



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Minimum Day Registration Form 2017-2018

Please use one form per child.

Today's Date: _____ **Site Location:** _____ **Date of Care:** _____

Child's Last Name _____ Child's First Name _____

Home Address _____ City _____ State _____ Zip _____

Grade _____ Age _____ Birth date _____ School _____ Sex: M F

Parent/Guardian Name _____ Email _____ Relationship to child _____

Home Address _____ City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____

2nd Parent/Guardian Name _____ Email _____ Relationship to child _____

Home Address _____ City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____

Person(s) Authorized to pick up child other than listed Parents/Guardians:

Name _____ Relation to child _____ Phone # _____

Name _____ Relation to child _____ Phone # _____

Minimum Day Care Fee: \$30.00 for members, \$35 for non-members. Total Paid Today \$

Pay by Credit Card -- Payment Information *Credit Cards Accepted: VISA, MasterCard, American Express*****

Cardholder Name (Print Name) _____ Cardholder Signature _____

Amount \$ _____ MC VISA AMEX _____

Credit Card # _____ CC Expiration Date _____

I understand that if I am **late** picking up my child (**after 6pm**) I will be charged **\$1.00 per minute** until I arrive, payable in **FULL** at time I arrive.

Print Parent/Guardian Name _____ Signature _____ Date _____

If not currently enrolled in the YMCA program, please fill out the following medical information & consent to treat form.

**San Luis Obispo County YMCA – Minimum-Day Care
Medical Information and Consent to Treat Form**

Permission: I hereby certify that my child (name) _____ is in normal health and capable of safely participating in the San Luis Obispo County YMCA Adventures All Day Care program. I give permission for the child named herein to participate in the All Day Care program and to participate and travel in all field trips.

Authorization: I hereby give my permission to the YMCA agents, employees and managers to seek and receive emergency medical and/or surgical care for my minor child in the event that I can't be reached.

Release & Waiver: This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. I understand that I am responsible for all medical fees should my child be injured or ill at the YMCA, or during YMCA activities and/or field trips. I will not hold the YMCA responsible for any injury that should occur to my child during regular activities at the YMCA.

MY INSURANCE CARRIER IS: _____

DOCTOR'S NAME: _____ DENTIST: _____

POLICY #: _____ GROUP #: _____

(Please attach a copy of your child's insurance card to insure speedy care for your child).

This authorization & waiver is valid from today's date: _____ until _____

List two people other than parents that can be reached in the event of an emergency and are authorized to pick up your child:

1) Name _____ Relation to child _____ Phone # _____

2) Name _____ Relation to child _____ Phone # _____

Print Parent or Guardian Name _____ Signature of Parent or Guardian _____ Date _____

For Office Use Only Date form rec'd _____ Total Amount Paid _____ Cash _____ Check # _____ CC _____

Date Entered in Daxko _____ Staff Name _____

**SAN LUIS OBISPO COUNTY YMCA
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

It is my desire to use the facilities, services, or programs ("Benefits") of the YMCA for my own enjoyment and enrichment. In consideration for the YMCA making those benefits available to me, I voluntarily execute this release and waiver for the purpose of relieving the YMCA of any risk of loss or liability by reason of giving me the opportunity to enjoy the Benefits. This release and waiver is made knowingly and intelligently, inasmuch as I have had ample opportunity beforehand to consider whether to issue it, and to inspect any and all those YMCA facilities, services or programs of interest to me before deciding to use them or to take advantage of any Benefits. In giving the YMCA this release and waiver, it is my intention to bind not only myself, but also my personal representatives, heirs, and next of kin, so that I can relieve the YMCA, to the maximum extent permitted by law, of any risk of loss or liability as a result of allowing me to take advantage of the Benefits.

For the purpose of carrying out my intention to relieve the YMCA of any risk associated with my enjoyment of Benefits, and in further consideration for being allowed to take advantage of the Benefits, I accept full responsibility for all of my actions while using YMCA facilities, services or programs, and knowingly and voluntarily waive, to the maximum extent permitted by applicable law, any right on the part of me or any of my legal representatives and successors, to assert or pursue any claims, or initiate litigation, against the YMCA, or any of its directors, officers, employees or agents (hereinafter referred to as "Releasees") for any loss or damage of any kind whatsoever, including personal injury.

I also agree to defend, indemnify, save and hold harmless the Releasees and each of them from any loss, liability, damage or cost they may incur, including attorneys' fees and costs of suit, due to my enjoyment of any of the Benefits or any negligence or misconduct on my part.

I further state that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, the undersigned, acknowledge that the San Luis Obispo County YMCA sponsors the above-named activity and realize that NO MEDICAL INSURANCE IS PROVIDED.

I have read this Release and Waiver of Liability and Indemnity Agreement, and I acknowledge that it represents an expression of the entire agreement between the YMCA and me relating to the subject matter hereof, and that no oral representations, statements, or inducements form a part of our agreement. I further acknowledge and agree that no changes may be made to this agreement unless they are made in writing and signed by me and a duly authorized representative of the YMCA.

I have read this Release and Waiver of Liability and Indemnity Agreement and knowingly and voluntarily agree to all of its terms.

(Please sign both areas below, one for self and one for minor)

Print Name

Signature of Applicant

Date

FOR PARTICIPANTS OF MINORITY AGE (under age 18 at the time of registration):
THE UNDERSIGNED, AS PARENT/GUARDIAN WITH LEGAL RESPONSIBILITY FOR THE MINOR PARTICIPANT, DOES HEREBY CONSENT AND AGREE WITH THE TERMS AND CONDITIONS OF THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT. THE UNDERSIGNED FURTHER AGREES TO RELEASE AND INDEMNIFY THE RELEASEES FROM ANY AND ALL LIABILITIES INCIDENT TO THE SAID MINOR'S INVOLVEMENT IN THESE PROGRAMS.

Parent/Guardian Signature

Date

Emergency Phone

Minor's Name

Date of Birth