

Child's Name _____

Preferred name (nickname): _____ Preferred Pronouns: he she they

Address _____

City _____ State _____ Zip _____

Race: _____ Native Hawaiian _____ Other Pacific Islander **Ethnicity:**
 Select one or more _____ Alaska Native _____ White Are you Hispanic or Latino?
 (your response is voluntary) _____ Asian (your response is voluntary)
 _____ American Indian _____ YES _____ NO

School _____ Grade _____ Birthday ____/____/____

List any known allergies or medical conditions of your child:

Doctor's name and phone number _____

Adult #1 Name _____ Relationship _____ Phone _____

Adult #2 Name _____ Relationship _____ Phone _____

Adult Contact email address _____

Emergency Contacts if neither of the two people above can be reached:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Please state any additional names and phone numbers of people authorized to pick up your child:

Name _____ Relationship _____ Phone _____

Full time _____ Part Time _____ (M__T__W__TH__F__)

In the event of an emergency, and I cannot be reached, I authorize the YMCA staff to act on my behalf to secure necessary medical treatment for the above child. I understand that the YMCA does not carry health and accident insurance on its members or program participants. The YMCA has the authority to transport my child by means of the YMCA bus from school to the YMCA. All expenses incurred in the treatment of injuries due to accidents will be the responsibility of the participant and his/her own insurance carrier. On behalf of my child, I assume all risks and release and hold harmless the YMCA Association and all its members, staff and volunteers from any claims which might arise as a result of the child's presence, participation, and membership in the YMCA Association.

I authorize my child to be photographed for events & special occasions. I also understand that the Danville YMCA facility and program is not licensed or regulated by DCFS. Firearms are prohibited on the Danville Family YMCA premises.

All payments are due on the 1st of the month and a \$10 late fee will be added if payment is not received by the 5th of the month.

Please circle method of payment: Self Pay CCRS/State Assistance YMCA Financial Assistance

Payment Authorization

Payment Type: Checking Savings Debit/Credit Card
Last 4 digits of account/card _____ Monthly Draft _____

Name as it appears on bank account Billing Address if different than Home Address

I (We) authorize and request the Danville Family YMCA to charge my (our) checking/savings or credit card account for my (our) monthly fee. I (We) further authorize the financial institution to process these fees. I (We) understand fees are non-refundable and non-transferable. I (We) understand charges are continuous. If, for any reason, a payment is not honored by the financial institution, a service fee will be charged on any returned transaction. I realize I am still responsible for my payment including the service fee applied by the YMCA for each return incurred. This is in addition to any service fee my (our) financial institution may charge. The YMCA will resubmit a returned payment automatically and will notify me (us) with any issues. Two or more returns could result in termination of service. I (We) understand charges are continuous and it is my (our) responsibility to notify the YMCA in person to discontinue my (our) services and automatic payments. **I (We) understand cancellation requests must be submitted in writing on or before the last day of the month prior to my (our) next draft date.** If I (we) notice a discrepancy on my (our) statement, I (we) will notify the YMCA promptly. I (We) understand refunds are not issued for discrepancies 90 days or more.

*I have read through the parent handbook and agree to the contents therein

Parent/Guardian Printed Name _____ Signature _____