



**Chaver's Community Center  
211 Federal Street Farrell, PA 16121**

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State.: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

How can we reach you while your child is at our program?

List any physical restrictions, conditions or medications that we should be aware of? (i.e., bee stings, food, allergies, etc.)

**Emergency Contacts:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Who has permission to pick up your child BESIDES you and your emergency contact?**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Unauthorized to pick up?**

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

The reason our membership/program cost is so reasonable is in part due to funding from the United Way and other organizations. Many of these organizations request the following information in order to continually provide funding. The information below is kept private and confidential. Survey information will be provided in a group excluding names

**Please to help us keep our cost low by answering the following:**

**Ethnicity:**

White/Caucasian  Black/African American  Hispanic/Latino  Asian  Other

**Marital/Children status:**

Married with children  Married, no children  Single female, with children  Single male, with children  Single no children  Other

**Employment status:**

Employed  Unemployed  Retired  Unknown

**Household income:**

\$11,999 or under  \$12,000-\$14,999  \$15,000-\$24,999  \$25,000-\$49,999  \$50,000 or above  Unknown

**Membership type:**

Adult  Youth  Youth/Young Adult  Senior  Family  One Parent Family  Military  Financial Aid  Non-Member

**Chaver's Community Center  
Release, Waiver Liability & Indemnity Agreement**

My child has doctor's permission to participate in YMCA activities/membership. I/we fully understand the potential risks involved with my child's participation in this program. In the event that a medical emergency should occur I/we hereby give permission for my child to receive emergency medical treatment. I agree to update the emergency contact/parental consent form information whenever changes occur or yearly.

I/we hereby release, waive, discharge and agree to indemnify and hold harmless Reynolds School District and the YMCA and its directors, officers, employees, and agents from any loss, liability, damage, or any cost including any claim or demands therefore on account of any injury to my child or damage to my child's property while my child is upon the YMCA premises, or observing or using any facilities or equipment of the YMCA or participating in any YMCA program including the before and after school program at Reynolds Elementary School.

I/we hereby consent to having photographs/video images taken of my child by a YMCA staff member or a professional approved by the YMCA and the use of such visual images at the discretion of the YMCA. I/we hereby release the YMCA, its directors, officers, employees and agents from any and all liability, which may arise from taking or the use of such photographs/images. All negatives, positives, prints, or other visual images shall remain property of the YMCA.

I/we have read and voluntarily sign this release and waiver of liability on behalf of my child. I/we further agree to follow YMCA Safety Policies and Procedures along with the Program Rules and Regulations and the Parent Handbook rules and procedures. I have received and read The Parent Handbook for this program, detailing activities, payment schedule, rules, etc. I agree to fully comply with the rules regulations and practices as outlined in the information handbook. \_\_\_\_\_ (initial) Failure to do so may result in expulsion from the YMCA and its programs. I/we have read and understand the YMCA Refund Policy on programs/memberships.

\_\_\_\_\_  
PARTICIPANT NAME

\_\_\_\_\_  
AGE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MOTHER/LEGAL GUARDIAN

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FATHER/LEGAL GUARDIAN

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE