

Schools Out Emergency Care Registration

YMCA Branch _____

St. Louis County/St. Charles County/Illinois - Essential Personnel

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

Email Address: _____

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

Mother/Guardian name: _____ Mother/Guardian DOB: _____

Mother/Guardian phone number: (____) _____

Mother/Guardian Place of Employment: _____

Mother/Guardian Employment phone number: (____) _____

Father/Guardian name: _____ Father/Guardian DOB: _____

Father/Guardian phone number: (____) _____

Father/Guardian Place of Employment: _____

Father/Guardian Employment phone number: (____) _____

Other persons authorized to pick up the child: PHOTO ID WILL BE REQUIRED TO PICK UP CHILDREN

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

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

Health Report and History

Does your child have a medical or behavioral condition that we need to be aware of at this time? ____YES ____NO

Please detail condition/s.

Does your child have a Custodial Agreement/Parenting plan? ____YES ____NO

- Children with current IEP, Behavior Intervention or 504 Plans will require additional Inclusion Services Paperwork to be completed, received and reviewed prior to attendance.
- Additional forms will be required for enrollment of children with medical conditions and a copy of the court custody papers.
- Please contact your Child Care Program Director at the YMCA for these forms and procedures.

Days Needed:

Approximate Drop Off _____

Approximate Pick Up _____

____ **Monday, March 30**

____ **Wednesday, April 8**

____ **Friday, April 17**

____ **Tuesday, March 31**

____ **Thursday, April 9**

____ **Monday, April 20**

____ **Wednesday, April 1**

____ **Friday, April 10**

____ **Tuesday, April 21**

____ **Thursday, April 2**

____ **Monday, April 13**

____ **Wednesday, April 22**

____ **Friday, April 3**

____ **Tuesday, April 14**

____ **Thursday, April 23**

____ **Monday, April 6**

____ **Wednesday, April 15**

____ **Friday, April 24**

____ **Tuesday, April 7**

____ **Thursday, April 16**

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 participating in any child care program, contest or exhibition sponsored by the MCA. I also waive any claim of liability and hold harmless the Gateway Region YMCA described above for injury or contraction of any illness or medical condition including but not limited to COVID-19, that might result from participation in child care programs run by the Gateway Region 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 an 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 the nearest hospital via ambulance.

Parent/Guardian Signature: _____ Date: _____

Emergency Schools Out Agreement

Gateway Region YMCA Emergency School's Out Acknowledgment Page

The YMCA does NOT provide accident insurance for your child. This will be the responsibility of the parent.

(please read carefully and sign below)

CHILD'S NAME: _____

- I understand I am electing for my child to participate in YMCA programs.
- I understand I am financially responsible for YMCA services.
- I understand my child may be subject to daily health checks and may not be accepted into a YMCA program, may be denied participation in program, or may be removed from program if he/she: (a) is ill or exhibiting symptoms of illness, including without limitation any symptoms of COVID-19 per the most up to date guidelines provided by the Center for Disease Control (CDC) (which currently include fever, cough, and shortness of breath), or has not been fever free without medication for 24 hours; (b) has traveled outside the United States in the past 14 days; (c) has had contact with any person with confirmed COVID-19 in the past 14 days; or (d) has had contact with anyone who has been instructed to self-quarantine in the past 14 days. Wellness criteria are subject to change based on guidelines provided by the CDC or local health authorities.
- I understand my child will not be released to any person(s) not listed on the enrollment form.
- I understand my child will not be released to any person(s) who seem to be under the influence of drugs or alcohol.
- I understand my child must be signed in and out daily by myself or my designee.
- If my child is experiencing problems or illness in the program, I may be required to retrieve my child early from the program. Pick up must be within one hour of call.
- Should my child be suspended or dismissed from the program due to behavioral issues, I understand the YMCA will not refund the daily fee and I will be responsible for the full amount due.
- I understand the YMCA Behavior Management Guidelines will be followed and enforced.
- The YMCA reserves the right to terminate services if it is determined that the placement is unsatisfactory.
- I understand the YMCA is an inclusive, family-friendly organization and the responsibilities as outlined.
- I understand if the YMCA is required to respond regarding legal issues and I may be responsible for payment of costs incurred by the YMCA as outlined.
- I understand and will abide by the Indemnity Agreement as outlined.
- The YMCA provides a recreational environment for children and teens with and without disabilities through added support staff when needed to facilitate successful participation into the programs when appropriate.
- I understand that photos, video by the YMCA and outside media may be taken throughout the camp day. These pictures may be displayed in YMCA brochures, YMCA website and promotional materials. If I do not want my child's picture taken, I understand it is my responsibility to notify the YMCA Director in writing of exclusions.
- I agree my child may take part in any special activity or trip with the YMCA. It is my understanding that advance notice will be given and that all activities will be supervised.
- I have read, understand and agree to abide by all the policies, procedures, fee requirements as outlined.
- I certify that I am at least 18 years of age and all information provided at the time of enrollment is complete and accurate.
- False or incomplete information may lead to termination of services.

Parent/Guardian Signature: _____ Date: _____