



Clinton Community YMCA Y-Zone Kindergarten - 5th grade

For Youth Development
For Healthy Living
For Social Responsibility

Monday - Friday

6:30 a.m. - Start of School

End of School - 6:00 p.m.

Come join us for before and after school fun! Y-Zone offers homework help, arts & crafts, exercise, character development, and most importantly FUN!

REGISTRATION: Only children who are registered and paid may attend Y-Zone. **Payments must be scheduled for auto draft OR paid the Saturday prior to attending.** Refunds and credits will not be issued for days missed. Register at the Courtesy Desk with this form and receive a parent's manual for more information. No child is turned away! We have an open door policy and a financial package for EVERYONE! First day of attendance is August 16th. Y-Zone is held at Lincoln Elementary and CES Elementary. Transportation will be provided for Douglas Elementary students to and from Lincoln Elementary.

_____ REGISTRATION FORM _____ (one form per child) _____

Complete and return to Clinton Community YMCA, 417 S. Alexander St., Clinton, IL 61727. \$20.00 (nonrefundable) registration fee must accompany this form. Registration fee is required regardless of date child starts Y-Zone.

**Fees: \$6/Morning \$9/Night \$12/Both
10% discount for 2nd child (and 3rd, 4th, 5th...)**

Child's Name _____ Grade in fall 2017 _____

Please Print Clearly- First (what your child goes by) and Last Name

Parent/Guardian _____ Child's Date of Birth _____

Address _____ City _____ State _____ Zip _____

Day Phone _____ Other (Cell) Phone _____

I hereby give permission for my child to enroll in the Clinton Community YMCA Y-Zone. I agree to complete the pick-up authorization card, waiver, and Health Form before my child's first day of YMCA Y-Zone.

INFORMED CONSENT AGREEMENT

I hereby certify that my child is of normal health. I assume all risks related to the conduct of the program. I will hold the Clinton Community YMCA and its staff harmless from any claims, suits or losses including but not limited to claims resulting from injury or death, accidental or otherwise. I authorize the Clinton Community YMCA to obtain medical treatment for my child in the event I cannot be contacted. (Failure to sign agreement will result in the loss of playing opportunity for your child.)

Parent/Guardian Signature _____

MORE ON THE BACK



Y-ZONE CONSENT

The undersigned, as parent or guardian of the child or children listed below, gives consent for the said children to participate in all Y-Zone activities. I understand that my child will not be released to anyone other than those I have indicated in writing.

I authorize my child to ride as a passenger in vehicles used by the YMCA program. I understand that these trips are under the supervision of YMCA staff and that health and safety precautions are taken for each person who enrolls in the program.

I authorize my child to be photographed during his/her attendance at the Y-Zone program. This consent releases all personnel or the YMCA from liability. This consent also gives permission for photographs to be used in publicity for the YMCA.

I authorize that artwork my child produces at the YMCA Y-Zone program may be displayed in ways deemed appropriate by the YMCA staff in the community, newsletters, flyers, forms, T-shirts, lobby, etc.

The undersigned, in my individual capacity as parent or guardian of the child or children participating in the YMCA Y-Zone program, understands that participation does involve certain risks, including but not limited to personal injury and property damage arising from the equipment and activities and or the actions of other participants. In consideration of these services provided and understanding these risks, I personally and on behalf of my child or children release the Clinton Community YMCA, YMCA Y-Zone, and their employees, agents, volunteers, and all other persons and agencies having any affiliation with the Y-Zone program and from all liability and claims arising from any occurrence or accident while my child or children participate in the program.

Be aware that many of the above consents are required for participation in the YMCA Y-Zone program.

Parent/Guardian Signature _____

Name of child attending YMCA Y-Zone _____

Medication form

Please list all allergies, behavior disorders, medications and dosage.

Please sign this form and return.

Childs name

Parent/Guardian

Medication

Dosage