



22/23 BEFORE & AFTER-SCHOOL PROGRAM

Registration & Emergency Form

(Please place an 'X' next to the School Site you are enrolling for)

HARLOE ELEMENTARY SCHOOL BRANCH ELEMENTARY SCHOOL

Child's Full Legal Name	Gender	Age	Date of Birth	Grade (Fall 2022)	Teacher

PARENT OR GUARDIAN NAME(S): _____ HOME PHONE: _____

PARENT OR GUARDIAN NAME _____ HOME PHONE: _____

ADDRESS: _____ CITY/ZIP: _____ CELL PHONE _____

EMAIL: _____ WORKPHONE _____

EMERGENCY CONTACTS: People who are authorized ADULTS (18 years old+) to pick up your student, and in your absence, may be contacted in case of an emergency.

***These three names and numbers **MUST** be names other than the legal guardians.

AUTHORIZED ADULT: _____ PHONE: _____

AUTHORIZED ADULT: _____ PHONE: _____

AUTHORIZED ADULT: _____ PHONE: _____

Additional information we should be aware of (allergies, court orders, specific behaviors/concerns/special needs): _____

Important Bright Futures Information:

Harloe/Branch Bright Futures is an academic program that is open to all students enrolled at Harloe Elementary School or Branch Elementary School on a first come first serve basis and if a waitlist is created those students that are qualified as homeless, or foster have priority at time of enrollment.

ALL STUDENTS ATTENDING BRIGHT FUTURES ARE REQUIRED TO ATTEND DAILY UNTIL HALF the length of the program. Harloe program starts at 3:00 pm, students can be picked up without early release code at 4:30 pm. Branch program starts at 3:35 pm, students can be picked up without early release code at 5:05 pm. For safety reasons all students must be signed in and out by an authorized adult. Students allowed to walk or bike home must have authorization in writing prior to the date walking or biking home. Students may also be signed in late and/or released early by an authorized adult (18 years of age or older), for the following approved conditions: attending a parallel program (sports, music, etc.) of the students, family emergency (funerals and court appearances), medical appointment (of the students), and medical emergency (of the student), these should not be used more than three per week. Early release/late arrivals not covered by the policy or lack of same-day notification to the Bright Futures staff will be considered unexcused absences from the program. **THREE UNEXCUSED ABSENCES FROM THE BRIGHT FUTURES PROGRAM MAY CAUSE STUDENTS TO BE DROPPED FROM THE PROGRAM. If you are dropped, you may no longer attend the Bright Futures program until the following sessions. These policies are put into place to preserve the function of the grant and to maximize the learning experience.**



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- **I understand I must sign my child out daily by providing a signature, time of pick up and release code (if prior to 4:30 p.m.): YES ____
- ** I understand that my child may be dropped from Bright Futures if he/she does not adhere to the absence and early dismissal policy outlined above: YES ____
- ** I understand that my child may be dropped from Bright Futures if he/she does not adhere to all school and Bright Futures Program rules and policies: YES ____

PHOTO RELEASE:

I release all photographic rights and give Bright Futures, SLO County YMCA and Lucia Mar Unified School District the authorization to publish any photos taken of my child to be used at the direction of said entities.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

I, the legal guardian of the above-named child, hereby give my consent for their participation both in person and virtually in various athletic, social, and recreational activities of the Bright Futures Program, led by the SLO County YMCA. In consideration for, and as a condition of such participation, I agree to indemnify and hold harmless the Bright Futures, The SLO County YMCA, and Lucia Mar SD. and any employees, officers, agents, instructors, or volunteers of any of the aforementioned, from any liability or claim for damages from or in any way arising out of participation in any program. In case of an accident arising out of the program's activities, medical assistance may be administered to the said participant.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____



