



2024/2025 SCHOOL YEAR

RANDOLPH COUNTY Y KID'S CLUB REGISTRATION FORM

For registration questions, please contact the Y at 765-584-9622

CHILD INFORMATION:

Child's First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Gender: _____ Age: _____ Grade: _____

Ethnicity: Hispanic Other Race: White Black Asian American Indian Hawaiian/Pacific Islander

PARENT/GUARDIAN INFORMATION

Parent/Guardian: {Mother} {Father} {Other: _____} Authorized to Pick Up: {Yes} {No}

Name: _____

Email: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Cell Phone# _____ Other Phone# _____

Place of Employment: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian: {Mother} {Father} {Other: _____} Authorized to Pick Up: {Yes} {No}

Name: _____

Email: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Cell Phone#: _____ Other Phone #: _____

Place of Employment: _____

EMERGENCY PICK-UP: List one other person to contact if neither parent is available

Name: _____ Phone _____ Relationship _____

Other Individuals Authorized to pick up your child:

Contact Name _____ Phone _____ Relationship _____

Contact Name _____ Phone _____ Relationship _____

Contact Name _____ Phone _____ Relationship _____



PARENTAL PERMISSION & CONSENT FORM **Please provide your initials acknowledging each item below**

_____ I give permission for my child to attend the Randolph County Y Kid's Club during the 2024/2025 School year. I understand there is a \$30 registration fee which is non-refundable. This MUST be paid before my child is considered enrolled.

_____ I give permission for my child to participate in all activities with the Kid's Club program at Randolph Central's Baker Elementary school or Willard Elementary School, including, but not limited to, play ground activities, in school activities, and school breaks (if offered) that will be held at the YMCA building located at 1521 E. Washington St. Winchester. I will not hold the Randolph County YMCA, Randolph Central ,their employees or volunteers responsible for any accident or injury that may occur while in the program.

_____ **Payment Options:** I understand that the \$55 a week fee for Kid's Club must be paid by the Friday before services are rendered or my child may not be able to attend the following week. This amount will be paid if my child attends or not as this reserves a spot in the program. Choose One of the following:

_____ I give permission for the weekly fee to be automatically be deducted from the card on file at the YMCA each Friday that Kid's Club is in session.

_____ I do not want to pay automatically and will make a payment by the Friday before the week services are rendered If I do not pay, I understand my child may not be able to attend the program if payment is more than 2 weeks behind.

_____ **Medical Emergency Information:** In the event reasonable attempts to contact parents or guardians have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by any licensed physician, and the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery, unless the medical opinion of two licensed physicians, concurring in the necessity for such surgery, is obtained prior to the performance of such surgery.

_____ **Publicity Permission:** I grant the Randolph County YMCA the right to take photographs of my child while participating in Summer Camp activities. I authorize that the Randolph County Y may use and publish the same in print and/or electronically. I agree that the Randolph County Y may use photographs of my child with or without name for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I also give permission for pictures taken during the Y Kid's Club program to be used for Grant purposes and give granting organizations permission to use such photos in promotional material about such grants.

Please explain any health problems (allergies, asthma, etc.) your child has that we should be aware of.

Please explain any medications your child is taking.

PLEASE SIGN TO INDICATE THAT YOU HAVE RECEIVED AND UNDERSTAND THE ABOVE PERMISSION, CONSENT EMERGENCY INFORMATION STATEMENTS AND WEEKLY FEES:

X _____
Child's name (printed)

X _____
Signature of Parent/Guardian (signed)

X _____
Date