



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF CENTRAL FLORIDA ELEMENTARY BEFORE & AFTER SCHOOL 2019-2020 REGISTRATION FORM

Student Name _____

School Location _____

_____ Student Registration Form Complete

_____ Parent Agreement Initialed & Signed

_____ Waiver, Release and Indemnification Agreement Signed

_____ Photo/Audio Visual/Narrative Release

_____ Medical Authorization Completed and Signed

_____ All information entered into Salesforce, including data for each household member (Legal name, date of birth, address, phone number, and email)

_____ Authorized Release Completed and Signed

_____ Due and Fees Agreement Completed and Signed (Optional)

Registration Fee Paid

Credit Card

Check

Money Order

Payment Link

Registration Packet Reviewed By _____

Date _____



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STUDENT INFORMATION

School _____ 2019-2020 Grade _____ Start Date (required) _____

Program Before School Only After School Only Before and After School

Does your child require any special needs identified through Section 504 (I.D.E.A. or an I.E.P.)? Yes No

If yes, please explain.

First Name _____ MI _____ Last _____

Gender _____ Date of Birth _____ Nickname _____

Street Address _____ Apt/Unit# _____

City _____ State _____ Zip _____

PARENT/GUARDIAN INFORMATION

Full Name _____ Mailing address is the same as participant

Email _____ Legal Guardian Yes No

Primary Cell _____ Alternate Contact Phone (work/landline) _____

Street Address (if different from child) _____ Apt/Unit# _____

City _____ State _____ Zip _____

Authorized to remove child from program Yes No (If no, please provide court documentation.)

2nd Adult Full Name _____ Mailing address is the same as participant

Email _____ Legal Guardian Yes No

Primary Cell _____ Alternate Contact Phone _____

Street Address (if different from child) _____ Apt/Unit# _____

City _____ State _____ Zip _____

Authorized to remove child from program Yes No (If no, please provide court documentation.)

The YMCA of Central Florida does not discriminate in admission or access to, or treatment or employment in its programs and activities, on the basis of race, color, religion, age, sex, national origin, marital status, disability, genetic information, sexual orientation, gender identity or expression, or any other reason prohibited by law. This holds true for all persons who are interested in participating in any YMCA of Central Florida program.



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Authorization for Student Release

Student Name _____

Including yourself and any other legal guardians, please list all persons authorized to remove your child from the YMCA Program; children will only be released to a responsible adult age 18 or older.

- Persons indicated below may also be contacted in an emergency when parent/guardian(s) cannot be reached.
- Government-Issued Photo Identification is required for all persons removing child from the program.

Include the name and contact number for each person:

Name	Relationship	Phone	Emergency Contact	
_____	_____	_____	<input type="radio"/> Yes	<input type="radio"/> No
_____	_____	_____	<input type="radio"/> Yes	<input type="radio"/> No
_____	_____	_____	<input type="radio"/> Yes	<input type="radio"/> No
_____	_____	_____	<input type="radio"/> Yes	<input type="radio"/> No
_____	_____	_____	<input type="radio"/> Yes	<input type="radio"/> No

Initials (required):

_____ I give authorization to the above individuals to remove my child from the YMCA Program.
Initial

_____ I acknowledge that myself and any other person listed above are responsible for signing my child in and out of the YMCA Program on a daily basis on the YMCA Sign-In/Sign-Out Sheet.
Initial

_____ I acknowledge that changes to the above list may be made only by Legal Guardians and must be made in writing with an original signature (for the safety of your child, electronic or phone communication will not be accepted).
Initial

Parent or Guardian Name (Print) _____

Parent or Guardian Signature _____ Date _____

As one of the nation's largest providers of youth and family programs, the Y long has made the safety of children and all vulnerable populations a top priority. Providing a safe, secure environment for members and participants begins with knowing who has access to YMCAs through membership, which underscores the importance of membership screening. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation and remove visitation access.



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Parent Agreement

Student Name _____

I hereby state that my child is physically and mentally capable of safe participation in YMCA activities. I understand and expressly acknowledge that participation in the program is a privilege. The YMCA of Central Florida reserves the right to remove any child who, according to the Program Director's discretion, is judged detrimental to the general welfare of the program, staff and/or other children. No refunds or prorates will be given. The right is reserved to search any child's belongings, according to the Program Director's discretion, when reasonable information is available that illegal substances and/or object that may cause harm to self or others may be present. I understand that damage to property caused by my child will be billed directly to the parent/guardian and the child may be asked to leave the program.

