



FAMILY YMCA OF MARION & POLK COUNTIES

YMCA Out of School Time–Summer

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Before you return your registration packet, please be sure your registration packet includes:

- Enrollment Form
- Authorized Pick Up Form
- Payment Authorization Form
- Parent/Guardian Agreement
- Weekly Enrichment Form

All registration forms must be completed and submitted at the time of registration

FINANCIAL ASSISTANCE: The Family YMCA of Marion and Polk Counties is committed to helping people become the best they can be. We strive to keep the YMCA accessible to everyone regardless of their ability to pay. With the support and generosity of our donors through our Annual Campaign, we assist everyone who qualifies. We also have Military Discounts available.



Don't forget to "Like" and follow us on social media to receive important updates!
[@salemfamilyYMCA](#)

HAVE QUESTIONS? PLEASE FEEL FREE TO CALL:
Family YMCA of Marion & Polk Counties
(P) 503.399.2788
(E) ffisher@theyonline.org



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Circle one: Silverton Henry Hill

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Child's Name: _____ Date to Start Care: _____ Date of Birth: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian: _____ Cell Phone: _____ DOB: _____

Parent/Guardian: _____ Cell Phone: _____ DOB: _____

Primary Email: _____

*** APPROPRIATE COURT DOCUMENTS MUST BE IN PLACE AND A COPY MUST BE PROVIDED TO DENY PARENT ACCESS.**

Emergency contact other than parents: _____ Relationship to Child: _____

Address: _____ Home Phone: _____ Cell Phone _____ Auth. to Pick Up? Y N*

CHILD'S HEALTH INFORMATION

Please provide the name of a doctor or clinic to be contacted for medical emergencies.

Physician/Clinic Name: _____ Phone #: _____

Dentist/Clinic Name: _____ Phone #: _____

Known allergies/intolerances: _____

Current diagnoses: _____

Current Medications: _____

Is your child on an IEP or 504 plan? Yes / No

Any other information our staff should be aware of: _____

Demographics Information (Optional)

We are collecting data to create a better understanding of who we serve. Please remember all questions are optional and confidential.

Is your child eligible for free or reduced lunch? Yes No Prefer not to answer

Household Income _____ Prefer not to answer Number in household _____ Prefer not to answer

Are you a foster family? Yes No Prefer not to answer

What race/ethnicity best describes the participant?

Asian Black or African American Hispanic or Latino/a/x American Indian or Alaskan Native

White or Caucasian Native Hawaiian or Pacific Islander Multiracial or Biracial Other race, ethnicity, or origin

Prefer not to answer

How would your child best describe their gender? _____

YMCA Branch Staff: (INITIAL) _____ Reg _____ Draft Agreement	YMCA Youth Development Staff: (INITIAL) _____ Daxko _____ Draft _____ FA _____ Site Copy
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PARENT/GUARDIAN AGREEMENT

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I UNDERSTAND AND ACKNOWLEDGE THE FOLLOWING: (PLEASE INITIAL EACH LINE.)

_____ I understand that as the registering party, I am ultimately responsible for payment of childcare fees. Rate may vary if awarded a Financial Scholarship.

_____ TWO WEEKS WRITTEN/EMAILNOTICE to the YMCA Youth Development Office is required when canceling or changing my child's schedule of care.

_____ I understand that all refund requests will be reviewed and processed within 30 business days.

_____ My account will be charged a \$20.00 late fee if paid after the 5th of the month, unless an alternate arrangement has been made with the Youth Development Administrative Assistant.

_____ A \$35.00 returned payment fee will be charged for all returned payments.

_____ I have read the Parent Handbook and understand the Late Pick Up Fees.

_____ I understand that I am responsible for the payment at the time of registration unless I register at least 5 days prior to the 1st, or the 15th of the month and a draft is scheduled.

_____ I will adhere to all YMCA policies stated within the Parent Handbook (a copy of the Handbook can be provided by request and is available at www.theYonline.org).

_____ My child may be served 1% milk.

_____ My child may participate in swimming and wading activities.

_____ My child may participate in field trips, and ride in YMCA vehicles.

_____ My child may participate in special occasions where food is served.

_____ I give permission to the YMCA to obtain emergency medical treatment.

_____ I give permission to the YMCA to call an ambulance or take my child to an available physician or medical treatment facility.

