



# KAIMUKI-WAIALAE YMCA Program Registration Form

**OFFICE USE ONLY**

Start Date: \_\_\_\_\_

Received Date \_\_\_\_\_

**PROGRAM**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Preschool             | <input type="checkbox"/> Before School Program | <input type="checkbox"/> No Limits/ Strive (Grades 9-12)    |
| <input type="checkbox"/> Learn to Swim Lessons | <input type="checkbox"/> After School Program  | <input type="checkbox"/> Intersession/ Summer Day Camp      |
| <input type="checkbox"/> Judo/Ballet           | <input type="checkbox"/> Club MID (Grades 6-8) | <input type="checkbox"/> Summer School Special/ Summer Plus |

Session/ Dates	Fee/Cost	Total Cost:

**CHILD/YOUTH'S INFORMATION (Please print clearly)**

<b>1ST CHILD'S/YOUTH'S LAST NAME</b>		<b>FIRST NAME</b>		<b>GENDER</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<b>RETURNING PARTICIPANT</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>BIRTH DATE (MM/DD/YYYY)</b>	<b>AGE</b>	<b>SCHOOL NAME</b>				<b>GRADE</b>	

<b>2ND CHILD'S/YOUTH'S LAST NAME</b>		<b>FIRST NAME</b>		<b>GENDER</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<b>RETURNING PARTICIPANT</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>BIRTH DATE (MM/DD/YYYY)</b>	<b>AGE</b>	<b>SCHOOL NAME</b>				<b>GRADE</b>	

<b>3RD CHILD'S/YOUTH'S LAST NAME</b>		<b>FIRST NAME</b>		<b>GENDER</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<b>RETURNING PARTICIPANT</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>BIRTH DATE (MM/DD/YYYY)</b>	<b>AGE</b>	<b>SCHOOL NAME</b>				<b>GRADE</b>	

**FAMILY INFORMATION (Applies to Parent(s)/Guardian(s) with whom child legally resides. Non-custodial parent information is requested below.)**

<b>CURRENT MAILING ADDRESS (Number/ Street)</b>			<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
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DO YOU HAVE A YMCA FAMILY MEMBERSHIP?  NO  YES IF YES, WHAT IS YOUR MEMBER NUMBER? \_\_\_\_\_

<b>PARENT/GUARDIAN'S LAST NAME (Main Contact)</b>		<b>FIRST NAME</b>		<b>RELATIONSHIP TO PARTICIPANT</b>
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<b>CELL PHONE</b>	<b>HOME PHONE</b>	<b>WORK PHONE</b>	<b>EMAIL (Required)</b>
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<b>PARENT/GUARDIAN'S LAST NAME</b>		<b>FIRST NAME</b>		<b>RELATIONSHIP TO PARTICIPANT</b>
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<b>CELL PHONE</b>	<b>HOME PHONE</b>	<b>WORK PHONE</b>	<b>EMAIL (Required)</b>
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**FAMILY STATUS (NON- CUSTODIAL)**

ARE THE CHILD'S PARENTS/ GUARDIANS DIVORCED OR SEPARATED? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHO HAS CUSTODY? _____		SHOULD THE NON-CUSTODIAL PARENT: (Check all that apply) <input type="checkbox"/> Be contacted in the event of emergency. <input type="checkbox"/> Receive duplicate mailings. <input type="checkbox"/> Receive invoices.	
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<b>NON-CUSTODIAL PARENT/GUARDIAN'S LAST NAME</b>		<b>FIRST NAME</b>	
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<b>CURRENT MAILING ADDRESS (Number/ Street)</b>			<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
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<b>CELL PHONE</b>	<b>HOME PHONE</b>	<b>WORK PHONE</b>	<b>EMAIL (Required)</b>
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Updated 11/14/2018

