


Please attach a recent photo	 <h2 style="margin: 0;">2009-2010</h2> <h3 style="margin: 0;">Waxahachie Family YMCA</h3> <p style="margin: 0; font-size: small;">We build strong kids, strong families, strong communities</p> <h2 style="margin: 0;">CHILDCARE ENROLLMENT FORM</h2>	<p style="text-align: center;">I am enrolling my child for the following program: <input type="checkbox"/> After School</p> <hr/> <p style="text-align: center;">Financial Aid <input type="checkbox"/> Completed <input type="checkbox"/> Pending</p> <hr/> <p style="text-align: center;">Date of admission ___ / ___ / 200__</p>
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After School Site	Grade in the Fall 2009
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Child's Name	Sex	Date of Birth	Home Phone Number
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Child's Address	City	State	Zip Code
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Parent/Guardian Name	Home Phone No.	Cell Phone No.
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Home Address	City	State	Zip Code
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Driver's License #	Place of Employment	Work Phone No.
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Parent/Guardian Name	Home Phone No.	Cell Phone No.
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Home Address	City	State	Zip Code
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Driver's License #	Place of Employment	Work Phone No.
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Person to call in case of Emergency in Parents cannot be reached	Relationship	Phone Number
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List the last 4 digits of one parent's social security number: (Security Code MUST be four numbers only-no letters or words!)	Security Code
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I authorize the YMCA to release my child to the additional following people:

Name	Relationship	Phone No.
Name	Relationship	Phone No.
Name	Relationship	Phone No.
Name	Relationship	Phone No.

<p>Parent's Acknowledgement: This is to acknowledge that the YMCA of Waxahachie has provided me with a Payment Schedule, Policies, and its own "Parent Guide Book." I agree to read and adhere to the information included.</p> <p>Parent Signature: _____ Date: _____</p>	<p><i>The YMCA of Waxahachie is a human care organization which puts Christian values into practice, through programs and activities that encourage the development of a healthy spirit, mind, and body of individuals of all religions, races, ages and communities.</i></p>
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<p>Parent's Statement of Immunization: My child's shot records are on file at _____ Elementary school.</p> <p>School Phone Number: _____</p> <p>My child's vision and hearing screening records are current on file at the school the child attends away from the center.</p> <p>Parent Signature: _____ Date: _____</p>	<p>Transportation: (required for participation): I hereby give consent for my child to be transported by staff to or from the site and on field trips. Advance notice will be given</p> <p>Parent Signature _____</p> <p>Water Activities: (required for participation): I hereby give consent for my child to participate in water activities. Advance notice will be given.</p> <p>Parent Signature _____</p>
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AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to :

NAME OF LICENSED PHYSICIAN: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME OF HOSPITAL OR CLINIC: _____

ADDRESS: _____

PHONE NUMBER: _____

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic

_____-_____-2000
Signature of Parent/Legal Guardian **Date**

List any special problems/limitations your child may have (allergies, previous/existing illness, sunburn sensitivity, dietary requirements, long-term medication, hospitalization in past 12 months, asthma) which the staff should be aware of:

Treatment to be given: _____

Child's Description (requested by Police Dept.)

Hair Color: _____ Eye Color: _____ Height: _____
Weight: _____ Ethnicity: _____

Distinct Features (scars, birthmarks, etc.): _____

YMCA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Metropolitan Dallas for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment therein and such affiliated programs have been inspected and considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA OF METROPOLITAN DALLAS FACILITIES, SERVICES, AND PROGRAMS FOR ANY REASON, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA OF WAXAHACHIE, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- 1. The undersigned hereby releases, waives, discharges and covenants not to sue the YMCA of Metropolitan Dallas, its directors, officers, employees, and agents ("the releasees") from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA of Waxahachie, without respect to location.*
- 2. The undersigned hereby agrees to indemnify and save and hold harmless the releasees and each of them 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 of Metropolitan Dallas or participating in any program affiliated with the YMCA of Waxahachie, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.*
- 3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE DUE TO NEGLIGENCE OF RELEASEES OR OTHERWISE while in, about, or upon the premises of the YMCA of Waxahachie and/or while using the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA of Waxahachie.**
- 4. The undersigned further assumes full responsibility for any lost or stolen items while in, about, or upon the premises of the YMCA of Waxahachie and/or while using the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA of Waxahachie.*
- 5. The undersigned gives permission to the YMCA of Metropolitan Dallas to use photographs, film footage, or tape recordings which may include their own image (or family members) or voice for purposes of promoting YMCA programs.*
- 6. The undersigned understands that YMCA membership dues and program fees are not deductible as charitable tax contributions.*

The undersigned further expressly agrees that the forgoing release, waiver, and indemnity agreement cannot be altered in any way, and is intended to be as broad and inclusive as is permitted by the law of the state of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

Parent or Guardian's Signature if participant is legally a minor

Printed Name

Parent's Email

_____/_____/2000 **Date**

Please return completed form to the YMCA branch located at 100 YMCA Dr. Waxahachie, TX 75165