Initials (required):

_____ I understand that no credits will be given for days missed, late arrival or early departure during any YMCA Program.
Initial

_____ I understand that each program may have additional registration materials and that it is my responsibility to obtain, complete and turn in these materials.
Initial

_____ **Cell Phone Policy:** YMCA Camp is a no cell phone program. Bringing a cell phone to program contradicts the idea of being unplugged, engaging with others around you. Please do not send your student with their cell phone. We agree to contact you in the event of any emergencies. YMCA is not responsible for lost, stolen or broken items. Any cell phones found to be interfering with the experience will be confiscated by the Program Directors and may result in the removal of your student from the program early.
Initial

_____ **Member/Program Participant Consent, Release, Acknowledgment of Receipt and Understanding:** I, the undersigned, hereby acknowledge that I have received and read, or have had read to me, the YMCA of Central Florida's Code of Conduct. I have had an opportunity to have all aspects of this material fully explained. I also understand that my minor and/or I must abide by the policy as a condition of participation, and any violation may result in revoking membership, program participation or immediate removal from the program or facility.
Initial

DCF Licensed Programs (only):

_____ I understand my child is enrolled in a DCF Licensed Program, and as a result, I will be required to complete an additional application and paperwork and provide additional documentation.
Initial

_____ I understand a current physical examination form (Form 3040) and immunization record (Form 680 or 681) must be provided within the first 30 day of enrollment, in accordance with Section 65C-22.006(2) of the Florida Administration Code. This is a condition of enrollment in the program. Failure to provide these documents within 30 days will result in expulsion from the program.
Initial

_____ I give permission for the YMCA of Central Florida to obtain the above referenced physical examination and immunization record from the school office.
Initial

_____ A copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24) has been provided to me, in accordance with Section 402.3121 (5) of the Florida Standards.
Initial

_____ I have been given written notice of the disciplinary practices used by the YMCA of Central Florida, in accordance with Section 65C-22.006(3)(c)2 of the Florida Administrative Code.
Initial

Parent or Guardian Name (Print) _____

Parent or Guardian Signature _____

Date _____



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**YMCA OF CENTRAL FLORIDA
WAIVER, RELEASE AND
INDEMNIFICATION OF ALL CLAIMS
& COVENANT NOT TO SUE**
(SECTION F.S. 744.301(3) FLORIDA STATUTES)

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 the YMCA of Central Florida Programs, now or any time in the future.

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 THE YMCA OF CENTRAL FLORIDA 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 THE YMCA OF CENTRAL FLORIDA 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 THE YMCA OF CENTRAL FLORIDA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

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 the YMCA program activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with the YMCA program participation, including but in no way limited to: (1) slips, trips, and falls, (2) encounters with nature including toxic plants and animals, (3) aquatic injuries, and (4) athletic injuries. I further acknowledge that the preceding list is not inclusive of all possible risks associated with the YMCA program participation and that said list in no way limits the operation of this Agreement.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in the YMCA of Central Florida 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 the YMCA of Central Florida, its officers, directors, agents, employees, volunteers, and representatives 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 the YMCA of Central Florida 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 the YMCA of Central Florida facilities/equipment or participation in the YMCA of Central Florida programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of the YMCA of Central Florida, its officers, directors, agents, employees, volunteers, and representatives.

In consideration of the named minor's participation in the YMCA program, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS the YMCA of Central Florida, its officers, directors, agents, employees, volunteers, and representatives 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 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 the YMCA 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 the YMCA program and that by signing this agreement I hereby, on behalf



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**YMCA OF CENTRAL FLORIDA
WAIVER, RELEASE AND
INDEMNIFICATION OF ALL CLAIMS
& COVENANT NOT TO SUE**
(SECTION F.S. 744.301(3) FLORIDA STATUTES)

of myself and the named minor, release the YMCA of Central Florida, its officers, directors, agents, employees, volunteers, and representatives 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 the YMCA program.

I, in my legal capacity as parent/guardian of the named minor, expressly agree, on behalf of myself and the named minor, that this document is intended to be as broad and inclusive as permitted by the law of Florida and that if any portion of the document is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Furthermore, I expressly agree that this document shall be governed by and interpreted in accordance with the laws of Florida and that Florida shall have exclusive venue to hear any and all disputes relating to or arising from this document.

