



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



TEAMUP- After School Registration Form 2024-2025

CHILD'S NAME _____ PERSONAL PRONOUNS _____ DATE OF BIRTH _____ / _____ / _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ RISING GRADE _____ AGE _____ SEX (M / F) _____ ETHNICITY (circle one) W B A H I O

SCHOOL NAME _____

MOTHER OR LEGAL GUARDIAN'S NAME _____ E-MAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

BUSINESS NAME _____ ADDRESS _____

HOME PHONE _____ CELL PHONE _____ WORKPHONE _____

FATHER OR LEGAL GUARDIAN'S NAME _____ E-MAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

BUSINESS NAME _____ ADDRESS _____

HOME PHONE _____ CELL PHONE _____ WORKPHONE _____

PARENTAL MARITAL STATUS _____

ANNUAL HOUSEHOLD INCOME:

\$0 - \$9,999 \$10,000 - \$19,999 \$20,000 - \$29,999 \$30,000 - \$39,999 \$40,000 - \$49,999 \$50,000 - \$59,999 Over \$60,000

WHO DOES THE CHILD LIVE WITH? MOM ONLY _____ DAD ONLY _____ BOTH PARENTS _____ OTHER (listed below) _____

WHO IS PERMITTED TO REMOVE CHILD? MOM ONLY _____ DAD ONLY _____ BOTH PARENTS _____ OTHER (listed below) _____

WHO HAS LEGAL CUSTODY? MOM ONLY _____ DAD ONLY _____ BOTH PARENTS _____ OTHER (listed below) _____

PLEASE LIST SIBLINGS ALSO ATTENDING SAME SCHOOL (Use back of paper if necessary.)

NAME _____ AGE _____ GRADE _____

NAME _____ AGE _____ GRADE _____

NAME _____ AGE _____ GRADE _____

ID IS REQUIRED DAILY TO PICK UP YOUR CHILD

EMERGENCY CONTACTS & AUTHORIZED TO PICK UP (minimum of 2 other than parents required)

NAME _____ ADDRESS _____ PHONE _____ RELATIONSHIP _____

NAME _____ ADDRESS _____ PHONE _____ RELATIONSHIP _____

NAME _____ ADDRESS _____ PHONE _____ RELATIONSHIP _____

MEDICAL INFORMATION

CHILD'S PHYSICIAN _____ PHYSICIAN PHONE # _____

INSURANCE CARRIER _____ POLICY # _____

If CHAMPUS is your carrier, please list your child's Social Security Number in the policy section.

DOES YOUR CHILD HAVE ANY:

CHRONIC HEALTH PROBLEMS _____ SPECIAL DIETARY RESTRICTIONS _____

ALLERGIES (type and reaction) _____ SPECIAL NEEDS _____

MEDICATIONS TAKEN _____ DOSAGE / FREQUENCY _____

ADDITIONAL INFORMATION YOU MAY FEEL IS IMPORTANT _____

PLEASE SIGN ATTACHED WAIVERS

YMCA USE ONLY

DCPS STUDENT ID# _____ ENROLLMENT (START) DATE _____

Shirt Size: small __ medium __ large __ X large __

CONDITIONS OF YOUTH DEVELOPMENT PROGRAM PARTICIPATION

While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommends that you discuss with YMCA staff any special conditions or circumstances involving your child. The YMCA requests that the undersigned do this PRIOR to registration so that the YMCA can advise you as to whether we can make reasonable accommodation for your child.

The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give permission for the City of Jacksonville, YMCA, and/or Kids Hope Alliance to access and/or use participant data, care giver data, and academic records of the participant in the designated data system or its generated reports.

I give my permission to the YMCA of Florida's First Coast Inc. and the Kids Hope Alliance to use, without limitation or obligation, photographs, film footage or tape recordings that may include mine and/or my family member's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs.

In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.

The undersigned understands that no accident or medical insurance is provided with this activity.

The undersigned gives his or her permission for my child to be transported by the bus service secured by the YMCA for related programs activities.

ACCEPTANCE

I accept the Conditions of Youth Development Program Participation set forth above and, being in sympathy with the Mission of the YMCA, hereby apply to participate.

SIGNATURE OF MEMBER / PARTICIPANT

SIGNATURE OF PARENT / GUARDIAN

DATE

FLORIDA MINOR RELEASE AND WAIVER OF LEGAL LIABILITY

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and on behalf of your minor child, release the YMCA of Florida's First Coast, Inc. ("YMCA"), its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF YMCA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM [YMCA] IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND YMCA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT:

SIGNATURE OF PARTICIPANT (if less than 18-years-old, parents or legal guardians must sign below)

DATE _____

PARENT / GUARDIAN

DATE _____

PARENT / GUARDIAN

DATE _____

Last 4 Digits of Participant's Social Security Number
