



Graveraet

Participant's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Age \_\_\_\_\_ Grade \_\_\_\_\_ Sex M F

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**Times and Rates:**

Graveraet and  
 Monday-Friday 6:45am till bus pick up/ Bus drop off  
 till 6:00pm  
 Morning or Afternoon Rate: \$6  
 Daily Rate: \$12      Weekly Rate \$50

- **Schedules must be provided Friday, for the week in advance. Schedules can be emailed to [Imurawski@ymcamqt.org](mailto:Imurawski@ymcamqt.org)**
- **Fee's will be drafted weekly on Fridays for the week prior. We require either Credit/ Debit information or Bank information (Checking or savings)**

**CREDIT/DEBIT CARD FORM**

Please complete all fields legibly!

Name: \_\_\_\_\_  
(as it appears on card)

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_        

CID#: \_\_\_\_\_ Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Staff initials: \_\_\_\_\_

**BANK INFORMATION**

Name on Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account type: \_\_\_\_\_ Checking    \_\_\_\_\_ Savings

## RELEASE FROM LIABILITY AND PHOTO RELEASE

Please read this carefully. When you sign this form you will be giving up important legal rights. Program fees are non-refundable. **Release from liability:** In consideration of the acceptance of my program application, I intend to be legally bound, for not only myself but also for my heirs, my executors, and my administrators. In signing this release from liability I waive and release everyone connected with the YMCA (staff & volunteers) from any and all liability which may arise from my or my child's participation in YMCA sponsored activities. In addition, I hereby grant my full and irrevocable consent to release any photographs/images to the YMCA of Marquette County for commercial and art purposed in any medium of advertising or communication.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## HEALTH & IMMUNIZATION STATEMENT

Childs Name \_\_\_\_\_

I certify that my child is in good health with any activity restrictions noted below.

I certify that my child's immunizations are up-to-date.

I certify that my child's immunization record (or appropriate waiver) is on file with my child's school.

Activity Restrictions:

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Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARTICIPATION AGREEMENT

In signing this agreement, I specifically assume all risks of injury arising out of my (my child's) presence on the premises of the YMCA of Marquette County, the use of it's equipment or facility, and my (my child's) participation in its activities, whether on its premises or at another location, and form myself and my heirs and assigns to hereby waive, release and agree to hold from all claims for damages the YMCA and its officers, directors, members, volunteers, employees or agents.

I have read and agree to follow the rules outlines in the YMCA Before and Afterschool Program handbook.

I have read this agreement and I fully understand its term, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without inducement, assurance or guarantee being made to me and intend my signature to be a complete and conditional release of all liability to the greatest extend allowed by law.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHILD PICK- UP AUTHORIZATION FORM

Child's Name \_\_\_\_\_

Effective Dates (Start) \_\_\_\_\_ (End) \_\_\_\_\_

### Parent/ Guardian allowed to pick up:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Home Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Home Phone \_\_\_\_\_

I, \_\_\_\_\_ Authorize the following people to pick up my child and be contacted in the event of an emergency from the YMCA of Marquette County BAS program. In doing so, I relieve the YMCA of Marquette County of All responsibility for my child after he/she has been released from the program. Attempts will always be made to reach the parents/ guardians first.

**The adults listed below are authorized to pick up my child when I am not available.  
(Identification will be required).**

Name \_\_\_\_\_

Address \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_