



YMCA OF THE GREATER TRI-VALLEY - NEW HARTFORD CHILDREN'S FILM MAKING

ENROLLMENT FORM

Saturday, January 14, 2012 – Saturday, June 23, 2012 (24 weeks)

*** PLEASE PRINT *** PLEASE PRINT *** PLEASE PRINT ***

PARTICIPANT INFORMATION:

Child Name: _____ Sex: [M] [F] (circle one) Birth date: _____
_____/_____/_____

***** Current Medications, Allergies, Special Needs, Limitations or Medical Conditions (*In order to better meet the needs of your child, please list as much information as possible*): _____

PARENT/GUARDIAN INFORMATION:

(Person listed as Primary Guardian will be the sole person authorized to request changes to information and or cancellation of care.)

Primary Guardian [Mother] [Father] [Other: _____]

Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ (ext) _____ Cell Phone: _____

Secondary Guardian [Mother] [Father] [Other: _____]

Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ (ext) _____ Cell Phone: _____

*When a parent is NOT authorized to pick-up, we must have a copy of court documentation. Please provide copies of court documentation with registration as needed.

EMERGENCY CONTACT/AUTHORIZED PICK-UPS (OTHER THAN PARENTS):

Must list at least one additional emergency contact. No one under the age of 18 is permitted. Full Address must be included.

Photo ID will be required for pick-up

1.) Name: _____ Work/Cell Phone: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Emergency Contact: [Yes] [No] Authorized Pick-up: [Yes] [No*]

2.) Name: _____ Work/Cell Phone: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Emergency Contact: [Yes] [No] Authorized Pick-up: [Yes] [No*]

FOR OFFICE USE ONLY:

By: _____

Date Received: _____

Payment Received: _____

Entered

New Hartford Area SACC Center

25 Oxford Road

New Hartford, NY 13413

315.797.4787

OVER



YMCA OF THE GREATER TRI-VALLEY AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Child Name: _____

Physician: _____ Phone Number: _____ Address: _____

Hospital: _____ Phone Number: _____ Address: _____

(To comply with State Licensing laws, a preferred physician and hospital must be listed)

Yes	No	<p>AUTHORIZATION/CONSENT: In the event of sickness or accident, I hereby give my permission to the YMCA of the Greater Tri-Valley staff to order and/or perform any medical attention deemed necessary, if I am unable to be contacted. I accept financial responsibility if such treatment is necessary. I further understand that neither the YMCA nor it's workers can be held responsible in the event of accident or accidental death.</p>
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PARENT AND PARTICIPANT STATEMENT OF AGREEMENT

- I understand that I may not leave my child at the SACC Center unless there is a YMCA staff member present.
- I understand that my child will not be allowed to leave the program with an unauthorized person or staff member. Only adults with valid photo ID and who are over the age of 18 can be authorized to pick up the child.
- I understand that the YMCA staff may not baby-sit, transport, or care for children other than during YMCA program hours.
- I understand that my child may be removed from the YMCA program for any of the following reasons:
 - 1) Failure to pay program fees by designated deadlines.
 - 2) Inappropriate behavior of a child/parent that endangers anyone involved with the YMCA.
 - 3) Failure to observe any of the conditions listed in the Parent Handbook.
- I authorize for my child to participate in the following activities whole enrolled in YMCA Programs:
 - Swimming / Water Activities
 - Travel on YMCA arranged transportation
 - Participate in photos or videos for the YMCA publications
 - View a PG rated film
 - Participate in all activities (including field trips)

YMCA CHILD BEHAVIOR CONTRACT: Good behavior is important to everyone in daily life. Certain behaviors are expected from children involved in the YMCA Programs, and following rules promotes a good learning experience that is safe and secure. When a child ignores or disregards rules, everyone's experience is diminished. A Behavior Contract is the first formal step to help solve rule violations. The Behavior Contract involves parents, child and staff, and it requires the participation of all parties. If your child's behaviors become an ongoing problem, then the Behavior Contract will be issued. A sample contract is available in the program office. Failure to correct behavior may result in suspension or dismissal. **Not all of these steps of the Behavior Contract will be taken every time a child breaks a YMCA rule. Disciplinary action will be determined for each child based on the severity of the action. Violence or issues which compromise the safety of YMCA staff or participants will not be tolerated and can result in immediate suspension or expulsion from the program.*

Waiver, release, Indemnification and Hold Harmless Agreement: I acknowledge and understand that participating in the YMCA of the Greater Tri-Valley activates involves physical activity and inherent risk of bodily injury or damage to my property, and I do hereby agree, to the fullest extent permitted by law, to release, protect, indemnify, hold harmless, and covenant not to sue, the YMCA of the Greater Tri-Valley, it's organizers, employees, volunteers, officers, representatives and agents, from and against t any and all losses, injuries, harm, claims, and damage, including attorneys' fees and court costs, causes of action or suits in equity of whatsoever kind or nature, arising out of, predicated up, or in any way resulting from participating in YMCA of the Greater Tri-Valley activities, other use or occupancy of the YMCA of the Greater Tri-Valley facilities and equipment, or while traveling to off-site activities, whether caused directly or indirectly by the YMCA of the Greater Tri-Valley, it's organizers, employees, volunteers, officers, representatives and agents, acts or omissions, including but not limited to the YMCA of the Greater Tri-Valley's own negligence or gross negligence, I expressly assume all such dangers, risks and hazards to me and all the minors in my care. I HAVE READ AND AGREE TO THE ABOVE WAIVER, RELEASE, IDEMNIFICATION, AND HOLD HARMLESS AND MEMBERSHIP AGREEMENT.

LARGE GROUP FORMAT: I understand that due to large group format of our program, we are unable to provide one-on one care for any child except on a intermittent basis. Such instances include: injuries, immediate disciplinary issues, and certain personal care needs customarily provided to other children. I UNDERSTAND THAT I WILL RECEIVE A WRITTEN COPY OF THE YMCA PARENT HANDBOOK ON OR BEFORE THE FIRST DAY OF MY CHILD'S ENROLLMENT. THIS INFORMATION IS ALSO AVAILABLE AT www.ymcatrivalley.org.

NOTE: Failure to sign this parent agreement does not nullify this agreement.

X _____
Signature of Parent/Guardian

Date



YMCA OF THE GREATER TRI-VALLEY - NEW HARTFORD
CHILDREN'S FILM MAKING
Children 10 years to 14 years old

Program Start Date :
Saturday, January 14, 2012

Program End Date:
Saturday, June 23, 2012

Where & When
Saturdays ~ 12:00 pm to 2:00 pm
25 Oxford Road, New Hartford

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**YMCA Member Fee: (24 weeks)**  
**\$240.00**  
**or**  
**two convenient payments of \$120.00**  
**1<sup>st</sup> Payment Due on or Before January 11, 2012**  
**2<sup>nd</sup> Payment Due on or Before March 31, 2012**

**Non Members Fee:(24 weeks)**  
**\$360.00**  
**or**  
**two convenient payments of \$180.00**  
**1<sup>st</sup> Payment Due on or Before January 11, 2012**  
**2<sup>nd</sup> Payment Due on or Before March 31, 2012**

**For More Information Call:**

**New Hartford Area SACC Center**  
**25 Oxford Road**  
**New Hartford, NY 13413**  
**315.797.4787**