

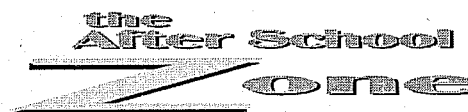


**CENTRAL FLORIDA YMCA and ORANGE COUNTY PUBLIC SCHOOLS  
2008-2009 AFTER SCHOOL ENRICHMENT REGISTRATION FORM**

School \_\_\_\_\_

Date: \_\_\_\_\_ Grade: \_\_\_\_\_

<b>PARTICIPANT (STUDENT)</b>	First Name	MI	Last Name	Gender Male _____ Female _____
	Date of Birth	Age	Middle School <b>STAFF</b> enter student ID#	
	Street Address			City
	State	Zip Code	Phone Number	
<b>PARENT/ GUARDIAN</b> <i>(if participant is under 18)</i>	(1) Parent/Guardian First Name		Parent/Guardian Last Name	Phone Number <i>(if different)</i>
	(2) Parent/Guardian First Name		Parent/Guardian Last Name	Phone Number <i>(if different)</i>
<b>EMPLOYER</b> <i>(Parent Employer if participant is under 18)</i>	(1) Employer		Work Phone Number	Cell Phone/Pager
	(2) Employer		Work Phone Number	Cell Phone/Pager
<b>EMERGENCY CONTACT</b> <i>(other than parent/guardian and must be 18 yrs old)</i>	(1) ER Contact		Work Phone Number	Cell Phone/Pager
	(2) ER Contact		Work Phone Number	Cell Phone/Pager
<b>PERSONAL INFORMATION</b> <i>(for statistical purposes only)</i>	<input type="checkbox"/> 2 Parents <input type="checkbox"/> 1 Parent <input type="checkbox"/> Foster Family			<input type="checkbox"/> City of Orlando <input type="checkbox"/> Orange County
	Other: _____			Parent Email: _____
	Ethnic Origin		Household Income	
	<input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> White Other: _____		<input type="checkbox"/> \$0-13,999 <input type="checkbox"/> \$40,000 - 54,999 <input type="checkbox"/> \$14,000 -24,999 <input type="checkbox"/> \$55,000 - 74,999 <input type="checkbox"/> \$25,000 - 39,999 <input type="checkbox"/> \$75,000 - Over	
Is your home? <input type="checkbox"/> Rented <input type="checkbox"/> Owned		Number of years in the community _____		
<b>PARTICIPATION</b>	Have you (person enrolling) participated in other YMCA programs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, please indicate program(s): _____			
<b>REFERRED BY</b>	Has any member of your family participated in other YMCA programs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, please indicate family member and program(s): _____			
<b>REFERRED BY</b>	How did you hear about the Central Florida YMCA? <i>Check all that apply</i>			
	<input type="checkbox"/> Friend <input type="checkbox"/> Mailed Brochure <input type="checkbox"/> Another Member <input type="checkbox"/> TV/Radio/Newspaper <input type="checkbox"/> Billboard <input type="checkbox"/> Yellow Pages <input type="checkbox"/> School Flyer <input type="checkbox"/> Other: _____			
<b>PARENT HANDBOOK</b>	<input type="checkbox"/> Please initial here stating that you have received the parent handbook and that you understand the \$1.00 a minute late fee. You can also review our handbook at <a href="http://www.centralfloridaymca.org">www.centralfloridaymca.org</a>			



## Central Florida YMCA Mission Statement

The purpose of this association shall be to help develop Christian values and improve the quality of life in Central Florida by involving individuals and families in programs that develop Spirit, Mind and Body.

### Medical Release and History

**Health Statement:** (to be completed by Parent/Guardian and/or Medical Doctor). YES responses will require an explanation.

	<u>YES</u>	<u>NO</u>
• Respiratory problems - Asthma, persistent cough, etc.	_____	_____
• Heart problems - High / low blood pressure, chest pain, etc.	_____	_____
• Kidney, Stomach, Gall Bladder or Liver problems	_____	_____
• Diabetes, hypoglycemia	_____	_____
• Recent fractures, illness, exposure to contagious disease, etc.	_____	_____
• Eye, ear, nose or throat problems - Skin disease	_____	_____
• Allergies - Bee stings, ant bites, plants, sun, food, penicillin, etc.	_____	_____
• Nervous disorders - Epilepsy, convulsions, dizziness, etc.	_____	_____
• Emotional disorders - Frequent anxiety, excessive fears, etc.	_____	_____
• Any hospitalization in the last two years?	_____	_____
• Do you have any physically limiting conditions?	_____	_____
• Do you currently take medication?	_____	_____
• The participant WILL be bringing medication to programs and activities	_____	_____

Explanations: \_\_\_\_\_

**Emergency Medical Treatment:** I understand that every effort will be made to contact the parent(s) or guardian(s) of participants. If this is not possible, I hereby Authorize the Central Florida YMCA to obtain medical treatment.

Parent / Guardian Signature \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Family Physician/Clinic \_\_\_\_\_ Location \_\_\_\_\_  
 Phone \_\_\_\_\_ Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**Authorization to remove child:**

**Father:** YES \_\_\_ NO \_\_\_      **Mother:** YES \_\_\_ NO \_\_\_      (If no, documentation) \_\_\_\_\_  
**Other:** Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
**Other:** Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**After School Enrichment Program:**

My child has my permission to sign him/herself out at \_\_\_\_\_ p.m. in order to walk or bike home \_\_\_ Yes \_\_\_ No

At this time my child must leave campus or they will be charged with Trespassing. \_\_\_\_\_

### WAIVER

I hereby state that I/my child am physically and mentally capable of safe participation in the YMCA activities. I understand and expressly acknowledge that I release the Central Florida YMCA and its staff from all liability for any injury, loss or damage connected in any way to my/my child's participation in YMCA activities, whether on or off the YMCA's premises. I also authorize the YMCA to obtain medical treatment for me/my child in the event of an emergency. I give my permission to the Central Florida YMCA to use, without limitation or obligation, photographs, film footage, or tape recording which may include my/my child's image or voice for the purposes of promoting or interpreting Central Florida YMCA programs.

I hereby give my permission for my child \_\_\_\_\_ to be transported to and from any scheduled field trips.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Central Florida YMCA - Building strong kids, strong families, strong communities**