



**MANATEE YMCA
Y DASH
Middle School Registration Form
2020-2021**

Student Name _____ Female Male Birth Date _____
Last M.I. First

Address _____ City _____ Zip _____

Home Phone _____ Age _____ Grade _____ Special Interests _____

1. Parent/Guardian's Name _____
 Home # _____ Cell # _____ Work # _____

2. Parent/Guardian's Name _____
 Home # _____ Cell # _____ Work # _____

Who does the child live with: Both Parents Mom Dad Other

E-mail address _____ (will be used for e-billing and Y DASH information)

Which school does your teen attend? _____ Please note start date: _____

- Braden River Buffalo Creek Mona Jain Haile Johnson King Lee Nolan Sugg

\$25.00 registration fee per child + \$65 monthly bank draft or \$75 monthly by check/money order
Registration Fee and \$75 will be collected for the first month. Following months fee will be adjusted according to payment method.

Hours: 7:00 AM until school begins and School dismissal until 6:00 PM (Johnson MS 6:30 AM start time)

*Please note – after 6:00 PM a late pick-up fee of \$1.00 per minute will be assessed per family.

We do offer a 35% discount to students eligible for free lunch and 15% discount to students eligible for reduced lunch. Beyond that, we also offer scholarships through the YMCA Community Scholarship Campaign. Please ask your Site Director for an application and allow 7-10 business days for processing. Make all checks/money orders payable to the Manatee County YMCA.

NOTE: Cash is NOT accepted at the school sites.

To be completed by Staff. Please check each item at time of registration:

- Registration/Membership Form Signed
- Health/Permission Form Signed
- Minor Waiver signed
- Registration and first month fee paid
- Bank draft form collected, if applies

Please read through and sign reverse side



MANATEE Y

Health & Permission Form

**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Please do not leave any fields blank, if something does not apply- mark N/A. Please read through and sign reverse side.

1. Member Information: (Please provide us with information about your child.) Program :					
First Name:		MI:	Last Name:		
Address:				Home#: ()	
City:		State:	Zip:	Cell#: ()	
Birth date:	Age:	Gender: M F	Race:	Grade:(Entering)	School:
2. Parent/Guardian #1 Information:					
Name:					
Employer:			Business#: ()		
Email:			Cell#: ()		
3. Parent/Guardian #2 Information:					
Name:					
Employer:			Business#: ()		
Email:			Cell#: ()		
4. Income: (For reporting purposes only and kept confidential) <input type="checkbox"/> \$30,000 or less <input type="checkbox"/> \$30,001 - \$40,000 <input type="checkbox"/> \$40,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$60,000 <input type="checkbox"/> \$60,001 - \$70,000 <input type="checkbox"/> \$70,000 or above					
8. Medical Information: Please tell us about any medical information necessary for the care of your child. An additional Authorization to Dispense Medication Form must be completed if YMCA staff is required to dispense medication.					
Medical Conditions: (Please include any medical, physical conditions or chronic health issues)					
Restrictions: (Any limitations your child may have due to above named ailments)					
Medications: (For emergency purposes, please list any medications taken on a regular basis. Also list medications YMCA staff will be responsible to dispense to your child – Additional form required.)					
Allergies: (Please include environmental and any allergies to food or medications)					
9. Authorized Pick-Up/Emergency Contact Information: No one other than persons listed here will be allowed to pick up your child. We require at least one person, other than the parent/guardian listed above, to be assigned as a designated emergency contact in case the parent cannot be reached.					
# 1 Name & Address:		Home#:		Relationship:	
		Cell#:			
# 2 Name & Address:		Home#:		Relationship:	
		Cell#:			
9a. Please list any additional persons authorized to pick up your child:					
1.		Phone#:	3.		Phone#:
2.		Phone#:	4.		Phone#:

*** Please read through and sign reverse side***



MANATEE Y Teen Membership

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

1. I understand the YMCA is not responsible for lost or stolen property.
2. I understand that program fees are not refundable other than reasons stated in the Activity Guide.
3. I understand that I am participating in Y activities at my own risk and will not hold the YMCA liable and that the American Medical Association recommends that a person taking part in any strenuous physical activities consult their physician prior to participation.
4. I (we) give my (our) consent to be photographed, videotaped, and or filmed while participating in any YMCA program or engaging in an activity.
5. I understand that children age 10 and younger must have an adult in the facility at all times.
6. It is the recommendation of the Manatee YMCA that all members make an orientation appointment in the Fitness Center before using equipment.
7. I understand that the YMCA has the right to investigate or require proof of any information I have given on this application that qualifies membership eligibility, i.e. birthday, relationship, residence, etc.
8. I understand that maintenance and renovation closings are considered part of membership and no changes or refunds will be made to any membership fees.
9. If applicable, as a **BANKDRAFT MEMBER** I understand termination of membership requires 30 days notice and all fees till that termination date are non-refundable, non-transferable.
10. Children 13 and under are not allowed in the Y Fitness Center. Individuals 12 & 13 may use the Y Fitness Center only after completing the Teen Fitness Basic Program.