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Circle one:	CONSENT AND AUTHORIZATION FOR TREATMENT: I give my permission for YMCA staff members to administer necessary medical treatment, in the event that my child needs immediate medical attention for injuries received while participating in a San Luis Obispo County YMCA program. Y staff may also admit my child to the nearest hospital emergency room for emergency medical treatment without my consent if I cannot be reached to give permission. I can provide my child's immunization records and/or the records are on file at my child's school. All required immunizations and/or tuberculosis tests are current. I give permission for my child's school to release these records to the Y.	
Yes	No	
Hospital Preferred: _____		City: _____
_____ Signature of Parent/Guardian		_____ Print Parent/Legal Guardian Name
		_____ Date

CHILD BEHAVIOR

Disciplinary problems may require a time-out period. Parents may be called to pick-up a child who does not behave. A Behavior Contract is the first formal step to help resolve repeated rule violations. The contract involves parents, child, and staff, and requires participation of all three parties. A sample contract is available at your child's program location. A suspension may be necessary, at the Program Director's discretion. Upon continuous disciplinary problems, a child may be removed from the program indefinitely. Refunds will not be given for children removed for disciplinary reasons.

PARENT/STAFF COMMUNICATION

YMCA staff will make an effort to communicate with you regarding your child's day as much as needed to ensure his/her positive YMCA experience. Exchange of information between parents and staff provides insight for both parties. The format may be formal or informal. It is vital that you inform us of changes happening in your family. To promote safety, comfort and the overall wellbeing of all, the YMCA asks all persons to demonstrate positive behavior while at the YMCA facilities.

ADMINISTERING MEDICATIONS

It is our policy not to administer any substances other than standard "over-the-counter" medications and/or prescription drugs, if supplied by parents, and only with signed Parent Consent for Administration of Medications" form. We will not issue any product that is not in its original container and clearly marked by the manufacturer or pharmacy.

GROUP FORMAT

I understand that, due to the group format of our program, the San Luis Obispo County YMCA is unable to provide one-on-one care and makes no claim to do so for any child except on an intermittent basis, at the discretion of program staff. Such instances include: injuries, immediate disciplinary issues, and certain personal care needs customarily provided to all children.

LATE PARENT

I understand if I am late picking my child up from program, I could be suspended or withdrawn from the program.

PARENT HANDBOOK CHECKLIST

A copy of the Parent Handbook and Day will be available on www.sloymca.org before the first day of my child's participation in the day camp program.

MANDATED REPORTING

I understand that the YMCA staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

_____ Signature of Parent/Guardian	_____ Print Parent/Legal Guardian Name	_____ Date
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RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any sports activity or off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of facilities or equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE YMCA, its directors, officers, employees and agents (hereinafter referred to as "releases") from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused in whole or in part by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

2. THE UNDERSIGNED HEREBY AGREES TO DEFEND, INDEMNIFY, SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur, including attorneys' fees and cost of suit due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA, whether caused by the negligence of the releases or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program, sport, or activity affiliated with the YMCA.

The undersigned further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, THE UNDERSIGNED, HAVE READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I, the undersigned, acknowledge that the San Luis Obispo County YMCA sponsors the above-named activity and realize that NO MEDICAL INSURANCE IS PROVIDED.

For valuable consideration, I hereby give the San Luis Obispo County YMCA its successors, and assigns, the absolute and irrevocable right and permission with respect to photographs, videos, motion pictures, and/or sound recordings being taken of my child; (a) to use, reuse, publish, and republish in the same, in whole or in part, separately or in conjunction with other photographs or recordings, in any medium, and (b) to use my child's name herewith.

I hereby release and discharge the San Luis Obispo County YMCA from any claims and demands arising out of or in connection with the use of such photographs, videos, motion pictures, and/or recordings. I also agree that the photographs, videos, motion pictures and the negatives thereof, and recordings, shall constitute your (YMCA) sole property, with full right of disposition whatsoever.

