



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SERVING UP FUN AFTER SCHOOL!



JACKSON YMCA Paragon After School Program 2017-2018

The Jackson YMCA after school program on-site at Paragon Charter Academy engages kids in physical activity and learning activities that encourage exploration of who they are and what they can achieve.

The kids will participate in various activities that help make friends and build character through the Y's core values of honesty, caring, respect, responsibility, including art, sports, and games. Also home-work help will be available everyday.

Jackson YMCA
127 W Wesley St
Jackson, MI 49201
517.782.0537



PARAGON AFTER SCHOOL REGISTRATION FORM

Name: _____ DOB: _____ Age: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ E-mail Address: _____

Parent Name: First _____ MI _____ Last _____

Work Phone: _____ Cell Phone: _____

Parent Name: First _____ MI _____ Last _____

Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

ADDITIONAL AUTHORIZED PICK-UPS

Name of person(s) in addition to parents, to whom camper may be released:

1. _____	NAME	PHONE NUMBER
2. _____	NAME	PHONE NUMBER

PERMISSION FOR ENROLLMENT AND RELEASE OF YMCA FROM LIABILITY

If my child should become ill or injured during YMCA activities, I understand that the YMCA will: 1.) contact me immediately, or 2.) contact the person (s) I have designated in case I cannot be reached. Should the YMCA be unable to reach me or the person (s) designated, the YMCA is authorized to contact my physician or arrange for immediate medical treatment to ensure the health and safety of my child/children. I accept responsibility for payment of medical services rendered.

PARENT/GUARDIAN SIGNATURE

DATE

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I give my child/children permission to participate in YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes still happen. Therefore, in exchange for the YMCA allowing my child/children to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA and its staff members from all liability for any injury, loss, or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its staff, direction, members and guests. I have read and am voluntarily signing this authorization and release.

PARENT/GUARDIAN SIGNATURE

DATE

PHOTO/VIDEO RELEASE

I grant permission to the Jackson YMCA to use photographs and videotapes taken of my child/children for YMCA publication purposes.

PARENT/GUARDIAN SIGNATURE

DATE

TRANSPORTATION RELEASE

I give my child/children permission to be transported by the YMCA. I understand that the Jackson YMCA will provide transportation to and from scheduled field trips.

PARENT/GUARDIAN SIGNATURE

DATE

ROCKWALL PARTICIPATION

I have completed and signed a rockwall waiver for my child. Circle:

YES NO

SPECIAL HEALTH CONSIDERATIONS

Please circle YES or NO that apply. For questions circled YES, tell us about it in the space provided.

-Food allergies	YES NO	_____
-Medical conditions	YES NO	_____
(Seizures, asthma, etc.)		

For Staff Use:

Information Imputed by _____

Membership # _____
Unit # _____