**(YMCA OFFICE USE ONLY)**  TB CLEARANCE  CLASS INPUT  EFT RATE  REGULAR RATE  MAILED/HAND OUT PARENT HANDBOOK

Child's/Youth's Last Name

First Name

**EMERGENCY CONTACTS/ AUTHORIZED PICK-UP (Required) List two contacts other than parent(s)/guardian(s).**

LAST, FIRST NAME	RELATIONSHIP	PHONE	ALTERNATE PHONE
LAST, FIRST NAME	RELATIONSHIP	PHONE	ALTERNATE PHONE
LAST, FIRST NAME	RELATIONSHIP	PHONE	ALTERNATE PHONE

**MEDICAL INFORMATION**

PHYSICIAN	CHOICE OF HOSPITAL	PHONE
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**Please indicate child's name and explain.**

Allergies?

Medical Conditions?

Medication?

Activity Limitations?

Other?

**MEDICAL CARE AUTHORIZATION (ALL PARTICIPANTS)**

If in the judgment of the YMCA staff, my child/youth requires medical care, I authorize and instruct the YMCA to inform me or the authorized person listed above. The YMCA may take my child in for medical treatment to the physician, hospital, or clinic, I or the authorized person designated. If the authorized person, the physician, or I can't be promptly reached, I authorize the YMCA to take my child to the nearest hospital or clinic for such medical treatment. My child is covered by:

\_\_\_\_\_  
 NAME OF MEDICAL INSURER      SIGNATURE      DATE

**PAYMENT/ CANCELLATION POLICY (ALL PARTICIPANTS)**

Membership must remain active in order to retain the preferred pricing. Payment for program is due upon registration. There will be no refunds/credits or makeups for unused/missed days. A refund/credit will not be issued for any participant who is suspended or expelled from the program and/or YMCA for behavior and/or safety violations. Refunds/credits must be approved by the program director for the corresponding department. A non-refundable withdrawal fee of 30% (up to \$50) will be assessed for all refunds/credits up to and including the first day of program. No refund/credit will be issued for withdrawals after the first day of program. The YMCA reserves the right to make program changes without prior notice when unforeseen circumstances occur, in which case, a refund/credit without a withdrawal fee will be issued. However, should the need arise for the YMCA to close its facilities due to inclement weather or natural disaster posing a safety hazard for staff and participants, a refund or credit will not be issued.

\*For youth programs, monthly payment is due by 1st day of every month. If the monthly fee is not paid within the first 5 program days of the month, your child will be withdrawn on the 6th program day. Fees are distributed throughout the school year as listed on the payment schedule within your program's brochure. There will be no refunds for unused/missed days. A late payment fee of \$5.00 per day (up to \$25.00 max) will be assessed for all late payments. A \$25.00 fee will be applied for any returned checks or credit card payments returned from your financial institution. Cancellation/withdrawals from the program must be submitted in writing before the end of the child's last month of attendance.

I read and understand the Payment & Cancellation Policy stated above.

\_\_\_\_\_  
 PARENT/GUARDIAN'S NAME (PRINT)      PARENT/GUARDIAN'S SIGNATURE      DATE

**RELEASE WAIVER (ALL PARTICIPANTS)**

I/ We agree to abide by all policies and procedures relating to my/our child's registration and participation in the YMCA's program. The person signing this registration accepts full responsibility for all incurred program fees and expenses. I/we understand that by signing this registration form, I/we authorize the YMCA of Honolulu to use the names and any video/photographs/audio of my child for public relations or promotional purposes.

\_\_\_\_\_  
 PARENT/GUARDIAN'S NAME (PRINT)      PARENT/GUARDIAN'S SIGNATURE      DATE

**CLUB MID/ NO LIMITS (Grades 6-12) WAIVER**

I authorize the YMCA of Honolulu to go on walking field trips to Wilson Park, Aloha Gas Station, A-Stop Convenience Store, Kahala Mall, Lanikai Juice, and Aina Koa Park.

\_\_\_\_\_  
 PARENT/GUARDIAN'S NAME (PRINT)      PARENT/GUARDIAN'S SIGNATURE      DATE