

# All Day Sign-up Form

## For current K-8<sup>th</sup> graders!

**PROGRAM TIME:** 7:30-6PM      **COST:** \$30.00/Member      \$40.00/Non-member

**PLEASE CHECK DATES THAT APPLY:**

___ Mon, Oct 26	___ Mon, Jan 18	___ Fri, Feb 19	___ Mon, Apr 26
___ Wed, Nov 11	___ Tues, Jan 19	___ Fri, Mar 26	___ Fri, May 28
___ Wed, Nov 25	___ Thurs, Feb 18	___ Fri, Apr 23	

**NAME:** \_\_\_\_\_ **D.O.B:** \_\_\_/\_\_\_/\_\_\_ **GENDER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CONTACT INFO:**

**EMAIL:** \_\_\_\_\_

**HOME:** \_\_\_\_\_

**WORK:** \_\_\_\_\_

**CELL:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Information/ and or authorized to pick up my child:**

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**All Day Policy Agreement:**

1. I hereby certify that, my child or myself is in normal health and capable of safe participation in YMCA All Day Programs. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I release the YMCA of Greensboro, staff and volunteers of any liability arising from my child or I participation in this program / activity. In the event that I cannot be reached to make arrangements for emergency medical attention at the time of an illness or accident, I hereby authorize the Greensboro YMCA to transport my child to the nearest medical facility for treatment deemed necessary.
2. If the program may be affected due to inclement weather:
  - **Please call 387-9637 to hear a recording about the status of the program**
  - A voucher (credit) will be issued in the participant's record for future use with any other YMCA program within one year of voucher being issued, if the program is cancelled due to inclement weather
3. I give permission to have my child's or my photo taken for the YMCA publicity.
4. I understand that any inappropriate behavior is subject to immediate termination of membership or participation in program.
5. I give permission to the YMCA to transport my child to and from field trips during program.
6. I understand a late fee of \$10 for every 15 minutes will be charged after **6:00pm** for late pick up.

**Signature of Parent or Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_