



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SITE	REG. FEE	WEEKLY FEE	PAYMENT RECEIVED	PARTICIPANT #
		LAST DATE ATTND	CANCEL. REASON	BALANCE DUE

PROGRAM REGISTRATION

PrYme Time Registration

YMCA of Florida's First Coast | St. Augustine Family YMCA
 500 Pope Road | St. Augustine, FL 32080 | 904.471.9622

CHILD'S NAME _____ NICKNAME _____ DATE OF BIRTH ____ / ____ / ____

ADDRESS _____ PHONE _____

SCHOOL _____ GRADE _____ SEX (M/F) _____ ETHNICITY (circle one) W B A H I O

PROGRAM (circle one): (AM) (PM) (AM & PM)

MOTHER OR LEGAL GUARDIAN'S NAME _____ WORK PHONE _____

ADDRESS _____ STATE _____ ZIP _____ E-MAIL _____

FATHER OR LEGAL GUARDIAN'S NAME _____ WORK PHONE _____

ADDRESS _____ STATE _____ ZIP _____ E-MAIL _____

WHO IS PERMITTED TO REMOVE CHILD? MOM _____ DAD _____ BOTH PARENTS _____ OTHER (listed below) _____

WHO HAS LEGAL CUSTODY? MOM _____ DAD _____ BOTH PARENTS _____ OTHER _____

ID IS REQUIRED TO PICK UP YOUR CHILD

Emergency contacts & authorized to pick up:
 (minimum of 2 other than parents required)

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

MEDICAL ALERT OR ANY SERIOUS MEDICAL CONDITIONS, ALLERGIC REACTIONS, ETC. _____

MEDICAL INSURANCE COMPANY _____ POLICY # _____

PHYSICIAN _____ PHYSICIAN PHONE # _____

MEDICATIONS TAKEN _____

WAIVER, RELEASE, AND INDEMNIFICATION – Program Participant and Family

In consideration of being permitted to enter now and in the future the Young Men's Christian Association of Florida's First Coast, Inc. ("YMCA") for any purpose, including, but not limited to observation, use of facilities or equipment, or participation in any way, including participation in any off-site programs, the undersigned, for himself or herself, his or her minor children, his or her immediate family members, and any personal representatives, heirs and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering will, inspect such premises and facilities. It is further warranted that such entry into the YMCA for observation, participation or use of any facilities or equipment, including any off-site, constitutes an acknowledgment that such premises and all facilities and equipment, including off-site, thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for the purposes of such observation or use.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER NOW AND IN THE FUTURE THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION, USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANYWAY, INCLUDING PARTICIPATION IN ANY OFF-SITE PROGRAMS, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. The undersigned for himself or herself, his or her minor children, his or her immediate family members, and any personal representatives, heirs and next of kin, hereby releases, waives, discharges and covenants not to sue the YMCA, its directors, officers, employees and agents (hereinafter referred to as "releasee") from all liability to the undersigned, his personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demand therefore on account of injury to the undersigned's person or property or resulting in death of the undersigned, whether caused by the negligence of the releasee or otherwise while the undersigned is in, upon, or about the premises, or participation in any off-site programs, or any facilities or equipment therein;
2. The undersigned for himself or herself, his or her minor children, his or her immediate family members, and any personal representatives, heirs and next of kin, hereby agrees to indemnify and save and hold harmless the releasee from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA, including participating in any off-site programs, whether caused by the negligence of the releasee or otherwise; and
3. The undersigned for himself or herself, his or her minor children, his or her immediate family members, and any personal representatives, heirs and next of kin, hereby assumes full responsibility for and risk of bodily injury, death or property damage due to the negligence of the releasee or otherwise while in, about or upon the premises of the YMCA, or participation in any off-site programs, and/or while using the premises or any facilities or equipment hereon. I give my permission to the YMCA of Florida's First Coast to use, without limitation or obligation, photographs, film footage or tape recordings that may include mine and or my family member's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs. The undersigned for himself or herself, his or her minor children, his or her immediate family members, and any personal representatives, heirs and next of kin, further expressly agrees that the foregoing waiver, release, and indemnification agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

CHILD CARE AND YOUTH PROGRAM ADDITIONAL PROVISIONS

The undersigned understands that the YMCA assumes no responsibility for injuries or illnesses that my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports program, the use of any equipment, exercise or other activities.

While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommends that you discuss with YMCA staff any special conditions or circumstances involving your child. The YMCA requests that the undersigned do this PRIOR to registration so that the YMCA can advise you as to whether we can make reasonable accommodation for your child.

The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.

The undersigned understands that no accident or medical insurance is provided with this activity.

The undersigned gives his or her permission for my child to be transported by the bus service secured by the YMCA for related programs activities.

ACCEPTANCE

I have read and voluntarily sign this waiver and release of liability and indemnification agreement, and further agree that no oral representation, statements or inducement apart from the foregoing written agreement have been made.

I UNDERSTAND THE FEE MUST ACCOMPANY THIS APPLICATION AND IS NON-REFUNDABLE EXCEPT FOR VERIFIED MEDICAL REASONS

I understand the registration fee must accompany this application and is non-refundable. The registration fee is waived for all participants having a current YMCA Family membership. I understand that a deposit of one week's tuition is required at the time of registration to secure the participant's enrollment. This deposit will be applied to the participants LAST week of PrYme Time for the current school year.

I understand that I am responsible for ALL weekly payments, regardless of attendance. There will be no prorated fees for non attendance. Part time care is not available.

Payment is due on Monday of each week, for the current week, and will be considered late after 6:00pm on Monday of that same week. The YMCA may bill any past due accounts and assess a \$10.00 per week late fee. My child may be dropped from the program for continuous non-payment of weekly tuition.

Children must be picked up no later than 6:00PM or a late charge of \$5.00 for the first ten minutes, plus \$1.00 per minute thereafter, per child will be charged and is payable at the time the child is picked up.

PARENT / GUARDIAN SIGNATURE

DATE

PER DCF REGULATIONS:

ONLY THE INDIVIDUAL WHOSE SIGNATURE APPEARS ON THE ORIGINAL REGISTRATION FORM IS AUTHORIZED TO MAKE CHANGES TO THE REGISTRATION FORM, INCLUDING ADDING, DELETING, OR TEMPORARILY DESIGNATING INDIVIDUALS AUTHORIZED TO PICK UP THE CHILD.

I have received a copy of the DCF brochure "Know Your Child's Day Care" and a copy of the current year's YMCA PrYme Time Parent Handbook containing the payment policies and discipline practices of the YMCA and I agree to abide by the YMCA's policies and procedures.

PARENT / GUARDIAN SIGNATURE

DATE