



# KAIMUKI-WAIALAE YMCA Program Registration Form

**OFFICE USE ONLY**

Start Date: \_\_\_\_\_

Received Date \_\_\_\_\_

**PROGRAM**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Preschool             | <input type="checkbox"/> Before School Program                 | <input type="checkbox"/> No Limits/ Strive (Grades 9-12)    |
| <input type="checkbox"/> Learn to Swim Lessons | <input type="checkbox"/> After School Program (Happy Kids/SOS) | <input type="checkbox"/> Intersession/ Summer Day Camp      |
| <input type="checkbox"/> Judo/Ballet           | <input type="checkbox"/> Club MID (Grades 6-8)                 | <input type="checkbox"/> Summer School Special/ Summer Plus |

Session/ Dates	Fee/Cost	Total Cost:

**CHILD/YOUTH'S INFORMATION (Please print clearly)**

1ST CHILD'S/YOUTH'S LAST NAME		FIRST NAME		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		RETURNING PARTICIPANT <input type="checkbox"/> YES <input type="checkbox"/> NO	
BIRTH DATE (MM/DD/YYYY)	AGE	SCHOOL NAME				GRADE	

2ND CHILD'S/YOUTH'S LAST NAME		FIRST NAME		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		RETURNING PARTICIPANT <input type="checkbox"/> YES <input type="checkbox"/> NO	
BIRTH DATE (MM/DD/YYYY)	AGE	SCHOOL NAME				GRADE	

3RD CHILD'S/YOUTH'S LAST NAME		FIRST NAME		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		RETURNING PARTICIPANT <input type="checkbox"/> YES <input type="checkbox"/> NO	
BIRTH DATE (MM/DD/YYYY)	AGE	SCHOOL NAME				GRADE	

**FAMILY INFORMATION (Applies to Parent(s)/Guardian(s) with whom child legally resides. Non-custodial parent information is requested below.)**

CURRENT MAILING ADDRESS (Number/ Street)			CITY	STATE	ZIP CODE
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DO YOU HAVE A YMCA FAMILY MEMBERSHIP?  NO  YES IF YES, WHAT IS YOUR MEMBER NUMBER? \_\_\_\_\_

PARENT/GUARDIAN'S LAST NAME (Main Contact)	FIRST NAME	RELATIONSHIP TO PARTICIPANT
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CELL PHONE	HOME PHONE	WORK PHONE	EMAIL (Required)
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PARENT/GUARDIAN'S LAST NAME	FIRST NAME	RELATIONSHIP TO PARTICIPANT
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CELL PHONE	HOME PHONE	WORK PHONE	EMAIL (Required)
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**FAMILY STATUS (NON- CUSTODIAL)**

ARE THE CHILD'S PARENTS/ GUARDIANS DIVORCED OR SEPARATED? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHO HAS CUSTODY? _____	SHOULD THE NON-CUSTODIAL PARENT: (Check all that apply) <input type="checkbox"/> Be contacted in the event of emergency. <input type="checkbox"/> Receive duplicate mailings. <input type="checkbox"/> Receive invoices.
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NON-CUSTODIAL PARENT/GUARDIAN'S LAST NAME	FIRST NAME
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CURRENT MAILING ADDRESS (Number/ Street)			CITY	STATE	ZIP CODE
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CELL PHONE	HOME PHONE	WORK PHONE	EMAIL (Required)
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Updated 8/13/2015

**(YMCA OFFICE USE ONLY)**  TB CLEARANCE  CLASS INPUT  EFT RATE  REGULAR RATE  MAILED/HAND OUT PARENT HANDBOOK

Child's/Youth's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**EMERGENCY CONTACTS/ AUTHORIZED PICK-UP (Required) List two contacts other than parent(s)/guardian(s).**

LAST, FIRST NAME	RELATIONSHIP	PHONE	ALTERNATE PHONE

**MEDICAL INFORMATION**

PHYSICIAN	CHOICE OF HOSPITAL	PHONE
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*Please indicate child's name and explain.*

Allergies?

Medical Conditions?

Medication?

Activity Limitations?

Other?

**MEDICAL CARE AUTHORIZATION**

If in the judgment of the YMCA staff, my child/youth requires medical care, I authorize and instruct the YMCA to inform me or the authorized person listed above. The YMCA may take my child in for medical treatment to the physician, hospital, or clinic, I or the authorized person designated. If the authorized person, the physician, or I can't be promptly reached, I authorize the YMCA to take my child to the nearest hospital or clinic for such medical treatment. My child is covered by:

\_\_\_\_\_  
NAME OF MEDICAL INSURER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**PAYMENT/ CANCELLATION POLICY**

Monthly fee is due **on or before** the first school/business day of every month. If monthly fee is not paid within the first 5 program days of the month, your child will be disenrolled on the 6th program day. You may re-enroll your child if outstanding fee and \$5 late fee are made. Please refer to the specific program brochure for the payment schedule. There will be a \$25.00 service charge for all returned checks and/or declined drafts. Please make checks payable to Kaimuki YMCA. There will be no refunds for unused/missed days. Cancellations must be made 7 days in advanced. Please refer to the program's brochure for the Refund Policy. \*For Summer/ Intersession, Learn to Swim Lessons, Judo, & Ballet, payments must be made upon registration.

I read and understand the Payment & Cancellation Policy stated above.

\_\_\_\_\_  
PARENT/GUARDIAN'S NAME (PRINT)

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

**RELEASE WAIVER**

I/ We agree to abide by all policies and procedures relating to my/our child's registration and participation in the YMCA's program. The person signing this registration accepts full responsibility for all incurred program fees and expenses. I/we understand that by signing this registration form, I/we authorize the YMCA of Honolulu to use the names and any video/photographs/audio of my child for public relations or promotional purposes.

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

**CLUB MID/ NO LIMITS (Grades 6-12) WAIVER**

I authorize the YMCA of Honolulu to go on walking field trips to Wilson Park, Aloha Gas Station, A-Stop Convenience Store, Kahala Mall, Lanikai Juice, and Aina Koa Park.

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE