

- | | | |
|-------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Milk/Dairy | <input type="checkbox"/> Wheat/Gluten | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Berries | <input type="checkbox"/> Bees/Insects |
| <input type="checkbox"/> Nuts | <input type="checkbox"/> Lotion | <input type="checkbox"/> Other: _____ |

Type of reaction(s) my child experiences when having an allergic reaction:

Procedures to follow if my child comes in contact with the specified allergen(s):

Physician/Allergist

Name: _____

Phone Number: _____

Parent/Legal Guardian Signature: _____

Date: _____