

**For Office Use Only**

Name of Program	Days & Times	Branch	Start Date
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## PROGRAM REGISTRATION FORM

**Drop In Care**

### DEMOGRAPHIC INFO

Child's Name		DOB	Age	Gender
Parent(s)/ Guardian(s) Names				
Parent/Guardian 1 Phone Number		Parent/Guardian 1 Email		
Parent/Guardian 2 Phone Number		Parent/Guardian 2 Email		
Street Address			City, State, Zip	
Branch of Service	Rank	Command	Command Phone Number	
Caregiver (if other than parents are bringing student)		DOB	Phone	

### EMERGENCY CONTACTS & AUTHORIZED PICK UPS

**In case of emergency, we require two primary emergency contacts other than parents/guardians who may be reached during school hours and have children released to his/her care. Emergency Contacts must know how to reach you in case of emergency and do no need to be local.**  
 If for some reason I am called away from the Armed Services YMCA campus, I authorize the person(s) below to pick up my child:

Emergency Contact 1 (other than parent/guardian)	Phone Number	Relationship
Emergency Contact 2 (other than parent/guardian)	Phone Number	Relationship
Authorized Pick Up	Phone Number	Relationship
Authorized Pick Up	Phone Number	Relationship
Authorized Pick Up	Phone Number	Relationship

\_\_\_\_(Initial) I understand I must provide and will/have turned in annually an updated Immunization Records with Flu Shot and TB Test/Screening

I hereby approve the information on this form.

Parent/Guardian Signature	Date
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# GENERAL MEDICAL ACTION PLAN

Must be completed and stamped by Child's Medical Provider if your child has conditions that may require medical intervention. This form will need to be returned to the Office Manager before your child can be registered.

## SECTION 1: TO BE COMPLETED BY THE PARENT/GUARDIAN

Primary Contact Parent/Guardian's Name	Phone Number
Primary Care Clinic	Doctor's Name

My child has **NO KNOWN MEDICAL CONDITIONS** or allergies or special needs that require intervention.

My child has the following conditions that may require medical intervention

Specify conditions- e.g. allergies, asthma, special needs etc:

### Parent/Guardian Authorization of Release of Medical Information & Emergency Care Authorization:

I, \_\_\_\_\_, hereby authorize the release of medical information relevant to this medical action form. If necessary, I authorize ASYMCA staff to take the notated actions or precautions for my child according to the physician's instructions. I understand that I am responsible for administering any medication and I will advise ASYMCA of any changes to this medical action plan.

In case of an emergency, and I am unable to give verbal consent, I hereby authorize the Armed Services YMCA Hawaii to refer my child or myself to the stated clinic and/or closest emergency room.

Parent/Guardian Signature	Date
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## SECTION 2: TO BE COMPLETED AND STAMPED BY CHILD'S MEDICAL PROVIDER IF THE CHILD HAS KNOWN MEDICAL OR SPECIAL NEEDS CONDITIONS

Diagnosis	Trigger(s)
Medication	Dosage
	Side Effects
Contact Parents and/or emergency Services (911) if:	

Diagnosis	Trigger(s)
Medication	Dosage
	Side Effects
Contact Parents and/or emergency Services (911) if:	

Physician's Name	Phone Number
Physician's Signature	Date

## ARMED SERVICES YMCA RELEASE AND WAIVER LIABILITY

I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities of Armed Services YMCA programming for myself and my family members. I will not hold the Armed Services YMCA of Honolulu liable for any injuries incurred during programming or in transit to and from the program whether caused by equipment or the act or omissions of others excepting damage or injury solely caused by the willful misconduct or negligence of the Armed Services YMCA of Honolulu, or its employees, volunteers, or agents

I forever discharge and hold harmless the Armed Services YMCA of Honolulu, United States of America, United States Navy, United States Air Force, United States Coast Guard, United States Marine Corps and United States Army and all of its officers and personnel, employees, representatives, and their successors or assigns, including the Commanding Officer of the base/garrison of all liability under the Federal Tort Claims Act (28 U.S.C. Sections 1346(b), and 2671-2680), or other statutes addressing personal injury or property losses. I also waive all claims, demands, damages, actions, or suits of any nature or legal basis against the Armed Services YMCA of Honolulu, as well as, those entities previously listed, their agencies, departments, officers, employees, personnel, and their successors or assigns arising from any injury or alleged injury, including death, and property damage or loss that occurs incident to my entering upon and engaging in any activities that are associated with the Armed Services YMCA of Honolulu. I do hereby authorize the Armed Services YMCA of Honolulu as agent for all Armed Services YMCA participants, to consent with respect to the minors, to any, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any licensed physician and surgeon licensed, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the Armed Services YMCA Honolulu is not responsible for costs incurred for medical care. If I participate in the program, whether as coach, instructor, aide, spectator, or participant, I presently waive as to the Armed Services YMCA of Honolulu and staff, officers and directors thereof, any claim presently known or unknown for damage to property or personal injury whether caused by equipment or the acts or omissions of others including Armed Services YMCA of Honolulu personnel. **The undersigned understands the directive, set by the Memorandum of Understanding (MOUs) ASYMCA has with each branch of service, that requires a parent or guardian to remain on campus during the time their son/daughter is attending the Parent Participation Preschool.**

By signing below, you acknowledge that your household has received, read, and understood the **Armed Services YMCA Release and Waiver Liability**.

## CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE FOR NON-PROFIT USE

I hereby grant full permission for myself, my child, and/or my family members to be photographed by the Armed Services YMCA Hawaii staff for any legitimate purpose without payment or compensation. I also hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies, or video tapes. I also grant to the Armed Services YMCA Hawaii the right to edit, use, and reuse said products for nonprofit purposes including use in print, on the internet, and all other forms of media. I also hereby release the Armed Services YMCA Hawaii and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

By signing below, you acknowledge that your household has received, read, and understood the **Consent to Photograph, Film, or Videotape for Non-Profit Use**. By not checking a box it is assumed that you are consenting.

I Consent to Photographs/Film/Video

I **DO NOT** Consent to photographs/Film/Video

## TECHNOLOGY CONSENT FORM

We will be using technology in the classroom, specifically iPads and Smart Boards. iPads will be used primarily for documenting your child's growth in the classroom, and for sharing their progress with you. Occasionally children will write with the iPad or play age appropriate educational games. In keeping with NAEYC guidelines for technology in early childhood programs and Hawaii Early Learning and Development Standards "ethical use" of technology, staff will utilize the interactive technology in an intentional manner as part of a holistic approach to instruction. Wi-Fi will be turned off for the duration of the class to ensure your child's safety and privacy while using the iPads. Videos will be sent by the teacher after class on Fridays. If you wish to opt out, alternative learning experiences will be presented to your child during our technology time. Otherwise, please provide written consent below.

I hereby acknowledge and approve the information on this form.

Parent/Guardian Signature	Date
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