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. The foregoing written agreement represents the entire understanding between the parties. No oral representations, statements or inducement apart from the foregoing written agreement have been made.

IN WITNESS WHEREOF, this instrument is duly executed this _____ day of _____, in the year _____.

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

Participant's Printed Name: _____

Participant/ Legal Guardian Signature: _____ Date: _____

Legal Guardian Printed Name: _____ Date: _____

MEMBER# _____
TO BE ENTERED BY YMCA STAFF



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YMCA OF CENTRAL FLORIDA PHOTO/AUDIO VISUAL/ NARRATIVE RELEASE

EFFECTIVE APRIL 2018

I am 18 years of age or older. If not, my parent or legal guardian must consent and give permission on my behalf.

Consent.

For participation in activities to be conducted by the YMCA of Central Florida, consent must be provided, now and indefinitely, to the YMCA of Central Florida and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast:

- video film or footage of me (or my dependent child),
- sound track recordings of me (or my dependent child),
- photo reproductions of me (or my dependent child),
- any narrative account of my (or my dependent child's) experience

Consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes unlimited and unrestricted reproductions in any form and media, adaptations and/or revisions created for YMCA of Central Florida use.

I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

Ownership, Confidentiality, and Shared Use.

With respect to any of the above uses, I further agree:

- All uses shall belong to the YMCA of Central Florida and it may share them with others;
- There is no obligation of confidentiality
- YMCA of Central Florida and collaborating third parties will not be liable for any use or disclosure to a third party
- YMCA of Central Florida shall exclusively own all known or later existing rights to the uses worldwide.
- YMCA of Central Florida can use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose and without compensation to me.

Release from Liability.

I agree that my consent is irrevocable. I hereby release and discharge the YMCA of Central Florida, its related parties and those it has given permission to use the above, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, the use, or the shared use of the above materials.

Participant's Printed Name: _____

Age: _____

Participant/ Legal Guardian Signature: _____

Legal Guardian Printed Name: _____

Date: _____

MEMBER# _____
TO BE ENTERED BY YMCA STAFF



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**YMCA OF CENTRAL FLORIDA
 MEDICAL AUTHORIZATION**

PARTICIPANT INFORMATION

First Name _____ MI _____ Last _____
 Gender _____ Date of Birth _____ Age _____ Grade _____
 Legal Guardian Printed Name _____ Phone _____

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? Yes No
 Family Physician _____ Phone _____
 Insurance Company _____
 ID# _____ Group# _____

Please initial:

_____ I realize that the responsibility for payment of an injury requiring medical care is mine.
 Initial _____
 _____ I give permission for the YMCA to consult my child's physician/dentist in case of an emergency if I cannot be reached.
 Initial _____

MEDICAL INFORMATION

Please list information regarding any medical problems, allergies (food, medicine, insect bites, etc.), and any other areas of concern:

EMERGENCY CONTACT INFORMATION

In the event you cannot be reached, please list alternative emergency contact(s):

Name _____ Relationship _____ Phone Name _____
 Name _____ Relationship _____ Phone Name _____

ACKNOWLEDGMENT

I hereby authorize the YMCA to obtain medical treatment for my child in the event the parent(s), guardian or emergency contact cannot be reached. I understand and agree to abide by the policies therein stated.

Legal Guardian Signature _____
 Legal Guardian Printed Name _____ Date _____



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YMCA OF CENTRAL FLORIDA MEDICAL AUTHORIZATION CONT.

PARTICIPANT INFORMATION

Participant Name _____

NOTE: YMCA Program staff cannot provide access to medication (prescription or over-the-counter) unless this form is completed and signed.

Prescription Medications: must be signed by a parent or guardian. All prescriptions must be in the original container. Staff will hold and dispense medication according to physician's instructions or instructions on over-the-counter medication with a written prescription from their doctor. The YMCA will retain the medication for the duration of the session and return any unused medication at the end of each session. Staff are not able to administer injectable medication of any kind, unless administered by a licensed medical professional. All medications must be self-applied, consumed or injected by the parent or participant. The staff's role is to keep all medications secure and make available in a timely manner according to the prescription requirements.

Over-the-counter & Prescription Medications: to be signed only by parent or guardian, however physician information is still necessary.

