

Y-KIDS REGISTRATION, ENROLLMENT AND INFORMATION FORM

To be filled out Parent/Guardian. Return to YMCA prior to child's first day.

This form allows us to get to know your child better, please fill out completely and return to Program .It will be kept in your child's file, along with the following forms required by KDHE Licensing Regulations.

Please print or type. Please fill out separate applications for multiple children.

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Nickname: \_\_\_\_\_

Current Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Current School Year \_\_\_\_\_ Grade: \_\_\_\_\_

Your Child's School \_\_\_ RES \_\_\_ WES \_\_\_ LES \_\_\_ EES \_\_\_ St Josephs \_\_\_ Elyria

Your Child's YKids Site: \_\_\_ WES \_\_\_ LES \_\_\_ YMCA (days out of school) \_\_\_ LES / YMCA (Summer)

Parent's Marital Status: Single Parent Together Married Separated Divorced Widow/Widower

Parent Child resides with: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Work Place: \_\_\_\_\_

Mother's Work Number: \_\_\_\_\_

Mother's E-Mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Work Place: \_\_\_\_\_

Father's Work Number: \_\_\_\_\_

Father's E-Mail: \_\_\_\_\_

List Persons Authorized to Pick Up Child (Other Than Parents Listed):

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

List Brothers and Sisters and Their Age:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date my child will begin YKids Club: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Year: My child will arrive at 3:06pm and will be picked up by \_\_\_\_\_pm.

Summer: My child will arrive at \_\_\_\_\_am/pm and will picked up by \_\_\_\_\_am/pm.



Other Important Information about your Child:

*Please fill out as honestly as possible, as information given will help us get to know your child.*

1. What is your child's usual reaction to exposure to a new situation?

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2. How do you feel that your child may react to joining YKids Club initially?

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3. Describe your child's favorite learning and play activities.

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4. Does your child watch TV?  Yes  No

If yes, approximately how many hours per day (school year)? \_\_\_\_\_

If yes, approximately how many hours per day (summer)? \_\_\_\_\_

What type of programs? \_\_\_\_\_

Are you opposed to your child watching TV/Movies during YKids?  Yes  No

5. Does your child play on the computer?  Yes  No

If yes, approximately how many hours per day (school year)? \_\_\_\_\_

If yes, approximately how many hours per day (summer)? \_\_\_\_\_

What type of applications? \_\_\_\_\_

Are you opposed to your child using a computer during YKids?  Yes  No

6. Do you sometimes have a hard time disciplining your child?  Yes  No

If yes, please check one of the following,  Most of the time  Some of the time

7. List disciplinary procedure use by mother / father / guardian:

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8. What is the most effective and why?

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9. Are you consistent with discipline? Do you usually follow through when you say something?

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**HEALTH HISTORY FOR CHILDREN AND YOUTH ATTENDING SCHOOL AGE PROGRAMS**

As required by K.A.R. 28-4-590(d) (1), each operator shall obtain a health history for each child or youth, on a form supplied by the department or approved by the secretary. Each health history is to be maintained in the child's or youth's file on the premises. As required by K.A.R. 28-4-590(d)(2), each operator shall require that each child or youth attending the program has current immunizations as specified in K.A.R. 28-1-20 or has an exemption for religious or medical reasons.

**Complete one form for each child or youth attending the School Age Program.**

<b>First and Last Name of the Child or Youth</b>	<b>Gender (M or F)</b>	<b>Date of Birth (MM/DD/YYYY)</b>	<b>First day at this program: (MM/DD/YYYY)</b>
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<b>First and Last Name of the Child's or Youth's Mother or Guardian</b>
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<b>Mother/Guardian's Home Street Address</b>	<b>City</b>	<b>Zip Code</b>	<b>Home Phone # ( )</b>
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<b>Mother/Guardian's Work Place Name &amp; Street Address</b>	<b>City</b>	<b>Zip Code</b>	<b>Work Phone # ( )</b>
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<b>First and Last Name of the Child's or Youth's Father or Guardian</b>
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<b>Father/Guardian's Home Street Address</b>	<b>City</b>	<b>Zip Code</b>	<b>Home Phone # ( )</b>
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<b>Father/Guardian's Work Place Name &amp; Street Address</b>	<b>City</b>	<b>Zip Code</b>	<b>Work Phone # ( )</b>
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<b>Names and ages of other children in the Child or Youth's Family (Attach additional page if needed.)</b>
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<b>Person(s) authorized to pick up the Child or Youth in case of emergency. Include first and last name and Street Address. Attach additional page if needed.</b>	<b>City</b>	<b>Zip Code</b>	<b>Phone Number (during program hours):</b>
1.			
2.			
3.			

