



Monticello 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. No child is turned away! We have an open door policy and a financial package for EVERYONE! First day of attendance is the first day of school. Y-Zone is held at Lincoln Elementary. Transportation to After School Y-Zone will be provided by the school district .

\_\_\_\_\_REGISTRATION FORM\_\_\_\_\_ (one form per child)\_\_\_\_\_

Complete and return this form to the 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 (**checks can be made out to The Clinton Community YMCA**)

**Fees: Before School—\$9.50 / After school —\$12.75 /Both morning & After School—\$18  
10% discount for 2<sup>nd</sup> child (and 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>...)**

Child's Name \_\_\_\_\_ Grade in fall 2021 \_\_\_\_\_

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 \_\_\_\_\_

Email: \_\_\_\_\_

I hereby give permission for my child to enroll in the Monticello Y-Zone. I agree to complete the pick-up authorization card, program waiver, COVID-19 waiver and Health Form before my child's first day of 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 Monticello 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 Monticello 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, Monticello 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 Monticello Y-Zone program.

This facility and program are not licensed or regulated by DCFS.

Parent/Guardian Signature \_\_\_\_\_

Name of child attending Monticello Y-Zone \_\_\_\_\_

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**Medication form**

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

Please sign this form and return.

Childs name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

# Pick Up Authorization Card

Child's Name \_\_\_\_\_

(Please include names and information for person(s) authorized to pick up your child from Y-Zone / Camp)

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_