



'20- '21 HOST and/or School's Out! Registration

Please send this completed form to (E) kari@gtbayymca.org (F) 231.525.2067 or (M) 523 W. Jefferson St. Petoskey, MI 49770

STUDENT INFORMATION

Student's First Name: _____ Last Name: _____
(One form per student)

EMERGENCY INFORMATION

List all individuals, **including parents/legal guardians**, in order of preference, to be contacted in an emergency. Please include at least 1 person other than the parents/legal guardians to be contacted in an emergency and to whom your student can be released.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

ADDITIONAL AUTHORIZED PICKUP INFORMATION

Please provide the information of additional persons authorized to pick up your student from school other than parents/guardians listed above. Please note that YNM staff are NOT authorized to release your student to any person not listed on this form.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

MEDICAL INFORMATION This section is required for your student's care and needs to be completed in full.

Please list any allergies or dietary restrictions: _____

Are there any current medical (physical or psychological) conditions we should be aware of? Yes - please describe below No

Does your student take any prescribed medication that will need to be administered during the time that he or she is in the YMCA's Care from 8AM to 6PM?

Yes - please fill out the prescribed medication form found on the parent resource page of the website No

Are there any problems that may confront your student while in the YMCA Program (homesickness, anxiety, moodiness, etc)?

Yes - please describe below. No

Please feel free to provide us with any coping strategies that you employ when your student is extra distracted, sad, upset or angry. The more we know, the better position we are in to understand your student and their needs:

MEDICAL EMERGENCY CARE AUTHORIZATION

I hereby give permission to the HOST program staff/YMCA of Northern Michigan, to secure emergency medical and surgical treatment and to provide routine, non-surgical medical care, for the minor student named above, while attending HOST and/or School's Out!

Parent Signature: _____ Date: _____

Program: HOST (located at Central, Lincoln, Sheridan & Ottawa Elementary Schools) and School's Out!

MONTHLY SCHEDULE *Can be changed prior to the start of each month if space is available

Please note that we cannot accommodate schedules changing each week. The days you select below are the days you are locked into each month. The days you attend each month can be changed prior to the start of any given month if space is available.

SCHOOL	# OF DAYS	M	T	W	TH	F
Central Elementary	place "X" in appropriate box below					
3 days/week	\$114/M \$129/CP					
4 days/week	\$152/M \$172/CP					
5 days/week	\$190/M \$215/CP					

SCHOOL	# OF DAYS	M	T	W	TH	F
Lincoln Elementary	place "X" in appropriate box below					
3 days/week	\$114/M \$129/CP					
4 days/week	\$152/M \$172/CP					
5 days/week	\$190/M \$215/CP					

SCHOOL	# OF DAYS	M	T	W	TH	F
Ottawa Elementary	place "X" in appropriate box below					
3 days/week	\$114/M \$129/CP					
4 days/week	\$152/M \$172/CP					
5 days/week	\$190/M \$215/CP					

SCHOOL	# OF DAYS	M	T	W	TH	F
Sheridan Elementary	place "X" in appropriate box below					
3 days/week	\$114/M \$129/CP					
4 days/week	\$152/M \$172/CP					
5 days/week	\$190/M \$215/CP					

PAYMENT INFORMATION

To be officially registered & considered as participating, payments for the program must be submitted. We will not process the submitted registration without payment. Payments can be made via cash, check, EFT or credit/debit card. Please keep in mind that payments are due no later than the 1st of each month. If payments are not received by the first of each month, your registration may be suspended at the discretion of the program director.

If you need to make payments outside of the due date, a payment plan must be discussed and approved by the program director and all payment plans are required to be on auto-pay.

I would like to speak with the program director about a payment plan.

AUTOMATIC PAYMENT

BY INITIALING HERE, I AGREE TO ENROLL IN AUTOMATIC PAYMENTS.

