



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HOMESCHOOL SWIM & GYM PROGRAM REGISTRATION 2019-2020

HOMESCHOOL SWIM & GYM PROGRAM

The YMCA Homeschool Swim & Gym program is a great way to work physical activity, healthy living, socialization, and play into your home school curriculum. The goal of this program is to have planned individual and cooperative physical activities and fitness assessments that promote the student's optimum physical, mental, emotional, and social development. Students will have the opportunity to learn about different sports and swimming skills while developing social relationships. Items to pack: swimsuit, towel, goggles, water bottle, healthy snack, gym shoes and active wear. *Please also pack for the weather. IE- jacket or short sleeves*

COST

\$45/per child for YMCA Members

\$80/per child for Non-Members

PROGRAM SCHEDULE

Wednesdays for 8-weeks

9:00 am – 12 pm at the Northwest Family YMCA

12 – 3 pm at the Jeep Rogers Family YMCA

ENROLLMENT AGREEMENTS

Registration for a session is an agreement to pay fees in full. Payment of fees is not conditional on the student's attendance to program. Should a need arise to cancel after registration, written notification must be provided to the Y 2-weeks prior to the session start dates, otherwise fees are non-refundable.

SESSION DATES

Session 1	August 28 – October 16
Session 2	October 23 – December 18 * No Class on November 27 th
Session 3	January 8 - February 26
Session 4	March 6 – April 10



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PARTICIPANT INFORMATION

Please check your branch: Jeep Rogers Family YMCA ___ Northwest Family YMCA ___

Child's name: _____ DOB: ___/___/___ Age: ___ Gender: _____ Grade/Fall 19: _____

Child's name: _____ DOB: ___/___/___ Age: ___ Gender: _____ Grade/Fall 19: _____

Child's name: _____ DOB: ___/___/___ Age: ___ Gender: _____ Grade/Fall 19: _____

CODE WORD: _____ (Children will not be released without correct code word, 1 per family)

Home Address	City	State	Zip	Phone
--------------	------	-------	-----	-------

Parent/Guardian's Legal Name: _____ DOB: ___/___/___ Gender: _____

Email: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Parent/Guardian's Legal Name: _____ DOB: ___/___/___ Gender: _____

Email: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

EMERGENCY CONTACT (May not be the same as above Parent/Guardian)

Name: _____ Relationship: _____ Phone: _____

ADDITIONAL AUTHORIZED INDIVIDUALS

Only Parent/Guardians listed above and the Authorized Individual listed below will be allowed to pick up this child from the YMCA. (Must present photo ID and know the family code word).

Legal Name: _____ Date of Birth: _____ Gender: _____ Race: _____

EMERGENCY CARE INFORMATION

Routine scrapes and other minor injuries will be treated by our staff. In the event of an emergency or more serious accident/illness, staff will contact the parents/guardian directly. In the event the parent/guardian cannot be reached, I give the YMCA permission to make the necessary measures to provide the appropriate treatment.

Child's Primary Care Physician: _____ Phone: _____

Insurance Provider: _____ Policy #: _____

By signing below, I attest that all information provided is true and correct to my knowledge.

Signature : _____ Date: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HEALTH HISTORY FORM

Must complete one for each child registered in program.

Child's Legal Name: _____

Check any of the following conditions or difficulties that affect this child:

- | | | |
|--|---|--|
| <input type="checkbox"/> Allergies (food, insects, etc.) | <input type="checkbox"/> Asthma | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Frequent sore throats/colds | <input type="checkbox"/> Headaches | <input type="checkbox"/> Emotional/Behavior |
| <input type="checkbox"/> Ear infections or aches | <input type="checkbox"/> Diabetes | <input type="checkbox"/> None |
| <input type="checkbox"/> Heart or Lung Conditions | <input type="checkbox"/> Vision | <input type="checkbox"/> Other, describe below |
| <input type="checkbox"/> Skin Programs | <input type="checkbox"/> Speech/Communication | |

If you checked any of the above please provide additional information that will help staff members meet your child's needs while attending the program. Attach additional pages if needed.

Please provide any additional information about your child that might affect their participation in the program, including any special needs, restrictions to activities, major changes at home or special instructions. Attach additional pages if needed.

Will this child need to take any nonprescription or prescription medication during their time at the program? YES NO

If yes, indicate prescription and directions for administration of the medicine:

Medication Name: _____	Dosage: _____
Dates Medication Taken From: _____	Until: _____
Time(s) of Day: _____	

Prescription medication shall be in the original container and labeled with the child's name, instructions, including times and amounts for dosages, and the physician's name. All non-prescription medication shall be in the original container and labeled by the parent(s) with the child's name and instructions for administration. If not, the y will not be able to administer.

Parent / Guardian Signature

Date