**I have read this release and agree to these terms.
(PARENT, PLEASE SIGN BOTH AREAS BELOW, ONE FOR SELF AND ONE FOR MINOR)**

Signature of Parent/Guardian

Print Parent/Legal Guardian Name

Date

**FOR PARTICIPANTS OF MINORITY AGE (under age 18 at the time of registration):
THE UNDERSIGNED, AS PARENT/GUARDIAN WITH LEGAL RESPONSIBILITY FOR THE MINOR PARTICIPANT, DOES HEREBY CONSENT AND AGREE WITH THE TERMS AND CONDITIONS OF THIS RELEASE AND HOLD HARMLESS. THE UNDERSIGNED FURTHER AGREES TO THE RELEASE AND INDEMNIFY THE RELEASES FROM ANY AND ALL LIABILITIES INCIDENT TO THE SAID MINOR'S INVOLVEMENT IN THESE PROGRAMS.**

Signature of Parent/Guardian

Print Parent/Legal Guardian Name

Date

Minor's Name

Date of Birth



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PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the San Luis Obispo County YMCA, I hereby give my permission and consent, now and for all time, to the San Luis Obispo County YMCA, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with San Luis Obispo County YMCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the San Luis Obispo County YMCA, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at the San Luis Obispo County YMCA, I authorize, according to this Release, shall belong to the San Luis Obispo County YMCA, YMCA of the USA and third parties collaborating with the San Luis Obispo County YMCA and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience the San Luis Obispo County YMCA;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience the San Luis Obispo County YMCA will not be subject to any obligation of confidentiality and may be shared with and used by the San Luis Obispo County YMCA, YMCA of the USA and third parties collaborating with the San Luis Obispo County YMCA and/or YMCA of the USA;
- The San Luis Obispo County YMCA, YMCA of the USA and third parties collaborating with the San Luis Obispo County YMCA and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the San Luis Obispo County YMCA; and
- The San Luis Obispo County YMCA, YMCA of the USA and third parties collaborating with the San Luis Obispo County YMCA and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the San Luis Obispo County YMCA for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge the San Luis Obispo County YMCA, YMCA of the USA and third parties collaborating with the San Luis Obispo County YMCA and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience the San Luis Obispo County YMCA as described herein.

Date: _____

Child's Age: _____

Signature: _____

Printed Name: _____

Address: _____

I am the Mother/Father/Legal Guardian of _____ (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____

Date: _____



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HEPA Cooking Permission Slip

We are excited to have your child's after school program participate in our HEPA program including education, activities, and hands-on cooking. Through the process of cooking, kids will participate in setting up materials and supplies, preparing, serving, eating, and clean up afterwards.

During the stages of age-appropriate hands-on cooking your child will be using a wide variety of tools including but not limited to:

- Sharp Tools (knives, peelers)
- Heat Sources (oven, hot plate, griddle, baking sheets, pans)
- Small appliances (blender, food processor)

Please understand that working in these environments can pose risks of injury. Safety is the number one priority of the SLO County YMCA and precautions will be taken to help ensure the safety of each participant. Student displaying unsafe behaviors will not be allowed to participate in this hands-on experience.

In giving your permission and signing below for your child to participate in our supervised HEPA cooking activities, you demonstrate your understanding of the risks associated with these activities and therefore release, the San Luis Obispo County YMCA of any liability for any accident or injury that may occur.

Please check all that apply and sign below:

I give permission for my child to participate in all supervised cooking activities.

I give permission for my child to participate in all cooking activities except for cutting related activities (usage of knives, peelers, slicers).

I give permission for my child to participate in all cooking activities except for heat related activities (working with griddle or hot plate, removing items from oven).

I do not want my child participating in any cooking activities.

I am willing to donate ingredients for cooking.

I am willing to come into the after school program to run a cooking activity with the kids.

My child has a food sensitivity/allergy and it is _____.

Notes: _____

Child's Name: _____

Parent Signature: _____

Date: _____