Franklin County Family YMCA

FUN CLUB REGISTRATION FORM (NON-SAFE PARTICIPANTS)

IMPORTANT: Forms turned in with any blank spaces will not be accepted.

- This Fun Club Registration Form must be turned in upon enrolling your child into the Fun Club Program. The Fun Club Participation form must be turned in accompanied by payment two days prior to the scheduled Fun Club date. Drop-Ins (without 2 days notice) pay an additional $5.00 late fee.
- Please PRINT LEGIBLY! **School: _____** **Start Date**: _____ **End Date**: _____

Last Name of Child Participating in Program _____ Given First Name _____ GOES BY NAME _____ Middle Initial _____

☐ Male ☐ Female

Address _____ Home Phone # _____

Date of Birth _____ Age _____

Child Primarily resides with:
☐ Mother ☐ Step-Mother
☐ Father ☐ Step-Father
☐ Other _____

City _____ State _____ Zip Code _____

LEGAL GUARDIANS	NAME	HOME #	CELL #	WORK #	EMPLOYER	SS#
☐ Mother ☐ Step-Mother ☐ Other Female person or agency having legal custody of child.						
☐ Father ☐ Step-Father ☐ Other Male person or agency having legal custody of child						

*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
*Note: Section 22.1 –4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities. Email:

Please list any person(s) not authorized to pick-up child:

EMERGENCY CONTACTS WHEN LEGAL CUSTODIAN MAY NOT BE REACHED: DSS REQUIRES 2 CONTACTS LISTED BELOW THAT ARE NOT LEGAL GUARDIANS!

Name	STREET ADDRESS & CITY, STATE	HOME #	WORK #	RELATIONSHIP

At time of registration, the parent will be given Pick-Up Authorization Cards for each of the authorized persons below. It is IMPERATIVE that all persons who are authorized to pick up child (including parents) be listed here.

AUTHORIZED	RELATIONSHIP	AUTHORIZED	RELATIONSHIP
1)		4)	
2)		5)	
3)		6)	

If parent(s) have email and would like us to have it for communication, please list here:

EMERGENCY MEDICAL AUTHORIZATION

The parent(s)/guardian(s) authorize the YMCA to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understoof that agreement covers only those situations which are true emergencies and only when he/she cannot be reached. The parent(s)/guardian(s) understand that the provider will make every effort to contact them and/or their designated emergency contacts.

1. I/we will be responsible for payment of medical expenses.
2. Medical treatment costs are covered by:

Insurance company: _____ Child's Physician: _____

Policy number: _____ Physician's Phone: _____

Does child take medication or vitamins by doctor's orders? ☐ **No** ☐ **Yes* (please specify:** _____
***If center is to administer meds, a medication authorization form must be correctly filled out and submitted.**

Parent signature _____ **Date** _____ **YMCA Staff** _____ **Date** _____