



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Child Care Programming

## Registration Form

- Parents Morning Out** (Nursery only; Mon-Fri 9am-12pm. Sat 8:30-11:30am)  
**Member Pricing-**  
 1<sup>st</sup> child: \$10  
 2 or more: \$5  
**Potential Member Pricing-**  
 1<sup>st</sup> child: \$15  
 2 or more: \$10
- Parents Night Out** (Nursery and Kids Club; Mon-Thur 4:30-7:30pm)
- Kids Night Out** (Please check for specific dates offered)  
**Date:** \_\_\_\_\_  
**Member Pricing-**  
 1<sup>st</sup> Child: \$15  
 2<sup>nd</sup> Child: \$15  
 3 or more: \$10 each  
**Potential Member Pricing-**  
 1<sup>st</sup> Child: \$20  
 2<sup>nd</sup> Child: \$20  
 3 or more: \$15 each
- Other:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please fill out the following information:**

Child's First and Last Name: \_\_\_\_\_ Child's DOB: \_\_\_/\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Allergies: \_\_\_\_\_ (Please put n/a if not applicable)  
Phone number: (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

Will this child be swimming? (Kids Night Out only)

Circle One:      Yes   No      Swim Ability:      Beginners      Intermediate      Advanced

**Additional information about your child:** \_\_\_\_\_  
\_\_\_\_\_

**Additional children:**

Child's First and Last Name: \_\_\_\_\_ Child's DOB: \_\_\_/\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Allergies: \_\_\_\_\_ (Please put n/a if not applicable)

Will this child be swimming? (Kids Night Out only)

Circle One:      Yes   No      Swim Ability:      Beginners      Intermediate      Advanced

**Additional information about your child:** \_\_\_\_\_  
\_\_\_\_\_

Child's First and Last Name: \_\_\_\_\_ Child's DOB: \_\_\_/\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Allergies: \_\_\_\_\_ (Please put n/a if not applicable)

Will this child be swimming? (Kids Night Out only)

Circle One:      Yes   No      Swim Ability:      Beginners      Intermediate      Advanced

**Additional information about your child:** \_\_\_\_\_  
\_\_\_\_\_



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## Permission, Waiver/Release

**Request for Permission:** I, the above referenced youth's Parent/Guardian, hereby register my child to participate in the above listed program.

**Assumption of Risk:** I acknowledge and understand that there is a risk of injury involved in participation. I understand that my child will be under the supervision and direction of a branch staff or volunteer. I agree to follow the rules for the event and the instructions of the staff in order to reduce the risk of injury to my child and other children. However, I acknowledge and understand that neither the staff nor the branch can eliminate the risk of possible injury that could occur. Injuries can be severe and in some cases may result in permanent disability or even death. I freely, knowingly, and willingly accept and assume the risk of injury that might occur from my child's participation in the program.

**Release:** In consideration of the branch allowing my child to participate in this program, I hereby agree to release, waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of myself and any other parent or guardian of my child, the branch, the YMCA of Northwest North Carolina, and their respective volunteer staff, employees, directors, members, and other staff members from liability to us and our child, as well as our personal representatives, assigns, heirs and next of kin, for any and all claims, suits or causes of action arising from or out of an injury, known or unknown, to property or body, that my child may suffer from participation in YMCA activities or the above-described program.

**Photographs:** Photographs may occasionally be taken of the children during the program or activity. By signing this registration form, I consent to the use of pictures of my child for displays, brochures, and promotional materials with no compensation to me or my child.

**Code of Conduct:** We expect everyone using the YMCA to behave in a mature and responsible way and to respect the rights and dignity of others. Our Code of Conduct does not permit language or action that can hurt or frighten another person or that falls below a generally accepted standard of conduct. Suspension or termination of participation in activities may result from any violation of the Code of Conduct.

**Please initial the following:**

\_\_\_\_\_ **There is a \$5 late registration fee per child beginning the Thursday prior to Kids Night Out or other special events.**

\_\_\_\_\_ **There is a \$5 late pick up fee per child this program/event.**

**Parent Signature:** \_\_\_\_\_

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

**Questions? Please Contact:**

Rachel Taylor, Youth and Family Coordinator at  
(336) 679-7962 or r.taylor@ymcanwnc.org

**FOR OFFICE USE ONLY**

**PMO/PEO Registration Forms need to be returned to parent to give to Child Watch Staff after registration and payment.**

\_\_\_\_\_  
(Date Registered)      (Staff Initials)      (Total Amount Paid)      (Receipt #)      (# in Kids Club)      (# in Nursery)

**Notes:** \_\_\_\_\_

\_\_\_\_\_

**YADKIN FAMILY YMCA**

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Our Mission: "Helping people reach their God-given potential in spirit, mind and body."