



SUMMER REGISTRATION

PREFERRED SITE: Jack Hayes Elementary Trenton Street Midtown Academy

PLEASE PRINT **PLEASE USE INK** **PLEASE COMPLETE ENTIRE FORM**

Participant's Name: _____ Age: _____ Sex: _____ Race: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Participant's School: _____ Participant's T-Shirt Size: _____

Additional Participant's Name: _____ Age: _____ Sex: _____ Race: _____ DOB: _____

Participant's School: _____ Participant's T-Shirt Size: _____

Additional Participant's Name: _____ Age: _____ Sex: _____ Race: _____ DOB: _____

Participant's School: _____ Participant's T-Shirt Size: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian #1: _____ Home Ph#: _____ Cell Ph#: _____

Place of Employment: _____ Work/Other Ph#: _____

Email Address: _____

Parent/Guardian #2: _____ Home Ph#: _____ Cell Ph#: _____

Place of Employment: _____ Work/Other Ph#: _____

Email Address: _____

BILLING INFORMATION:

Person(s) responsible for this account: _____ Phone#: _____

Address if different from above: _____

EMERGENCY CONTACTS:

Name: _____ PH#: _____ Relationship: _____

Name: _____ PH#: _____ Relationship: _____

Name: _____ PH#: _____ Relationship: _____

MEDICAL INFORMATION:

Name of physician: _____ Phone#: _____

Please list any medical conditions that the participant may have: _____

Please list any medications the participant is taking: _____

Please list anything the participant is allergic to: _____

AUTHORIZATION FOR MEDICAL TREATMENT:

In the event I (the parent) cannot be reached to make arrangements for medical treatment, I authorize the YMCA staff to administer CPR/AED or FIRST AID and/or have my child transported to the nearest hospital for treatment.

(Parent/Guardian Signature)

(Date)

GENERAL PARTICIPANT RELEASE INFORMATION:

All must be signed in order for the participant(s) to participate in this program!

I certify that the participant(s) has been examined by a licensed physician in the past twelve months and is able to participate in YMCA activities.

(Parent/Guardian Signature)

(Date)

I agree not to hold the YMCA liable if the participant(s) is injured while participating in YMCA activities.

(Parent/Guardian Signature)

(Date)

I understand that there is a \$35 NSF check fee for all returned checks. I also understand that there will be **NO REFUNDS** after payment has been made.

(Parent/Guardian Signature)

(Date)

As a parent/participant, I agree to exhibit and uphold the YMCA CORE VALUES of Caring, Honesty, Respect and Responsibility while at all YMCA Programs/Events. I also understand that if I do not I will be asked to leave by YMCA Staff.

(Parent/Guardian Signature)

(Date)

I do hereby authorize newspaper interviews, taking of pictures, motion pictures and/or television interviews of the participant(s) during his/her time in the YMCA program(s). The YMCA staff will be supervising during any planned media event.

(Parent/Guardian Signature)

(Date)

Please list all people who are authorized to pick up your children:

I acknowledge and understand that the Childcare Tuition Fees are due in full, no matter if my child goes one day or all five days.

(Parent/Guardian Signature)

(Date)

PARENT/PARTICIPANT SIGNATURE

By signing below, I acknowledge and agree to all the terms and conditions as stated.

Parent/Participant Name (Please Print): _____

Parent/Participant Signature: _____

Date: _____ Time: _____

THANK YOU FOR YOUR INTEREST IN OUR PROGRAMS!



ACKNOWLEDGEMENT & UNDERSTANDING OF TUITION FEES

2017 Summer Academy Tuition Policy:

- If you sign up for the weekly automatic draft or if you prepay for the week by the **FRIDAY BEFORE**, this is your tuition:
 - \$100/week for the first participant
 - \$65/week for each additional participant
- If you elect to **NOT** sign up for the weekly automatic draft or to pay for the week by the **FRIDAY BEFORE**, this is your tuition:
 - \$110/week for the first participant
 - \$75/week for each additional participant

Ex: Johnny is attending the week of June 5, 2017. To avoid late fees Johnny's billing account must be either Automatic Draft or his tuition for the week of June 5, 2017 must be paid by the Friday before. **Late fees will be applied if there is no credit on the account at the time that invoices are being keyed.**

I, _____, acknowledge that I have been notified of the 2017 Summer Academy tuition fees policy.

Parent/Guardian Print Name

Parent/Guardian Signature

Date

Debit/Credit Authorization Form

I hereby authorize the **YMCA of Northeast Louisiana** to initiate entries to my checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions posted in error. This authority will remain in effect until the **YMCA of Northeast Louisiana** is notified by me in writing to cancel it in such as to afford the **YMCA of Northeast Louisiana** and the Financial Institution a reasonable opportunity to act on it.

Child's Name

Child's School

Parent's Email Address

Name on Card

Drafted Amount

Start Date:

End Date:

CC/Debit Card Number

Expiration

CVC

Zip Code

Accounts will be drafted on **Mondays*

Signature

Date

Please Print Name

FOR OFFICE USE ONLY

Date Form Taken

Received By