PARTICIPANT REQUIRES NO MEDICATION

Participant's First Name _____ MI _____ Last _____

Medication (Name/strength) _____

Dosage (# of pills/amount per dose) _____

How taken (By mouth, inhaled, eye drops, etc.) _____

Duration (Length of time this med will be taken. If it is an antibiotic, write in "until finished". If it is a routine med, write in "on-going") _____

Time medication should be provided

- Breakfast Lunch As needed

Special or more specific instructions (time and frequency)

Please complete a unique form for each medication required.

ACKNOWLEDGMENT

I hereby give my permission for the YMCA staff to provide access to the above medication to my child at the times specified. I assume all risks and hazards incidental to the conduct of this program.

Legal Guardian Signature _____

Legal Guardian Printed Name _____ Date _____

Phone _____



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YMCA OF CENTRAL FLORIDA MEDICAL AUTHORIZATION CONT.

RECORD OF ADMINISTRATION

Participant Name _____

Staff Name	Date	Medication Name	Dosage	Time



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NOTICE OF CODE OF CONDUCT

YMCA OF CENTRAL FLORIDA

THE EFFECTIVE DATE OF THIS NOTICE IS MARCH 01, 2018.

THIS NOTICE OUTLINES THE MEMBER, PROGRAM PARTICIPANTS, GUESTS AND VISITORS CODE OF CONDUCT AND ITS IMPACT ON ACCESS AND MEMBERSHIP. **PLEASE REVIEW IT CAREFULLY.**

THE YMCA OF CENTRAL FLORIDA'S CODE OF CONDUCT OUTLINES PROHIBITED ACTIONS. THE PROHIBITED ACTIONS LISTED BELOW ARE NOT TOTALLY INCLUSIVE OF ALL BEHAVIORS THAT ARE INAPPROPRIATE BUT INCLUDE:

- Not checking into membership desk of Family Center. All YMCA members and program participants (including but not limited to YMCA programs such as EnhanceFitness, LiveStrong at the YMCA, YMCA's Diabetes Prevention Program), and third-party payors (including but not limited to Silver Sneakers and OPTUM Passport) must present their Y card or appropriate identification (including fingerprint when applicable) each time for access; or if a guest or visitor (including individuals with appointments at Orlando Health Outpatient Rehabilitation or Florida Hospital for Children Weight and Wellness Clinic), then must present identification (photo ID) and complete appropriate paperwork to gain access upon each visit.
- Inappropriate attire. Appropriate attire must be worn at all times including closed toe shoes on wellness floor, no explicit slogans on t-shirts etc.
- Verbally abusive behavior including angry or vulgar language, including swearing, name-calling or shouting.
- Physical contact with another person in any angry, aggressive or threatening way.
- Any demonstration of sexual activity or sexual contact with another person including sexually explicit conversation.
- Harassment or intimidation by words, gestures, body language or any menacing behavior including via social media. This behavior is inappropriate toward other members, guests, visitors and YMCA staff.
- Theft or behavior that results in the destruction of YMCA property.
- Carrying or concealing any weapons or devices or objects that may be used as weapons.
- Using or possessing illegal chemicals or alcohol on YMCA property, in YMCA vehicles, or at YMCA sponsored programs.
- Any other conduct of an inappropriate, threatening or offensive nature.
- Use of cell phones or any electronic device to take pictures or record individual(s) or activities within the YMCA or on YMCA property without specific authorization and consent of the YMCA.
- Loitering is not permitted in or outside the YMCA.
- Smoking is not permitted in or outside the YMCA. The YMCA and its property is a smoke-free environment.

In addition, YMCA reserves the right to do background checks on its members as well as screening for sex offenders. Moreover, The YMCA reserves the right to deny access or membership to any person who:

- violated the Code of Conduct
- has been accused or convicted of any crime involving sexual abuse;
- is a registered sex offender;
- habitually or excessively uses narcotics or dangerous drugs;
- has ever been convicted of any offense relating to the use, sale, possession, or transportation of narcotics or habit forming and/or dangerous drugs;
- continuously or excessively uses intoxicating beverages.

Furthermore, if the YMCA has reason to believe that an individual may have illegal substances, paraphernalia, alcohol, weapons, or stolen property with them in a Family Center or program, the YMCA may ask to search the individual's belongings, contact law enforcement to do a search or ask the individual to leave the premises/program. If the individual in question is a minor, the Y will contact the parent(s)/ legal guardian and/or local law enforcement to remove the child from the program/premises.



