



Liberty Center for Youth Registration Form



Participant Information

Name:	Date of Birth:	Age:	Grade:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Street Address:	City, State, Zip:		Preferred Pronouns:	
[] I permit my child to self-sign out each day.				
				_____ Guardian's Signature
[] The YMCA has permission to use photographs of my child in promotional materials such as brochures, ads, website or newspaper releases. I will not be informed or reimbursed for such photographs.				
				_____ Guardian's Signature

Participant's Health Information

<input type="checkbox"/> Asthma	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Emotional/Psychological	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Special Diet	<input type="checkbox"/> Hearing	<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Vision	<input type="checkbox"/> Illness	<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Injury	<input type="checkbox"/> Surgeries	<input type="checkbox"/> IEP *please provide a copy*	
[] Allergies: _____						
[] Special Diet Requirements: _____						
[] Currently taking prescribed medication? If yes, medication name & dosage: _____						
[] My child is currently covered by a hospitalization/medical care policy: [] YES [] NO						
DOES YOUR CHILD ROUTINELY CARRY AN EPI-PEN?			Y OR N			
DOES YOUR CHILD ROUTINELY CARRY AN INHALER?			Y OR N			

Emergency Contact Information

Guardian Name:		Street Address:		City, State:	Zip:
Emergency Contact? Y N	Primary Number:	Birth Date:		Place of Work:	
Pick-up Authorization? Y N	Cell Number:	Email Address:		Work Phone:	

Alternate Emergency Contact Information (Minimum of two additional contacts not including emergency contact)

Name:	Primary Phone:	Relationship to child:	[] Emergency Contact?	[] Pick-up Authorization?
Name:	Primary Phone:	Relationship to child:	[] Emergency Contact?	[] Pick-up Authorization?
Name:	Primary Phone:	Relationship to child:	[] Emergency Contact?	[] Pick-up Authorization?
Name:	Primary Phone:	Relationship to child:	[] Emergency Contact?	[] Pick-up Authorization?

Please read the rules and sign and date the bottom on the back of this form. Thank you!

Genesee County YMCA "Liberty Center" Rules

1. Center rules must be followed at all times.
2. Appropriate conduct is expected at all times while involved in programs.
3. Fighting, gambling and profanity are strictly prohibited.
4. Smoking is not allowed in the building or on the premises.
5. Alcoholic beverages, illegal substances, and weapons are strictly prohibited. Anyone appearing to be under the influence will be asked to leave.
6. Marking, defacing, or misuse of the equipment or the building will not be allowed. Such action will result in suspension until restitution is made.
7. Illegal activity in or around the building will result in immediate or permanent expulsion, the Police will be notified.
8. Liberty Center is for 9 – 16 year olds. You must be enrolled in school.
9. All participants need to be must be marked in attendance at school to participant in daily Liberty Center activities.
10. Every participant must sign in when they arrive and sign out when they leave.
11. No rollerblades, scooters, skateboards or bikes allowed inside the building.
12. Equipment may not be removed or borrowed from the program.
13. Youth are not allowed to wander the building.
14. No food or drinks allowed outside of the cafeteria.
15. The center's phone is for emergency calls only.
16. The Genesee County YMCA is not responsible for lost or stolen items. Please keep personal items of value at home.
17. The penalty for violation of any of these rules can result in a temporary or permanent suspension, depending on the situation.

Bullying Policy

Liberty Center strictly prohibits discriminating, harassment and/or bullying against any student, by employees or students, that creates a hostile after school environment by conduct, or by threats, intimidation or abuse, including cyberbullying, that:

1. has or would have the effort of unreasonably and substantially interfering with a student's educational performance, opportunities or benefits, or mental, emotional and/or physical well-being; or
2. reasonably causes or would reasonably be expected to cause a student to fear for his or her physical safety; or
3. reasonably causes or would reasonably be expected to cause physical injury or emotional harm to a student; or
4. occurs off center property and creates or would foreseeably create a risk of substantial disruptive within the center environment, where it is foreseeable that the conduct, threats, intimidation or abuse might reach center property.

Emergency Policy

In the event of an emergency, I give parental consent to the evacuation, treatment and/or secured medical aid for my child. The Liberty Center for Youth is not responsible for medical costs.

I, the undersigned, hereby hold harmless, waive and release of my child's School District & Liberty Center for Youth, their childcare workers, officers, representatives, agents, organizers and successors from liability as a result of exposure and or contraction of COVID-19 while the above child/children is/are in their care. I understand that my child is incurring a greater risk by participating in child care with other participants and staff but that all measures will be taken by staff and administration to minimize the risk. I the undersigned, agree that I will inform staff if I have administered fever reducing medication to my child within the last four hours.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF, AND AGREEMENT TO THE ABOVE:

Participant's Name Printed:	Date:
Participant's Signature:	