I have read and understand items 1-10 above,

signed: _____

Signature of (check one) ___member ___parent ___legal guardian

(signing party must be 18 years of age or older)

10. Parent/Guardian Agreements: Please read thoroughly and sign below.

- I understand that I am committing my child to participate in a Manatee County YMCA program(s).
- I understand that I am financially responsible for services provided by the Manatee County YMCA.
- I understand the balance of program fees must be paid in full before my child begins attending the program.
- I understand that cancellation of any program reservation will forfeit my deposit. Any credits that may remain will be saved as a voucher on my child's account to be applied for future participation in YMCA programs.
- I understand that if I must cancel a reserved place in a YMCA program, I will notify the YMCA with a two-week written notice so that my child's slot may be offered to another participant.
- I understand that all deposits and registration fees are non-refundable and non-transferrable.
- I understand if there are custody arrangements YMCA staff should be aware of it is necessary to provide a copy of legal documentation, otherwise both parent/guardians 1 & 2 are authorized to pick up and inquire about the child named on this form.
- I understand that when my child is ill he/she may not be accepted into any YMCA program.
- I understand that my child will not be released to any person(s) that I have not authorized as listed on this form.
- I understand that my child will not be released to any person(s) who seems to be under the influence of alcohol or drugs.
- I understand that my child must be signed in & out daily with a full signature and the time by myself or my designee (as listed on this form).
- If my child is experiencing difficulties in the program a conference may be arranged between the parent, staff and Program Director before my child will be allowed to continue in the program (as outlined in the Behavior Management Policy).
- The YMCA reserves the right to terminate services if it is determined that placement is unsatisfactory for the child or based on the inappropriate behavior of a parent/guardian, i.e. threats, language or actions. I understand I am still responsible for fees.
- The YMCA provides a recreational environment for children and teens with and without disabilities through added support staff when needed to facilitate successful participation into the programs where appropriate.
- I have received, read and agree to abide by all policies, procedures and fee requirements as outlined in both the Parent Handbook and Behavior Management Policy as written by the Manatee County Family YMCA, Inc.

By its nature, participation in recreational activities can include the risk of injury. The YMCA does not carry accident insurance. You, the parent/guardian, accept all risks incidental to these activities and do hereby release the Manatee County Family YMCA, Inc., its Board and officers, Manatee County Gov't and Manatee County YMCA employees from all liability deriving from pursuits of said activities and agree to the above by signing this form that is filed with the Manatee County Family YMCA, Inc.

- I/We verify to the best of my/our knowledge that everything on this form is correct and the child herein is in good health and has no physical ailments that will prevent normal participation unless specified on this form.
- He/She has my/our permission to participate in Manatee County YMCA activities, special events and field trips.
- I/We recognize failure to disclose such information could result in termination of services.
- I/We also understand it is my child's responsibility to bring and apply their own sunscreen and I/we recognize and will ensure there is no allergy to the sunscreen whereas it is considered a medication.
- I/We understand that in the event of an emergency every effort will be made to contact the parent/guardian or emergency designee and my/our child will be taken to the nearest hospital for treatment. I/we will accept all charges incurred from any such emergency medical treatment.

THE PARENT/GUARDIAN SIGNATURES BELOW VERIFY THAT ALL INFORMATION IS COMPLETE AND ACCURATE AND ALL STATEMENTS LISTED ABOVE ARE AGREED UPON BY ALL PARTIES.

Please check the appropriate box below.

- YES** Photo Release: I authorize the YMCA to take and use photographs, slides or videotape of my child as needed for records of public relations publications.
- NO**

11. Parent/Guardian #1 Signature:

12. Parent/Guardian #2 Signature:

Printed Name:

Date:

Printed Name:

Date:

YMCA Mission – To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

For Office Use: All information has been updated in CCC. Staff Initials: _____ Date: _____

FLORIDA MINOR RELEASE AND WAIVER OF LEGAL LIABILITY

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and on behalf of your minor child, release the Manatee County Family Young Men's Christian Association, Inc., its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). **You agree that this Release is effective immediately.**

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF [YMCA] USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM [YMCA] IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND [YMCA] HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT:

Participant _____
(if under 18 years old, parents or legal guardians must sign below)

Participant/Parent Signature _____ Date _____

Participant/Parent Signature _____ Date _____

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 Manatee County Family YMCA Membership & 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 membership & program activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with membership & program participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) fitness injuries (4) athletic injuries, and (5) 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 membership & program 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 means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Manatee County Family YMCA programs or accessing Manatee County Family YMCA facilities could increase the risk of contracting COVID-19. Manatee County Family YMCA in no way warrants that COVID-19 infection will not occur through participation in Manatee County Family YMCA programs or accessing Manatee County Family YMCA facilities.

