

Fun Club Registration – Snow Days

The O Fallon Family YMCA will be offering an all-day program for your child on the days that the Fort Zumwalt School district has called a day off due to snow or inclement weather. On these dates, you will be able to bring your child to the YMCA where we will keep them busy with arts and crafts, group games, sports, swimming and much more.

LOCATION: O Fallon Family YMCA **HOURS:** 8:30 am - 6:00 pm

FEE: Paid at the time of registration
 YMCA Members: \$35.00/day
 Non-members: \$50.00/day

DATES: Fort Zumwalt School District Snow Days

BRING: Sack lunch (no refrigeration available, so please pack appropriately),
 Morning snack (afternoon snack will be provided), Swim suit and towel
 (prefer one piece swim suits for girls)

School your child **regularly attends** _____ Grade _____

Child's name: _____ Age: _____ Birth date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: (____) _____

Mother/Guardian name: _____ Mother/Guardian phone number: (____) _____

Father/Guardian name: _____ Father/Guardian phone number: (____) _____

Other person's authorized to pick up the child: PHOTO ID WILL BE REQUIRED TO PICK UP CHILDREN, \$1 Late fee per minute

1. Name: _____ Phone number: (____) _____

2. Name: _____ Phone number: (____) _____

Health Report and History

Check any or all that may apply:

Does your child have an Individual Education Plan (IEP)?	_____ YES*	_____ NO
Does your child have a Behavior Management Plan?	_____ YES*	_____ NO
Does your child have a 504 Student Accommodation Form?	_____ YES*	_____ NO

***A copy of a current IEP/BMP/504 Student Accommodation Plan must be turned in with the Registration form and you must complete the Inclusion Information packet before program participation is authorized. Enrollment will NOT be considered final until all required processes have been met and reviewed. Although every effort is made to provide reasonable accommodations, there may be instances where a child's needs may exceed the parameters of the scope of our program.**

Has your child been diagnosed with the following:

_____ ADD	_____ ADHD	_____ DD	_____ ID	_____ ED	_____ ODD	_____ OCD
_____ Autism	_____ Aspergers	_____ Cerebral Palsy	_____ Down Syndrome	_____ Chronic Health Condition		
_____ Other		_____ Not applicable				

Additional Forms are required for enrollment of children with chronic/severe health conditions and children with an Individual Education Plan (IEP), Behavior Management Plan (BMP) and/or 504 Student Accommodation Form. Please contact your Child Care Program Director at the YMCA for these forms and procedures.

Immunization Record

I/We certify that our child has received and is current on their immunization records. _____ YES _____ NO
 (if no, a copy of the Missouri Immunization Exemption Form must be attached to complete required paper work prior to camp attendance.)

Indemnity Agreement

I hereby waive any claim of liability and will hold harmless the Gateway Region YMCA, its officers, directors, trustees, agents, and employees for any bodily injury to me incurred while I am practicing for, or participating in, any contest or exhibition of an athletic nature sponsored by the YMCA. In addition, I understand that the YMCA is not responsible for my personal property nor is my YMCA membership transferable.

It is understood and agreed that Gateway Region YMCA reserves the right to take and utilize pictures, likenesses, videos and testimonials of participants for promotional purposes including, but not limited to reports, publications, brochures, emails, our website and other instances of online presence.

I grant the Gateway Region YMCA, its agents and the news media the right to photograph me and/or my family including children and to use the photograph for news and publicity purposes. I agree to my child participating in YMCA programs and that he/she will comply with all rules and regulations. I further agree that I will not hold the YMCA, its directors, officials, agents, employees and volunteers responsible in case of accident or injury. I understand that no accident insurance is provided. I also agree to abide by the Gateway Region YMCA standards and guidelines.

I acknowledge that I am over the age of eighteen (18) years. I acknowledge that I have carefully and completely read and understand the terms contained in this release and waiver legal liability and voluntarily accept and agree to all such terms.

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. For emergency medical treatment, I understand that my child will be transported to Progress West Hospital via ambulance.

Parent/Guardian signature: _____ Date: _____