



SUMMER REGISTRATION FORM

SELECT ONE: K-8 (Boys & Girls Clubs of the Twin Cities) 9-12 (YMCA Beacons)

CHECK ALL THAT APPLY: My child will stay afterschool on: Monday Tuesday Wednesday Thursday

STUDENT INFORMATION

PREFERRED NAME: _____ BIRTHDATE: _____
FIRST MIDDLE LAST

GENDER: MALE FEMALE NON-BINARY OPTIONS DO NOT REFLECT ME CELL # _____

SCHOOL: _____
NAME STUDENT ID# GRADE

ADDRESS: _____
STREET CITY STATE ZIP CODE

SIBLINGS: _____ HS GRADUATION YEAR: _____
(A FORM IS NEEDED FOR EACH YOUTH)

WHAT IS YOUR CHILD'S RACE/ETHNICITY? _____

IEP SPECIAL EDUCATION NO PERMANENT HOUSING: CURRENTLY LAST 12 MONTHS

PARENT/GUARDIAN INFORMATION

NAME: _____ RELATIONSHIP TO CHILD: _____
FIRST LAST

ADDRESS (IF DIFFERENT): _____
STREET CITY STATE ZIP CODE

PHONE: _____
HOME WORK CELL EMAIL

NAME: _____ RELATIONSHIP TO CHILD: _____
FIRST LAST

ADDRESS (IF DIFFERENT): _____
STREET CITY STATE ZIP CODE

PHONE: _____
HOME WORK CELL EMAIL

TRANSPORTATION / EMERGENCY CONTACT INFO

IF THERE IS AN EMERGENCY, THE EASIEST WAY TO REACH ME : HOME CELL WORK

IF I DO NOT ANSWER, PLEASE CALL: _____
NAME AT THIS PHONE # BETWEEN 2 - 6 P.M.

PLEASE INDICATE HOW YOUR CHILD WILL GET HOME FROM BEACONS (Check all that apply) :

INDEPENDENT WALK ADULT PICK UP PUBLIC TRANSPORTATION

HEALTH CONCERNS

DOES YOUR CHILD HAVE ANY ALLERGIES? YES NO IF YES, PLEASE LIST:

IS YOUR CHILD TAKING ANY MEDICATIONS? YES NO IF YES, PLEASE LIST:

DOES YOUR CHILD HAVE ANY OTHER HEALTH ISSUES THAT WE SHOULD BE AWARE OF? YES NO IF YES, PLEASE LIST:

OPTIONAL INFORMATION

INSURANCE TYPE: NO INSURANCE MEDICARE MEDICAID OTHER INSURANCE

INSURANCE COMPANY: _____ INSURANCE POLICY NUMBER: _____

PHYSICIAN: _____ PHYSICIAN PHONE: _____

PREFERRED HOSPITAL: _____ HOSPITAL PHONE: _____

You do not have to answer these questions in order to be accepted into the program. This information will be kept confidential. Answering these questions allows us to continue to offer this program free of charge. Thank you for answering these questions, we greatly appreciate it.

DOES YOUR CHILD RECEIVE FREE OR REDUCED LUNCH? YES NO

HOUSEHOLD SETTING:

- BOTH PARENTS SINGLE MOTHER SINGLE FATHER OTHER FAMILY FOSTER CARE
 GROUP HOME HOMELESS LIVING ALONE (SINGLE) OTHER

Thank you for taking the time to completely fill out the above information! We collect this information to help us better serve our members and their families.

ADDITIONAL INFORMATION

BOYS & GIRLS CLUB AND YMCA BEACONS PROGRAMS FOLLOW RICHFIELD PUBLIC SCHOOLS PROGRAM POLICIES PLEASE REVIEW THESE POLICIES AND DISCUSS THEM WITH YOUR CHILD BEFORE SIGNING YOUR REGISTRATION FORM.

1. I WILL NOT HOLD RICHFIELD PUBLIC SCHOOLS, THE Y OF THE GREATER TWIN CITIES, THE BOYS & GIRLS CLUBS OF THE TWIN CITIES, THE BEACONS NETWORK, OR PARTICIPATING AGENCIES RESPONSIBLE FOR ACCIDENTS, INJURIES, OR PERSONAL LOSS.
2. THE PARTICIPANT LISTED HAS MY CONSENT TO ATTEND AND PARTICIPATE IN BEACONS AFTERSCHOOL PROGRAMMING FOR THE SCHOOL YEAR 2020-2021. I UNDERSTAND THAT FIELD TRIPS, RELEASE DAY PROGRAMS, AND EVENTS MAY REQUIRE ADDITIONAL PERMISSION FORMS TO BE COMPLETED TO ENSURE PARTICIPATION.
3. I UNDERSTAND THAT ACTIVITIES MAY BE CANCELED WITHOUT DIRECT NOTICE DUE TO WEATHER OR OTHER CIRCUMSTANCES.
4. I AUTHORIZE DATA SHARING RELATED TO MY CHILD WITH THE YMCA, BEACONS NETWORK, BOYS & GIRLS CLUB OF THE TWIN CITIES, RICHFIELD PUBLIC SCHOOL AND MINNESOTA DEPARTMENT OF EDUCATION

AFTER SCHOOL ACTIVITIES CANCELLATION POLICY

IN THE EVENT OF INCLEMENT OR SEVERE WEATHER, THE DISTRICT WILL DECIDE WHETHER TO CANCEL AFTER SCHOOL PROGRAMS. IN THE EVENT OF CANCELLATIONS, THE TRANSPORTATION DEPARTMENT NOTIFIES SCHOOLS AND SCHOOLS/PROGRAM COORDINATORS. ALL SCHOOLS WILL BE NOTIFIED OF CLOSURE BY 12 PM (NOON) ON THE DAY OF THE EVENT. WE WILL MAKE EVERY EFFORT TO CONTACT YOU IF AFTER SCHOOL ACTIVITIES ARE CANCELED. PLEASE MAKE SURE ALL YOUR CONTACT INFORMATION IS UP TO DATE WITH OUR OFFICE.

*****WHEN AFTER SCHOOL CLASSES ARE CANCELED YOUR CHILD WILL BE SENT HOME ON THEIR REGULAR FORM OF TRANSPORTATION. THIS PROGRAM IS PARTIALLY FUNDED WITH A GRANT FROM THE MINNESOTA DEPARTMENT OF EDUCATION (MDE) USING FEDERAL FUNDING, CFDA 84.287, 21ST CENTURY COMMUNITY LEARNING CENTERS. THIS PROGRAM DOES NOT NECESSARILY REPRESENT THE POLICY OF THE FEDERAL DEPARTMENT OF EDUCATION OR MDE AND YOU SHOULD NOT ASSUME ENDORSEMENT BY THE FEDERAL OR STATE GOVERNMENT.**

TERMS OF AGREEMENT: PARENT/GUARDIAN SIGNATURE REQUIRED

GRADES K-8

- I have explained the rules to my child and agree that the Club will not be responsible for any accident to my child while my child is on the Club premises or while engaged in any Club activities that take place away from the Club premises. I agree to release and hold the Club harmless from all claims relating to any such accident, and I agree to refrain from bringing suit or legal proceedings against the Club on account of any such accident.
- I am aware that it is my responsibility to notify the Club of any changes to mine or my child's contact, medical or other membership information including, but not limited to completing yearly updates to this form upon request by the Club.
- My child and I understand the Club rules, and that my child needs a membership card to check in to the Club each day.
- My child and I understand Club membership is a privilege and may be canceled at any time for any reason.
- I understand that membership is reserved for youth enrolled in Kindergarten through 12th Grade. Members must be enrolled in school and be below the age of 18, verification of school enrollment and grade is required.
- If my child's membership card is misplaced or destroyed, I agree to pay \$1.00 to replace the card.
- I understand the Club is not responsible for any of my child's lost, stolen or damaged items. I will encourage my child to leave valuables at home.
- I am aware of the Club's operating hours, and understand that I am solely responsible for my child's care outside these posted hours. Leaving my child alone before the Club opens, or picking up my child after the Club closes can result in loss of membership and notification of authorities.
- I grant the Club the right to photograph and record my child and to use these as promotional materials. I release all right to copyrights title, property interest and/or any other interest of said reproductions, and I waive the right to inspect and approve any reproductions.
- I understand that my child may be given surveys as part of program improvement efforts. All surveys are confidential and kept private.
- I understand that my child will have access to the Internet at the Club.
- In an emergency, I give permission to a licensed physician selected by the Boys & Girls Clubs to hospitalize, secure proper treatment, anesthesia or surgery for my child, at any expense, in the instance where I am not able to be immediately contacted by the Club.
- I have completed this application, understand the rules and policies of the Club, and request that my child be admitted into membership.

I authorize data sharing related to my child with the Sprockets, YMCA, Beacons Network, Boys & Girls Club of the Twin Cities, Richfield Public School and Minnesota Department of Education. Information about your child's participation in this activity will be used to help assess the quality and effectiveness of out of school time programs. Information about your child will be kept confidential and your child will never be identified in any evaluation or research reports. You have the right to review the Data Privacy Notice. If you do not want your child's data to be included in evaluation or research related to Sprockets, or other program improvement research initiatives, please tell our staff and sign the non-consent form. This will NOT affect your child's participation in the program.

Parent or Guardian Signature

Member Signature

Date

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

EFFECTIVE 8/01/13_BEACONS

In consideration of participating in YMCA activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence the YMCA of the Greater Twin Cities (hereinafter referred to as YMCA) and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in YMCA activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My/My child's participation in these activities is purely voluntary and we elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I or my child are unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my/my child's participation in these activities, or our use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct or conduct that constitutes greater than ordinary negligence. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I or my child may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I/ my child have no medical or physical conditions which could interfere with our safety in these activities, 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.
5. In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

PARENT/GUARDIAN AUTHORIZATION SECTION — TRANSPORTATION/MEDICAL

1. In the event that I/my child need immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency services as needed.
2. I give permission for myself and/or my child to be transported by the YMCA as needed for field trips, inclement weather, or late pick up. I also give my permission to participate in walking field trips.
3. I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise.
4. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. The YMCA receives medical information on campers/ participants that may need to be shared with medical providers.
5. If I or my child requires use and administration of an epi-pen, prescription or over the counter medication, it is my responsibility to ensure that the epi-pen and/or medication are on me or my child or within our personal belongings every day of the program. If YMCA staff is required to administer and use the epi-pen and/or medication, I agree to forever release and discharge the YMCA and its directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen and/or medication.

General

1. I hereby release all pictures of myself or my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.
2. I give my permission for the YMCA to administer sunscreen as needed and to change my child's diaper while my child is in their care.
3. I acknowledge that certain sections of this waiver may not apply to me and/or my child and the programs or activities that we have chosen but agree to be bound by any applicable language.

By signing this document, I agree that if I or my child is hurt or our property is damaged during participation in these activities, then I or my child may be found by a court of law to have waived our right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to

indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

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 the YMCA did not utilize waivers as a method to lower insurance and administrative costs. I have read and understood this document and I agree to be bound by its terms.

Signature

Print Name

Date