Initial

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s membership and participation in Manatee County Family 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 Manatee County 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 Manatee County 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 Manatee County Family YMCA facilities/equipment or participation in Manatee County 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 membership and program participation, 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 membership and program 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 membership and program 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 membership and 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 membership and program participation.

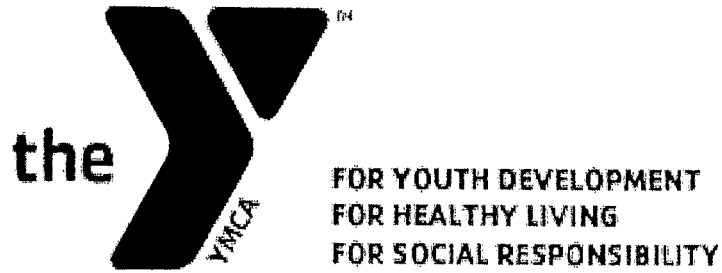
I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand 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.

Participant Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)



Online Payments

****You will need to have a valid email address on file with us to log in for the first time. If you do not have one on file please contact the branch at 941-798-9622 and we can add it to your child's record.**

Instructions

- Go to www.manateeymca.org
- On the middle of the page click on "Register"
- Scroll down and click on "Register" under South Branch YMCA
- Click on "Sign in"
- **First time Log In**- use your child's first and last name, email address, and password (child's first initial and last initial capitalized and their date of birth (two digit day, month and year)).
- Once logged in click on the child's name highlighted in blue.
- On left hand side of page click on "programs/balances"
- Find the correct program balance and pay balance using a credit card

If you have any questions please contact Rhiannon Blaney at 941.798.9622 x116 and I will be happy to assist you



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

MANATEE FAMILY YMCA - YDASH ACH/CC AUTOMATIC PAYMENT FORM

This form is required to complete your membership registration to the Manatee Family YMCA as a bank draft member. If you do not have the below information when joining the Y, please return this completed form at your next visit. To avoid your membership being placed on financial hold or possibly terminated, we must have your banking or credit card information by your next visit after joining the Y. Picture is taken for all new members; however, member ID cards will be printed when form is completed in full.

PLEASE PRINT

New Member _____ Current Member Change _____

YDASH Draft _____

Session _____

Program Code _____

MEMBER INFORMATION:

Date _____ Branch Name _____ Member ID _____

Member Name _____ Membership Type _____

Address _____ City _____ State _____ Zip _____

Member DOB _____ Email Address _____ Phone _____

I would like to contribute to the Manatee Family YMCA Annual Community Support Campaign

Please add to my monthly membership draft \$ _____

PLEASE READ AND COMPLETE THE FOLLOWING:

(We) hereby authorize the Manatee Family YMCA to initiate credit entries and/or correction entries to our _____ Checking/Savings ACH OR _____ Credit Card CC indicated by the depository named below. This authorization is to remain in full force until the Manatee Family YMCA has received a Hold/Cancellation Form signed by the member terminating the membership and draft authorization. To terminate automatic draft of your membership fee, you must complete a Hold/Cancellation Form, in full, signed and submitted to the Membership Department on or prior to 15th day of month, which will terminate membership by next draft date. Hold/Cancellation Forms received after 15th day of month will keep the membership active and billable until following month.

Member Initial

PAYMENT INFORMATION (Select Method)

Bank Draft (ACH) _____ Credit Card (CC) _____

YDASH BANK DRAFT (ACH) INFORMATION:

Bank Name: _____ Name on Account: _____

Bank Routing #/ABA Number:

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 Checking _____ Or Savings _____

Account Number: _____

Signature of Account Holder: _____

Signature of Member (If not the same as account holder) _____

YDASH CREDIT CARD / DEBIT CARD (CC) INFORMATION: (If changing from ACH to CC please allow 15 business days to see the change on your account)

Name on Card: _____

Type of Card _____ Last FOUR Digits of Card _____ Expiration Date: _____ Security Code: _____

Signature of Account Holder: _____

Signature of Member (If not the same as account holder) _____

What is a good time of day that we can reach you if our billing department needs to update any of your information

Morning Afternoon Evening **Specific Times:** _____

STAFF USE ONLY

Please ensure that above information is completed in full and is legible.

ACH Draft/CC Start Date: _____

Program Draft Amount: _____ (if applies)

Membership Draft Amount _____ (if applies)

Contribution Draft Amount: _____ (if applies)

Received Unique Pricing ___ Yes ___ No

Staff Initial _____ Today's Date: _____

Original form is reviewed by Branch Membership Director and forward to Administration Office for processing.

NOTES:
