



**YMCA of Greater San Antonio SAISD Enrollment Agreement  
Year 2016-2017**

Child's Name \_\_\_\_\_ Day Camp Site \_\_\_\_\_  
Gender  M  F DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Child's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
School Address \_\_\_\_\_ School Phone \_\_\_\_\_

**Parent/Guardian #1** Name \_\_\_\_\_ Gender  M  F DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Parent/Guardian #1 Address \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian #1 Home Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ (Home or Work)  
Parent/Guardian #1 Place of Employment \_\_\_\_\_  
Business Address \_\_\_\_\_

**Parent/Guardian #2** Name \_\_\_\_\_ Gender  M  F DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Parent/Guardian #2 Address \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian #2 Home Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ (Home or Work)  
Parent/Guardian #2 Place of Employment \_\_\_\_\_  
Business Address \_\_\_\_\_

**Person to call in case of emergency if parents cannot be reached:**  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**I hereby authorize the following persons to pick up my child from the center:**  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I understand that if an occasion occurs when none of the persons listed above are able to pick up my child, arrangements for an "Emergency Pick-up Authorization" may only be made by the listed guardian and the emergency pick up person according to YMCA procedures. No other persons may arrange an Emergency Pick-up Authorization for my child. Changes to this document may only be made by the guardian and the emergency pick-up person listed above, in person, at the YMCA facility.

**AUTHORIZATION FOR EMERGENCY  
MEDICAL CARE**

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Y School Age staff to take my child to:

Licensed Physician \_\_\_\_\_ Address \_\_\_\_\_ Office Phone \_\_\_\_\_  
Hospital/Clinic \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I give my consent for any and all necessary treatment when my child is in the care of this physician and/or hospital/clinic.

**MEDICAL INFORMATION**

My child's immunization record, including TB Test, is current and on file at the above named elementary school.

List any special problems and/or limitations your child may have (allergies, previous/existing illness, sunburn sensitivity, diet requirements, long term medications, hospitalization-past 12 months), which the staff should be aware of:

If your child needs special care because of a disabling or limiting condition, a physician, psychologist, or other expert must submit written recommendations in your child's record and make sure they are carried out.  
Treatment /Medication to be given during YMCA program \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

My child will arrive after school at the center at \_\_\_\_\_ (time). If my child does not arrive within 30 minutes, please notify: \_\_\_\_\_ Telephone \_\_\_\_\_

**Permission for:**

**Transportation** -- The Y School Age staff has my permission to transport my child to and from the center on excursions or other planned trips. I understand that all precautions will be taken to ensure the safety and health of my child.

**Water Activities** -- The Y School Age staff has my permission for my child to participate in water activities. I understand that all precautions will be taken to ensure the safety of my child.

**Photographs** -- I give permission for photographs and videos to be made of my child to be used solely for publicity and training purposes by the YMCA.

**Discipline and Guidance Policy for Y Afterschool Program**

◆ **Discipline must be:**

1. Individualized and consistent for each child;
2. Appropriate to the child's level of understanding; and
3. Directed toward teaching the child acceptable behavior and self-control.

◆ **A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:**

1. Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
2. Reminding a child of behavior expectations daily by using clear, positive statements;
3. Redirecting behavior using positive statements; and
4. Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

◆ **There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:**

1. Corporal punishment or threats of corporal punishment;
2. Punishment associated with food, naps, or toilet training;
3. Pinching, shaking, or biting a child;
4. Hitting a child with a hand or instrument;
5. Putting anything in or on a child's mouth;
6. Humiliating, ridiculing, rejecting, or yelling at a child;
7. Subjecting a child to harsh, abusive, or profane language;
8. Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
9. Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance (TDPRS-CCL 06/02/03)

Child's Name \_\_\_\_\_ School Site \_\_\_\_\_

My child will attend from school dismissal until 6:00 pm **Start Date:** \_\_\_\_\_

Days attending:  MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY

City Copay: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

I hereby state I have read, understand, and agree to abide by the *Parents Handbook with Discipline and Guidance*  
**RELEASE, WAIVER, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT**

I understand that YMCA activities have inherent risks, and I hereby assume all risks and hazards incident to me or my minor child's participation in all YMCA activities. I further, on behalf of myself and my minor child waive, release, absolve, indemnify and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches and referees from any claims or injury caused by the YMCA's NEGLIGENCE or otherwise sustained during my use of the YMCA and the YMCA property.

\_\_\_\_\_  
**Signature of Parent / Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Director's Signature**

\_\_\_\_\_  
**Date**

