

PROGRAM REGISTRATION

UPDATE 02/04

WHITE - Branch File

YELLOW - Site File

PINK - Participant Copy



Participant's Name _____ Program/Site _____ Branch _____
Gender _____ Social Security Number _____ Age _____ Birthdate _____ E-mail Address to Receive YMCA Information/Updates _____
Address _____ City _____ State _____ Zip Code _____ Home Phone Number _____

In the event of illness or accident who may should we notify? Complete detailed next section below if participant is under 18 or an adult with developmental disability.

#1 Person's Name _____ Home Phone Number _____ Alternate Phone Number _____

Please state below any medical or behavioral condition the participant named above has or had, that should be considered. Include any medication which needs to be administered while attending the program. (Allergies, present medication, activities to avoid, behavioral characteristics/techniques, etc.) Furthermore, are there any special needs and/or accommodations necessary that our YMCA staff needs to be aware of in order to provide the best possible care?

Medical Insurance Provider _____ Policy Number _____ Primary Physician's Name _____ Phone Number _____

PLEASE COMPLETE BELOW IF PARTICIPANT IS UNDER 18 OR AN ADULT WITH DEVELOPMENTAL DISABILITY

Participant's School/Center _____ Grade _____ Emergency Code _____

Parent/Guardian (#1) _____ Relation to Participant _____ Home Phone Number _____ Alternate Phone Number _____

Address _____ City _____ State _____ Zip Code _____ Work Phone Number _____

Parent/Guardian (#2) _____ Relation to Participant _____ Home Phone Number _____ Alternate Phone Number _____

Address _____ City _____ State _____ Zip Code _____ Work Phone Number _____

Other than Parent(s)/Guardian(s) listed above, who may pick-up the participant or be notified in case of illness or accident? Mother ☐ YES ☐ NO Father ☐ YES ☐ NO

#1 Person's Name _____ Home Phone Number _____ Alternate Phone Number _____

#2 Person's Name _____ Home Phone Number _____ Alternate Phone Number _____

I hereby give permission to the physician selected by the YMCA of Broward County, Florida, Inc. (YMCA) to order x-rays, routine tests and treatment for the health of the participant named above and in the event I cannot be reached in an emergency, I give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the participant named above. I understand that the YMCA has only secondary insurance coverage and that my personal insurance bears primary responsibility in case of accident.

The undersigned expressly recognizes that the YMCA is a nonprofit organization sponsoring these activities. Further, the undersigned does hereby expressly acknowledge that the activities involve risks, and the undersigned does hereby voluntarily assume any and all risks such as injury to my person and property which may occur from my participation in these activities, including such injuries caused by the negligence of the YMCA and its servants, agents and employees. Further, in consideration of the lower cost involved in participating in YMCA sponsored non-profit activities, I hereby voluntarily release the YMCA and its servants, agents and employees from any and all claims and causes of action whatsoever which I, my heirs, assigns or successors may have against any of them by reason of my participation in these activities, including such claims against the YMCA and its servants, agents, and employees caused by their own negligence.

I release the YMCA its officers and representatives of all liabilities arising from this program. I agree to pay all fees prior to participation in the program.

I give permission for the participant named above to participate in activities and field trips. ☐ YES ☐ NO

I give permission for the YMCA to use any photographs or video taken of my child for future promotion purposes. ☐ YES ☐ NO

Signature of Person Completing Form _____ Print Name _____ Date _____

YMCA STAFF USE ONLY

PROGRAM FEE = Re-Registration Required for New Program / REGISTRATION FEE = One Time Fee for Program Registration for Multi-Session Program (Child Care, Camp, etc)

Program Fee/Registration Fee \$ _____ Amount Paid \$ _____ Payment Type ([CASH][CHECK & CK#][CREDIT CARD & CC#] _____

YMCA Staff Signature _____ Position _____ Date _____

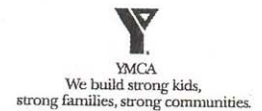
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

UPDATE 01/03

WHITE - Branch File

YELLOW - Site File

PINK - Participant Copy



Participant's Name

Program/Site

Branch

I understand that the YMCA is a not-for-profit organization offering low cost programs or programs not otherwise available. In return and in consideration of being permitted to utilize the facilities, services and programs of 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, for himself or herself 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 entry into the YMCA of observation or use of any facilities or equipment or participation in 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.

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 HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENTS NOT TO SUE the YMCA, its directors, officers, employees and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demand therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the released or otherwise while the undersigned is in, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee 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 further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I have read THIS **RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT** and received a copy.

Parent(s)/Guardian if under 18 years-old
Participant's Signature over 18 years-old

Print Name

Date

YMCA Staff Signature

Position

Date

PARTICIPANT RIGHTS AND GRIEVANCE PROCEDURE

UPDATE 02/03

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PARTICIPANT RIGHTS

Individuals who participate in YMCA of Broward County programs have the right to expect fair and equitable treatment at all times. The YMCA of Broward County respects the rights of all persons to practice their own personal beliefs, religions and lifestyles.

Participants are encouraged to express their likes and dislikes regarding programs that they or their dependents are involved in. They have the right to expect that reasonable care and consideration be given to their needs and concerns. The YMCA of Broward County prohibits the solicitation of participants through the use of fraud, intimidation, undue influence, including offering discounts, special offers that include prizes, free services or other incentives by outside entities and/or individuals.

- Participants have the right to be in a caring and safe environment in which to participate and enjoy activities.
- Participants have the right to be treated in an honest and fair manner from staff members, volunteers and other participants.
- Participants have the right to be treated respectfully and confidentially when applying for financial assistance and not be denied services based on race, color, ethnic origin, creed, gender, lifestyle or disability.
- Participants have the right to have their information handled in a confidential manner.

GRIEVANCE PROCEDURE

The YMCA of Broward County takes seriously all concerns expressed by participants. Should an individual have a grievance, a Grievance Form must be completed and processed in the order below. Responses to grievance will be provided to individuals verbally and in written form in a language appropriate and easily understood by individual.

- The individual reports grievance to the Site Coordinator or the Program Director on the Grievance Form.
- If the grievance cannot be resolved, it is reported to the Branch Executive Director for further consideration.
- Unresolved serious grievances will then be reported to the President/Chief Executive Officer.
- The Association Board of Directors may be consulted should a grievance be of nature that is not resolved through the first three steps.
- The President/Chief Executive Officer and/or Association Board of Directors will make the final determination in the matter.

I have read and understood the YMCA of Broward County, Youth and Family Companion and have been given a copy of the Participant Rights and Grievance Procedures at the time of registration.

Furthermore, I understand the YMCA of Broward County is legally obligated to report any suspicion of abuse, neglect or exploitation. Providers and Parent(s)/Guardian(s) may make abuse claims to 1.800.96.ABUSE.

Parent/Guardian Signature

____/____/____
Date Signed

Staff Witness

____/____/____
Date Signed

Participant's Name

Additional Participant's Name

Additional Participant's Name

Site