



YMCA Horizon Program

Participant Information

Year: 2016-17

Today's Date: _____

School Attending: _____

Full Name _____ Name called _____

Date of Birth _____ gender ____ race/ethnicity _____ grade ____ shirt size? ____

Current Address _____

City _____ State ____ Zip Code _____ Phone _____

Is your student a former Y Afterschool participant? yes ____ no ____ Former R.I.S.E. student? yes ____ no ____

Home & Family Information

With whom does the student live with?

____ Both Parents ____ Mother Only ____ Mother & Stepfather ____ Relatives
____ Legal Guardian ____ Father Only ____ Father & Stepmother ____ Foster Care

____ Other, Please Explain _____

Name of Parents/Guardians student lives with:

Name _____ Relationship _____ Cell Phone _____

Occupation& Employer _____ Work Phone _____

Email _____

Name _____ Relationship _____ Cell Phone _____

Occupation& Employer _____ Work Phone _____

Email _____

Emergency Contact Information

When a parent/guardian cannot be reached, I authorize these individuals to pick-up my student up:

Name _____ Relationship to Student _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Name _____ Relationship to Student _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Name _____ Relationship to Student _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Medical Information

Does your student have any allergies that we should know about? YES or NO

If yes, please describe _____

Does your student have any medical conditions that we should know about? YES or NO

If yes, please describe _____

Does your student take any medication on a daily basis? YES or NO _____

Specific activities to be encouraged or limited by physician's advice: _____

Special needs/disabilities (health, physical, emotional or educational): _____

Other important medical information: _____

Please fill out Individual Care Plan Form if your student has any special needs.

School Information for 2016/2017

School _____ Grade _____ Homeroom _____ Team _____

Subjects your student has difficulties with: _____

Has your student ever been held back a grade? YES or NO If yes, what grade? _____

Has your student ever been skipped a grade? YES or NO If yes, what grade? _____

Which extracurricular activities (clubs, enrichment classes, special interests, etc.) is your student interested in:

Transportation Information

Parents will be required to pick students of the Horizon program up from a variety of locations dependent on which school the child will be attending. We ask that in the boxes below you indicate the PRIMARY location you will be picking your child up from daily. Changes in locations should be communicated in advance of program day.

| | | | |
|------------------------|----------------------------|------------------|---------------------------|
| Enka Middle ____ | Erwin Middle ____ | Owen Middle ____ | Reynolds Middle ____ |
| | Bingham Heights ____ | WD Williams ____ | Oakley Elementary ____ |
| Enka Intermediate ____ | Deaverview Apartments ____ | | Ledgewood Apartments ____ |
| | Woodridge Apartments ____ | | Shiloh Comm. Center ____ |

Nutrition

The YMCA of Western North Carolina participates in the USDA funded Child and Adult Care Food Program (CACFP). CACFP helps to supply healthy, appealing snacks to all program participants regardless of race, color, national origin, sex, age, or physical ability at no direct cost to families. Should you have any questions about this program please contact Cory Jackson at 828-210-5054.

Signature of Acknowledgement

My student has permission to participate in all YMCA of Western North Carolina youth activities, including field trips and transportation where applicable. I grant permission for photographs, or other media, which include my child, quotes and written work to be used in media releases which benefit the YMCA. Accordingly, neither the YMCA nor any of its agents, employees, servants, community partners or invitees shall be liable to me or any of my family, agents, employees, servants, or invitees for any damage to persons or property when and to the extent that any such damage or injury may be caused, either proximately or remotely, wholly or in part, by any act or omission, whether negligent or not, of the YMCA or any of its agents, servants, community partners or invitees or due to the condition or design or any defect in the building, its mechanical systems, or its equipment.

Guardian Signature _____ Date _____

2016-2017 Horizon Program Policy Form

Parents/Guardians, please read each area below carefully.

Your signature on this document indicates your acknowledgement, understanding, and agreement with all Y policies.

Emergency Treatment and Emergency Transportation — I agree that the operator, YMCA of Western North Carolina, may authorize the physician of his/ her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately. I authorize for my child to be transported in the case of an emergency when medical attention by a physician is necessary. I understand that the YMCA staff is never to transport children in their personal vehicles at any time and a hospital or fire/emergency department will always be contacted.

I, as the operator – YMCA of Western North Carolina, do agree to secure transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. Staff will not administer any drug or any medication without specific instructions from the physician or the student's parent, guardian, or full-time guardian. Provisions will be made for adequate and appropriate rest and outdoor play.

Signature of YMCA Representative: **Heather Deifell**, YD Community Director, Program dates: **September 2016-June 2017**

Field Trips and Transportation — I permit my student to be transported to an approved drop-off location when necessary. I authorize the YMCA to transport my student on field trips and to be transported in YMCA vehicles under the supervision of the YMCA staff.

Registration Paperwork — I understand and agree to complete the registration paperwork completely and leave no areas or my child will not be able to attend the program. I understand that changes in status and contact information should be reported to the Horizon program staff immediately.

School Success — I understand that the YMCA partners with the Buncombe County Schools to help develop & deliver activities that engage & impact students. I give permission for Horizon program staff to contact the school my student attends to request progress reports, mid-term grades, end of year grades, Power School information and test scores for the school year 2015-2016 & 2016-2017. I also give my permission for information regarding absences, special needs, and behavior related issues. I also give my permission for Horizon program staff to obtain the above information 6 months after my student's completion of the school year.

Early Warning Response System – I give permission for the school to share student educational record information (attendance, behavior, academic grades, academic assessment scores, end of grade testing scores, etc.) with the YMCA of WNC's Horizons program and for approved representatives of Horizons to discuss this information with school officials and approved representatives of other programs for which I have also consented.

For example, an afterschool program I approve can communicate with a student's math teacher and math tutor about the student's math grades, classroom test scores, end of grade test results, district and state assessment scores, and ways to support his/her academic progress.

This information will only be shared as long as the student is enrolled in the program(s), only with relevant program staff who have received confidentiality training and who have signed confidentiality agreements, and only for the 1-year duration of this parental permission or until I, the parent/guardian, revoke this permission in writing to Zack Goldman, zack.goldman@unitedwayabc.org, 50 South French Broad Ave., Asheville, NC 28801.

Behavior Management — I give my permission for Horizon program staff to contact all medical physicians, psychiatric staff, or family social workers for information concerning my student's health concerns, including behavior challenges. I also give permission for Horizon staff to obtain the above information six months after my student's completion of the program.

Photo Release — I grant permission for photographs, or other media, which include my student, quotes and written/created work to be used in media releases which benefit the YMCA and their community partners.

Sunscreen — I allow YMCA Horizon staff to provide sunscreen for my student.

YMCA Statement — I hereby, for myself, my family, heirs, executors, and administrators, waive and release any and all claims and damages I may have against the YMCA of Western North Carolina and their respective agents, representatives, successors, community partners, and assigns, for any and all injuries which may be suffered by me or my family in connection with participation in YMCA activities and programs. I agree to adhere to all policies as outlined on this policy/signature page. I agree to comply with YMCA policies and procedures and understand that my participation can be terminated for exhibiting inappropriate behavior or abuse toward other students, YMCA staff, community partners and/or facilities.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____ Date: _____

Childs Name: _____