<b>First and Last Name of Physician &amp; Street Address</b>	<b>City</b>	<b>Zip Code</b>	<b>Phone Number ( )</b>
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<b>Name of Hospital Preference in case of emergency.</b>
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Yes	No	N/A	<b>Complete the following information about medications for this child or youth.</b>
			Will this child or youth need to take any nonprescription or prescription medication during their time at the program?
			If yes above, is there signed permission on file?

Circle any of the following conditions or difficulties that affect this child or youth.

Allergies	Frequent sore throats/ colds	Ear Infections or Aches	Heart or Lung Conditions
Skin Problems	Asthma	Headaches	Diabetes
Vision	Speech/Communication	Hearing	Emotion/Behavior
Other: Please describe.			

If you circled any of the above conditions, please provide additional information that will help the staff members meet the child's or youth's needs while attending the program. (Attach additional page, if needed.)

Provide additional information about your child or youth that might affect him/her while at the School Age Program including any special needs, restrictions to activities, major changes at home or special instructions. (Attach additional page, if needed.)

Complete the following information about this child's or youth's immunization status.

Yes	No	
		Did this child or youth attend a public or accredited non-public school in Kansas, Missouri or Oklahoma the previous year?
		If yes, are this child's or youth's immunizations current?
X	X	If yes to both of these questions, you do NOT need to complete the immunization history below. If no to either of the above questions, you must complete the immunization history below for this child or youth or attach a copy of the child's or youth's immunization history.

Please give dates in the space below for ALL immunization series completed by this child or youth. Record MM/DD/YYYY.

		1	2	3	4	5
	DPT, DT*, TD (*DT only if child is allergic to DTP)	//	//	//	//	//
	POLIO	//	//	//	//	
	MMR	//	//			
Single Dose Only	RUBEOLA (MEASLES)	//	//			
	MUMPS	//	//			
	RUBELLA (GERMAN MEASLES)	//	//			
	HIB (Hemophilus Infl. B) *RECOMMENDED	//	//	//	//	
	HBV (Hepatitis B Vaccine) *RECOMMENDED	//	//	//		
	VAR (Varicella-Chicken Pox) *RECOMMENDED	//				

Print the First and Last Name of the Person Completing this Health History form	Relationship to the Child/Youth	Date Completed
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If the Health History form was completed by a person other than a Parent/Guardian, who provided you with this information?	What is that person's relationship to the child/youth?
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I attest, under penalty of perjury, that to the best of my knowledge, the information provided on this form is true and correct.

Signature of person completing this form	Date Signed
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**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

<b>Name of facility exactly as stated on the license.</b> Y-Kids YMCA Site, Lincoln Site & Washington Site	<b>License #</b> YMCA 0014137012 Lincoln 0035662010 Washington 0035663008
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I authorize Y-Kids Staff and/or YMCA Staff (caregiver/staff) who is (are) representative(s) of the above-named facility to give consent for any and all necessary emergency medical care for my child or youth \_\_\_\_\_ (child's first and last name) while child or youth is in the facility's custody between \_\_\_\_\_ and 05/31/ \_\_\_\_\_ (MM/DD/YYYY) (Year Graduating from 5th Grade)

Is child covered by health insurance?  Yes  No

If yes, complete the following:

Health Insurance Policy Name \_\_\_\_\_ Policy Number \_\_\_\_\_  
Medical Assistance Program \_\_\_\_\_ Card Number \_\_\_\_\_  
Military Medical Care I.D. Number \_\_\_\_\_

If known, date of last Tetanus inoculation: \_\_\_\_\_ (MM/DD/YYYY)

List any known allergies or other information about the medical conditions of this child or youth pertinent in case of emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Signature of Parent or Guardian</b>	<b>Date Signed</b>
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<b>Witness to Parent's or Guardian's signature if required by the local hospital or clinic.</b> Not required due to required notarization for McPherson Hospital.	<b>Date Signed</b>
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Notarization of Parent's or Guardian's signature if required by local hospital or clinic.

State of Kansas  
County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_  
MM/DD/YYYY Name of Person

(Seal, if any.)

\_\_\_\_\_  
Signature of notarial officer

\_\_\_\_\_  
Title (and Rank)

My appointment expires: \_\_\_\_\_

The Medical Record/Assessment Form (Or Health Status History form for School Age Programs) and the authorization for Emergency Medical Care must be taken to the emergency room. Both forms must also be in a vehicle when the child or youth is transported by the facility.





**PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS**

<b>Name of the Facility (exactly as stated on the license)</b> Y-Kids - YMCA Site, Lincoln Site, Washington Site			<b>License #</b> YMCA 0014137012 Lincoln 0035662010 Washington 0035663008	
<b>Street Address of the Facility</b> 220 N Walnut St		<b>City</b> McPherson	<b>Zip Code</b> 67460	<b>County</b> McPherson

\_\_\_\_\_ may go to the following locations off the premises **with** adult supervision:

**First and Last Name of Child or Youth**

<b>Place</b> Memorial Park	<b>Street Address</b> 200 W Kansas Ave	<b>City</b> McPherson	<b>By Vehicle</b>	<b>Walk/Bike</b> X
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Linnea Park	<b>Street Address</b> 301 E Kansas Ave	<b>City</b> McPherson	<b>By Vehicle</b>	<b>Walk/Bike</b> X
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> McPherson Public Library	<b>Street Address</b> 214 W Marlin St	<b>City</b> McPherson	<b>By Vehicle</b>	<b>Walk/Bike</b> X
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> McPherson Fire Department	<b>Street Address</b> 312 E Kansas Ave	<b>City</b> McPherson	<b>By Vehicle</b>	<b>Walk/Bike</b> X
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> McPherson Opera House	<b>Street Address</b> 219 S Main St	<b>City</b> McPherson	<b>By Vehicle</b>	<b>Walk/Bike</b> X
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> 4-H Fairgrounds	<b>Street Address</b> 600 W Woodside	<b>City</b> McPherson	<b>By Vehicle</b> X	<b>Walk/Bike</b> X
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Rolling Hills Zoo	<b>Street Address</b> 625 N Hedville Road	<b>City</b> Salina	<b>By Vehicle</b> X	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	







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\_\_\_\_\_ may go to the following locations off the premises with adult supervision:

**First and Last Name of Child or Youth**

<b>Place</b> Sky Trampoline Park	<b>Street Address</b> 1820 S 9th St	<b>City</b> Salina	<b>By Vehicle</b> X	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Maxwell Game Preserve	<b>Street Address</b> 2565 Pueblo Rd	<b>City</b> Canton	<b>By Vehicle</b> X	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> All Star Sports	<b>Street Address</b> 8333 W 21st Street N	<b>City</b> Wichita	<b>By Vehicle</b> X	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Lincoln School	<b>Street Address</b> 900 N Ash	<b>City</b> McPherson	<b>By Vehicle</b> X	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Washington School	<b>Street Address</b> 128 N Park	<b>City</b> McPherson	<b>By Vehicle</b> X	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

I give my child permission to visit/swim at the McPherson Water Park with Y-Kids. I am aware there are slides, diving boards and a lazy river at the Water Park. I give my child permission to attend this facility.

<b>Place</b> McPherson Water Park	<b>Street Address</b> 511 N Lakeside Dr	<b>City</b> McPherson	<b>By Vehicle</b> X	<b>Walk/Bike</b> X
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

I give my child permission to visit/swim at the McPherson Family YMCA with Y-Kids. I am aware there is a slide at the McPherson Family YMCA. I give my child permission to attend this facility.

<b>Place</b> McPherson Family YMCA	<b>Street Address</b> 220 N Walnut St	<b>City</b> McPherson	<b>By Vehicle</b> X	<b>Walk/Bike</b> X
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	





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\_\_\_\_\_ may go to the following locations off the premises with adult supervision:

**First and Last Name of Child or Youth**

<b>Place</b> Hutchinson Zoo	<b>Street Address</b> 6 Emerson Loop	<b>City</b> Hutchinson	<b>By Vehicle</b> X	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

I give my child permission to visit/swim at the Salt City Splash with Y-Kids. I am aware there are slides, diving boards, floating toys and a large play structure. My child has permission to attend this facility.

<b>Place</b> Salt City Splash Aquatic Center	<b>Street Address</b> 1601 S Plum	<b>City</b> Hutchinson	<b>By Vehicle</b> X	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Hopp Sno Shack	<b>Street Address</b> 214 E Euclid	<b>City</b> McPherson	<b>By Vehicle</b>	<b>Walk/Bike</b> X
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Starlite Lanes	<b>Street Address</b> 900 W Kansas	<b>City</b> McPherson	<b>By Vehicle</b> X	<b>Walk/Bike</b> X
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Lakeside Park	<b>Street Address</b> 500 N Lakeside Dr	<b>City</b> McPherson	<b>By Vehicle</b> X	<b>Walk/Bike</b> X
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> The Locker Room	<b>Street Address</b> 101 N Main	<b>City</b> McPherson	<b>By Vehicle</b> X	<b>Walk/Bike</b> X
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> B&B Theatres / VIP McPherson 4	<b>Street Address</b> 316 N Main	<b>City</b> McPherson	<b>By Vehicle</b> X	<b>Walk/Bike</b> X
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	





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\_\_\_\_\_ may go to the following locations off the premises **with** adult supervision:

**First and Last Name of Child or Youth**

<b>Place</b> Sedgwick County Zoo	<b>Street Address</b> 5555 W Zoo Boulevard	<b>City</b> Wichita	<b>By Vehicle</b> X	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Exploration Place	<b>Street Address</b> 300 N McLean Blvd	<b>City</b> Wichita	<b>By Vehicle</b> X	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b>	<b>Street Address</b>	<b>City</b>	<b>By Vehicle</b>	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b>	<b>Street Address</b>	<b>City</b>	<b>By Vehicle</b>	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b>	<b>Street Address</b>	<b>City</b>	<b>By Vehicle</b>	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b>	<b>Street Address</b>	<b>City</b>	<b>By Vehicle</b>	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b>	<b>Street Address</b>	<b>City</b>	<b>By Vehicle</b>	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	



# Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT.** Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in McPherson Family YMCA Programs, now or any time in the future.

## Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in YMCA activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with YMCA participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with YMCA participation and that said list in no way limits the operation of this Agreement.

## Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death.** Participating in McPherson Family YMCA programs or accessing McPherson Family YMCA facilities could increase the risk of contracting COVID-19. McPherson Family YMCA in no way warrants that COVID-19 infection will not occur through participation in McPherson Family YMCA programs of accessing McPherson Family YMCA facilities.

\_\_\_\_\_  
Initial

## Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of \_\_\_\_\_'s participation in McPherson Family YMCA and YMCA Programs, I, \_\_\_\_\_, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, **HEREBY DO RELEASE** McPherson Family YMCA, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against McPherson Family YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of McPherson Family YMCA facilities/equipment or participation in McPherson Family YMCA programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

\_\_\_\_\_  
Initial

In consideration of the named minor's participation in YMCA Programs, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's YMCA Programs participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in YMCA Programs participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in YMCA Programs and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in YMCA Programs.

I further certify that my date of birth is \_\_\_\_\_ (MM/DD/YYYY), that my present age is \_\_\_\_\_, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

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Participant Name (Print Clearly)

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Date

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Parent/Guardian Signature

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Parent/Guardian Name (Print Clearly)