



## Liberty Center for Youth Registration Form Valid Fall 2021-Spring 2022

### Participant Information

Name:	Date of Birth: / /	Age:	Grade:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary Preferred Pronouns:
Street Address:	City, State, Zip:		School:	
[ ] I permit my child to self-sign out each day. _____ <b>Guardian's Signature</b>				
[ ] 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. _____ <b>Guardian's Signature</b>				

### 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*	
[ ] <b>Allergies:</b> _____ [ ] <b>Special Diet Requirements:</b> _____						
[ ] 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? <b>Y</b> OR <b>N</b>				DOES YOUR CHILD ROUTINELY CARRY AN INHALER? <b>Y</b> OR <b>N</b>		

### Emergency Contact Information

Guardian Name:		Street Address:	City, State:	Zip:
Emergency Contact? <b>Y</b> <b>N</b>	Primary Phone: ( ) -	Date of Birth: / /	Place of Work:	
Pick-up Authorization? <b>Y</b> <b>N</b>	Alternate Number: ( ) -	Email Address ( <b>required</b> ):	Work Phone: ( ) -	

### Alternate Emergency Contact Information *(Required in the event main contact cannot be reached)*

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 Guardian Rules

1. Guardians are expected to adhere to all participant rules while on the premises
2. For the safety of all participants, during program, guardians may not engage with youth outside of their household while on property.
3. Any intentional damages to property caused by youth will be billed to the guardians of those involved.
4. Due to staff being in direct service during program hours, all concerns should be directed to the Childcare Director who may be reached at (585)344-1664 or emailed [cbruning@glowymca.org](mailto:cbruning@glowymca.org)

## **Genesee County YMCA Liberty Center Participant Rules**

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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.
18. Any intentional damages to property caused by youth will be billed to the guardians of those involved.

## **Bullying Policy**

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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 to 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**

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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:	Participant’s Signature:	Date: / /
Guardian’s Name Printed:	Guardian’s Signature:	Date: / /