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YMCA OF CENTRAL FLORIDA ELEMENTARY BEFORE & AFTER SCHOOL 2019-2020 DUES AND FEES AGREEMENT

Parent's Name (First, Last)

Billing Address

City

State

Zip

School Program Location

Program Before School Only After School Only Before and After School

One-time Payment Date

Amount \$

Bi-Weekly

Payment Type (Check one): Checking/EFT Credit Card

Dependents

First Name	MI	Last (if different)	Date of Birth	/	/	Gender
First Name	MI	Last (if different)	Date of Birth	/	/	Gender
First Name	MI	Last (if different)	Date of Birth	/	/	Gender
First Name	MI	Last (if different)	Date of Birth	/	/	Gender
First Name	MI	Last (if different)	Date of Birth	/	/	Gender
First Name	MI	Last (if different)	Date of Birth	/	/	Gender

Electronic Funds Transfer Authorization

I, _____, authorize my bank to honor pre-authorized EFTs drawn by the YMCA of Central Florida for bi-weekly program payments and/or contributions. It is understood that my EFT will be continuous until after written notification has been received by the YMCA of Central Florida. When the bank honors the EFT by charging my account, such drafts constitute my receipt for the payment. Should any EFT not be honored by said bank when received by them, it is understood that alternative payment is to be made by me in the amount of said payment plus return charge within 48 hours.

Credit Card Payment

Card Type: Visa Mastercard Amex Discover

I, _____, authorize credit card ending in (last 4 digits) _____ to honor pre-authorized drafts drawn by the YMCA of Central Florida for bi-weekly program payments and/or contributions. It is understood that my payment will be continuous until after written notification has been received by the YMCA of Central Florida. When the bank honors the credit card by charging my account, such drafts constitute my receipt for the payment. Should any payment not be honored by said bank when received by them, it is understood that alternative payment is to be made by me in the amount of said payment plus return charge within 48 hours.

Account on File

I, _____, authorize the YMCA of Central Florida to charge my account ending in (last 4 digits) _____ and authorize my account or card to honor pre-authorized draft drawn by the YMCA of Central Florida for bi-weekly program payments and/or contributions. It is understood that my payment will be continuous until after written notification has been received by the YMCA of Central Florida. When the bank honors the payment by charging my account, such drafts constitute my receipt for the payment. Should any payment not be honored by said bank when received by them, it is understood that an alternative payment is to be made by me in the amount of said payment plus return charge within 48 hours.



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YMCA OF CENTRAL FLORIDA ELEMENTARY BEFORE & AFTER SCHOOL 2019-2020 DUES AND FEES AGREEMENT

Please read and initial each section below to acknowledge these terms.

- _____ Initial
1. I understand dues are continuous bi-weekly regardless of use of the program until the proper change procedure is followed. If for any reason your check or electronic draft is returned, it may be collected electronically through a third party vendor. A minimum return fee of \$20 will be assessed for this service. The YMCA is not responsible for any other collection fees assessed by individual banking institutions.

_____ Initial

 2. **I understand cancellations must be submitted on the required YMCA Cancellation Form IN PERSON or via mail or email to your YMCA of Central Florida Program Supervisor at the school location AT LEAST 14 DAYS PRIOR TO THE START OF THE PROGRAM. Failure to do so will result in all program fees being non-refundable.**

_____ Initial

 3. Late Pick Up Fees. All children must be picked up from program by 6:00 PM. Pick up after 6:00 PM will result in a \$24 per hour fee, charged in 15 minute increments. (\$6 for each 15 minute increment.) Excessive late pickups may result in dismissal from the program.

_____ Initial

 4. **I understand any participants whose electronic draft is returned and not resolved prior to the next draft date will have his or her program and services canceled by the YMCA.** In order to reinstate a school program bi-weekly draft, all outstanding balances must be paid in full.

_____ Initial

 5. I understand memberships and program fees are non-transferable and **will not** be refunded beyond 6 bi-weekly/3 months after payment has been processed.

_____ Initial

 6. **I understand the above program financial terms/information and agree to abide by all policies and procedures set forth by the YMCA of Central Florida. (Rates are subject to change.)**

Account Holder's Signature _____

Date _____ Staff Initials _____

<p>MEMBER# _____</p> <p>TO BE ENTERED BY YMCA STAFF</p>
