



YMCA of the Northwoods

Park Falls 21st CCLC Program Registration Form

Participant Information

Participant Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Grade	Birthdate		
Home Address		City	
Parent/Guardian Name			
Cell	Home	Email	

Emergency Contacts

Name	Relationship	Phone

Medical Information

Any known allergies/medical problems? Yes <input type="checkbox"/> No <input type="checkbox"/>	List:
Emergency Medical Release <i>If emergency care is necessary and I cannot be contacted, I authorize the YMCA Park Falls School Age Program to act on my behalf. I hereby grant the YMCA Park Falls School Age Program permission to have my child receive emergency medical attention.</i>	
Parent/Guardian Signature	Date



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Transportation

Notes:	Drop Off/Pick Up <input type="checkbox"/>	Walk <input type="checkbox"/>
	By whom? _____	With whom? _____
	Relationship? _____	Relationship? _____
People authorized to pick up: <i>Adults will be asked to show ID.</i>		

Policy Agreement

<p>Behavior Students are expected to follow the behavioral expectations set by <i>YMCA Park Falls School Age Program</i> . If student(s) cannot follow these behavioral guidelines, the program will contact their parents and may ask the student(s) to leave the <i>YMCA Park Falls School Age Program</i> for the remainder of the day. Repeated or severe violations of the behavioral expectations may result in the student not being able to participate in the <i>YMCA Park Falls School Age Program</i>.</p> <p>Attendance and Pick Up Students are expected to attend each program session. Notification of a student absence is required prior to program start time. Children must be picked up by their parent or legal guardian no later than 5:30p.m. The program leaders must be notified if someone other than a parent or guardian will pick up their child. Identification will be requested by the staff member on duty. The adult who picks up will be required to sign the child out for the day.</p> <p style="text-align: center;"><i>I have read and agree to the above behavioral and attendance policies.</i></p>	
Parent/Guardian Signature	Date



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Field Trip Permission

Your child may be invited on a field trip as part of the YMCA Park Falls School Age Program. Before a field trip, you will receive detailed information about the proposed excursion. By signing below, you give the YMCA Park Falls School Age Program permission to transport your child to and from any field trip opportunity.

Parent/Guardian Signature

Date

Authorization to Produce and Use Audiovisual Materials

I hereby voluntarily and without compensation authorize the YMCA Park Falls School Age Program to produce photographs, movies, videotapes, DVDs, and audiotapes of the student named below. The images may appear online on the program's website or social media pages. This authorization is given on the condition that the material taken or produced will be used for community education or program promotion. I understand that the YMCA Park Falls School Age Program and its employees will not use the materials for compensation. I understand that this grant of permission shall only be revoked by written instrument delivered to the site coordinator of the YMCA Park Falls School Age Program prior to the release of any material. This consent shall remain in effect unless revoked.

Student Name

Parent/Guardian Name

Date

Signature