- I understand that the auto-pay option authorizes an automatic monthly payment for the months specified during registration on the due dates (1st of each month) as well as what comes due upon registration and that if I wish to cancel the scheduled automatic payment, notice must be received by the YMCA of Northern Michigan at least 1 week prior to month you intend to cancel.
- I agree to immediately notify the YMCA of Northern Michigan of any changes in my credit or bank account that may affect payment being made. Should a payment not be honored by my bank/card company for any reason, I realize that I am still responsible for paying fees or any charges assessed to the YMCA associated with the return or decline of my transaction.
- It is understood that automatic scheduled payments constitutes valid notice of such payment due on account and an invoice will not be sent.

PAYMENT METHOD

SAVINGS OR CHECKING ACCOUNT:

Name: _____ (as it appears on account)

Bank Name: _____ Bank Address: _____

Routing #: _____ Account #: _____

I authorize the YMCA of Northern Michigan to access my checking or savings account for my program payment. I understand that the payment will be electronically transferred from my account to the YMCA of Northern Michigan. A voided check must accompany the above check account information.

CREDIT/DEBIT CARD: visa, mastercard or discover only

Name: _____ (as it appears on card)

Card #: _____ Exp: ____/____ CVV: _____

I authorize the YMCA of Northern Michigan to access my Visa, MasterCard or Discover card for the program fee. When my issuing bank authorizes this transaction by charging the designated account, such an authorization will serve as a receipt for the payment. program payment. I understand that the payment will be electronically transferred from my account to the YMCA of Northern Michigan.

PAYMENT AGREEMENT

I understand and agree to follow the payment option selected above or the below payment plan. I understand and agree that it is my responsibility to ensure payments are received by the YMCA of Northern Michigan and that failure to submit by the due date may result in removal from program until payments are made.

X Signature of Parent/Guardian: _____ Date: _____

PROGRAM WAIVERS

PARTICIPATION WAIVER

As a parent, I understand as a part of the YMCA of Northern Michigan HOST Program that my student participates involves moderate to vigorous physical activity. Understanding that my Student will participate in physical activity on a daily basis, I acknowledge that my student is capable of meeting these physical requirements. I also affirm that my student is in good health and able to participate in YMCA HOST Programs.

X Signature of Parent/Guardian: _____ Date: _____

CANCELLATION /REFUND POLICY

- I acknowledge that I will be charged a \$50 cancellation fee if I do not cancel my student's attendance by the 25th of the month prior to registration ending.
- I acknowledge that all program refunds will be returned via check or credit card refund upon approval of the program director. Should there be an existing past due balance on the account, refunds will be processed as system credits and applied to the past due balance.

X Signature of Parent/Guardian: _____ Date: _____

COVID-19 WAIVER

By signing below, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I (or the registered participant) may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Grand Traverse Bay YMCA/YMCA of Northern Michigan may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Grand Traverse Bay YMCA's employees, volunteers, and program participants and their families.

I assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at Grand Traverse Bay YMCA/YMCA of Northern Michigan. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Grand Traverse Bay YMCA/YMCA of Northern Michigan, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Grand Traverse Bay YMCA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at Grand Traverse Bay YMCA/YMCA of Northern Michigan.

I represent that I have adequate insurance to cover any injury or illness I (or the registered participant) may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

By agreeing to this document, I understand that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

If I have signed a separate general waiver of liability connected to my participation at Grand Traverse Bay YMCA/YMCA of Northern Michigan, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

I agree that I will communicate the importance of practicing safe social distancing and clean hygiene to my student during their participation in the program(s) they are currently attending or will attend in the future.

The YMCA is committed to providing a safe and welcoming environment for all participants. To promote the safety of our staff, members and community, additions will be implemented to the already existing Member Code of Conduct and facility policies. I have read and fully understand the Covid Member Code of Conduct. Member code of conduct and facility policies can be found on website, www.gtbayymca.org.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

Student First and Last Name _____

Parent/Guardian First and Last Name _____

Signature of Parent/Guardian: _____ Date: _____

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

[INSERT YOUR LOGO]



“IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON”

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

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