_____ I give my permission that my child may be photographed providing opportunities for YMCA promotions.

_____ I give permission to the YMCA staff to supply my child with SPF-15 sunscreen

WAIVER AND RELEASE FROM LIABILITY

Please read and agree below:

Consent Form: I realize that this and all Family YMCA of Marion & Polk Counties Programs involve certain inherent risks, and regardless of precautions taken by the YMCA or the participants, injuries may occur. I agree that I have been informed of, understand and acknowledge those inherent risks. I certify that the participants' present level of physical condition is consistent with the demands of active participation in this YMCA program. I agree to forever release, discharge, and covenant not to sue the YMCA for liability from all loss or damage, whether caused by negligence, either active or passive, by or on behalf of the YMCA. I will indemnify and hold the YMCA harmless from any and all claims made by others. I assume all the risks and hazards incidentally to the conduct of YMCA programs and I do further release, absolve, indemnify, and hold harmless the YMCA, the organizers, sponsors, supervisors, volunteers, and officials of any or all of them.

In case of injury, I hereby waive all claims against the organizers, sponsors, staff, or any of the supervisors appointed by them. I understand the YMCA will not be held responsible for any communicable disease such as COVID-19 and any other bacteria and/or viruses. I understand that there is a possibility my child may be asked to move to a different class time if the minimum enrollment is not met. I also acknowledge that participants may be photographed providing opportunities for YMCA promotions. Minor Medical Release and Consent Form: As Parent and/or Guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of this participant in the event of a medical emergency as deemed necessary by the attending physician. Payment Details: I understand that payment in full is due at time of registration and that there is a \$30 NSF fee for all returned checks, EFT, debit card, credit card or ACH payments. I will pay the NSF amount plus the NSF fee immediately upon my payment being returned to me by the YMCA.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____



Authorized Pickup Form

FAMILY YMCA OF MARION & POLK COUNTIES

Please fill this form out with any and all people of whom you allow to be an authorized pickup for your child(ren). In order for someone to qualify as an authorized pickup, all of the information must be filled out fully.

Authorized Pickups for Child(ren): _____

1st Authorized Pickup

First name: _____ Last name: _____

Date of Birth: _____ Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Relationship to Child: _____

2nd Authorized Pickup

First name: _____ Last name: _____

Date of Birth: _____ Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Relationship to Child: _____

3rd Authorized Pickup

First name: _____ Last name: _____

Date of Birth: _____ Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Relationship to Child: _____



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PAYMENT AUTHORIZATION FORM

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PROGRAM (Complete if requesting scheduled payments)		Indicate Choice(s):	
Participant's Name: First Name M.I. Last Name		<input type="checkbox"/> School-Age Enrichment Program (select payment date) <input type="checkbox"/> Once per month (1 st) OR <input type="checkbox"/> Twice per month (1 st and 15 th)	
PAYMENT OPTIONS (Select One)			
<input type="checkbox"/> Electronic Funds Transfer (Checking or Savings Account)			
Please check if attached or applied:			
<input type="radio"/> Financial assistance form <input type="radio"/> Military Discount			
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Name:	Routing Number:
Name on Account: (Please print)		Account Number	
Type:	<input type="checkbox"/> Recurring Debit or Credit Card Charge		
<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Discover			
Name on Card: (Please print)			
Card Number:		Expiration Date:	
Card Billing Address:			
Street		City	State Zip Code

I hereby authorize a monthly electronic funds transfer or debit/credit card charge on or after the date specified above. The YMCA may charge collection fees for any declined transactions and will make multiple attempts to collect funds for returned debit/credit card charges. I further understand and agree to the following:

- Transfers/charges will continue until I give written notice to change or terminate them. The frequency and occurrence of visits/usage has no bearing on fees. Scheduled program payments continue until registration ends.
- I will provide a minimum of 15 days written notice for childcare and a 30 day notice for membership, prior to my next scheduled draft, to cancel this authorization. If I fail to provide adequate notice, I will draft one additional time before the cancelation takes effect and that payment is non-refundable.
- I am responsible for notifying the YMCA of changes in my account number and expiration date. However, the YMCA may attempt to roll forward credit card expiration dates, where possible.
- I understand that rates are subject to change and as a result the amount transferred/charged may change. The YMCA will notify me in advance of increases in my fees by mail or email. I am responsible for notifying the YMCA if my address or email changes.
- It is my responsibility to bring any billing discrepancies to the YMCA's attention within 60 days after they are processed by my financial institution. After 60 days, I waive my right to dispute such discrepancies.

Signature of YMCA Account Holder: _____ Date: _____



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Enrichment Week Selection Form

- **Messy Camp: June 26 – June 30**
- **Secret Spies: July 5 – July 7**
- **Space Adventures: July 10 – July 14**
- **Carnival: July 17 – July 21**
- **Made in Oregon: July 24 – July 28**
- **Creepy Crawlies: July 31 – August 4**
- **Mad Science: August 7 – August 11**
- **Ships Ahoy: August 14 – August 18**
- **Survival Week: August 21- August 25**

Child's Name: _____

Parent Name: _____

Parent Signature: _____

Date: _____