



YNM HOST REGISTRATION

2023/2024

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

Address: _____ Phone Number: _____

Grade in Fall: _____ Date of Birth: _____ Gender: Male Female

Parent/Guardian Name: _____ Phone: _____ Work Phone: _____

Parent/Guardian Name: _____ Phone: _____ Work Phone: _____

Address (If different from above): _____

MEDICAL INFORMATION

1. Please list any allergies or dietary restrictions: _____

2. Are there any current medical (physical or psychological) conditions we should be aware of? YES NO

If yes please describe: _____

3. Does your child take any prescribed medication that will need to be administered during the time that they are in the YMCA's care from 3pm-6pm? YES* NO *If yes please fill out medication form

If you answered yes to number 1, 2 or 3 you MUST fill out an Emergency Care Plan with our staff at HOST orientation

4. Are there any problems that may confront your student while in the YMCA program (homesickness, anxiety, moodiness, etc.): YES NO

If yes please describe: _____

5. Please feel free to provide us with any coping strategies that you employ when your student is extra distracted, sad, upset or angry.

6. My child's immunizations are up-to-date. YES NO (If no, a waiver from the health department is required)

7. My child's immunization record or appropriate waiver is on file with the child's school. YES NO

8. Is my child in good health and able to participate in all activities? YES NO

If no, please explain. _____

Parent Signature: _____

Date: _____

GRAND TRAVERSE BAY YMCA OFFICIAL REGISTRATION FORM, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

In further consideration of being permitted to enter the YMCA for any purpose including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned hereby agrees to the following:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releases or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or aequipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any, loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon, or about the YMCA premises or in any way ob serving or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releases or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

The undersigned gives permission to the Grand Traverse Bay YMCA for this registrant to appear in photographs, videotapes, or other media, etc., associated with YMCA programs. PARENTS: Our staff is trained in child abuse prevention and all staff sign a code of conduct. Please report any suspicious activity immediately. The undersigned agrees to abide by the Program Refund Policy as stated in the YMCA quarterly Program Brochure. Refunds will be made in the form of program credits unless otherwise approved and requests for refunds must be made in writing prior to the program start date. Late fees are non-refundable.

The Grand Traverse Bay YMCA is founded on Christian principles and values and prohibits inappropriate behavior, conduct, and materials. This includes, but is not limited to, profanity or abusive language, attire, smoking, use of alcohol or drugs, weapons, fireworks, pornography, the removal or misuse of YMCA property, or criminal conduct of any type. Such inappropriate behavior, conduct, or materials is unacceptable and the YMCA consequently retains the right to deny memberships and program participation to its applicants and to revoke a membership of any current member or participant at its sole discretion. Pets are not allowed at YMCA facilities or off-site program locations. All program participants, guests, and members who are minors are not allowed to leave YMCA property unless accompanied by a relative or pre-authorized guardian. Some programs require personal equipment not supplied by the YMCA. Further, the undersigned will at all times display the YMCA values of Honesty, Respect, Caring, and Responsibility and encourage the efforts of all players, coaches, spectators and referees in a positive manner. The undersigned understands the Y mission in offering this program: to build strong kids, strong families, and strong communities. YMCA PROGRAMS ARE NOT SPONSORED BY OR ASSOCIATED WITH Petoskey Public Schools..

X Signature of Parent/Guardian: _____ Date: _____

PARTICIPATION WAIVER

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

X Signature of Parent/Guardian: _____ Date: _____

PARENT HANDBOOK

I acknowledge that I have received a copy of the YMCA of Northern Michigan's HOST Parent Handbook.

X Signature of Parent/Guardian: _____ Date: _____

CANCELLATION POLICY

I acknowledge that I can cancel my child's participation with no penalty if I do by the 25th of the month. I acknowledge that if I cancel after the 25th there is a \$50 cancellation fee and if I cancel after the start of the month I am responsible for the full months fee.

X Signature of Parent/Guardian: _____ Date: _____

REGISTRATION

School (please circle one):

Central Elementary

Lincoln Elementary

Ottawa Elementary

Sheridan Elementary

# of days per week	Cost Per Month	Check one
1	\$60	
2	\$118	
3	\$170	
4	\$210	
5	\$250	

Days Attending (circle all that apply):

Monday

Tuesday

Wednesday

Thursday

Friday

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 exact 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.

1. I understand 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 payment, notice must be received by the YMCA of Northern Michigan at least 1 week prior to the month you intend to cancel.

2. I agree to immediately notify the YMCA of Northern Michigan of any changes in my credit card 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 transactions.

3. 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 checking account information.

CREDIT OR DEBIT CARD (VISA, MASTERCARD OR DISCOVER ONLY)

Name (as it appears on the card): _____

Card #: _____

Exp: ____/____

CVV: _____

Routing #: _____

Account #: _____

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.

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 agreed upon payment plan. I understand and agree that it is my responsibility to ensure payment 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: _____