



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**For office use only**  
FAST \_\_\_\_\_ FAST+ \_\_\_\_\_

**S.T.A.R.S. Middle School Program 2017-2018**  
**YMCA of Frederick County Registration Form**

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Gender:  M  F Home School Site: \_\_\_\_\_ Grade 2017-18 : \_\_\_\_\_

**S.T.A.R.S. SCHOOL SITE (please select one)**

- West Frederick Middle** (serving West Frederick & Crestwood students)
- Gov. Thomas Johnson Middle** (serving Gov. Thomas Johnson & Monocacy students)
- Thurmont Middle** (serving Thurmont students)

**PARENT/GUARDIAN CONTACT INFORMATION**

Parent/Guardian Name	Relationship to Student	Address	Phone Numbers	Email
			Primary: Other:	
			Primary: Other:	

**EMERGENCY CONTACT/ALTERNATIVE PICK UP** (Students will only be released to people listed & **identification will be requested**)

Name	Relationship to Student	Best Phone Number	Other Phone Number

**CURRENT HEALTH INFORMATION**

- Does your student have any health concerns including physical, psychiatric or behavioral?  Yes  No  
If yes, please describe: \_\_\_\_\_
- Does your student have any food or other allergies?  Yes  No  
If yes, please describe: \_\_\_\_\_
- Is your student exempt from any immunizations?  Yes  No  
If yes, please describe: \_\_\_\_\_
- Does your student take any medication?  Yes\*  No  
If yes, please describe: \_\_\_\_\_  
\*If yes, please note a *Medication Administration Authorization Form* is required.

## ATTENDANCE & BEHAVIOR AGREEMENT

Consistent attendance is necessary in order for you and your child to get the greatest benefit from the S.T.A.R.S. program. Continued participation in the program is dependent upon regular daily attendance and good behavior. Students may be dismissed from the program if they do not regularly attend or do not exhibit good behavior. I will review the program Code of Conduct with my student.

**Please initial \_\_\_\_\_**

## TRANSPORTING FOR PROGRAMS AGREEMENT

I understand that some programs involve field trips with travel from the YMCA program facility and I give permission to the YMCA to transport me/my child via YMCA vehicle and indemnify and hold harmless the YMCA, its officers, agents, representatives, and employees from any claim for damage or injury to person or property arising out of such transport, except as caused by the gross negligence of the YMCA, its representative, agents or employees.

**Please initial \_\_\_\_\_**

## INFORMED CONSENT AND RELEASE OF LIABILITY

### **The following MUST be initialed in order to participate in any Y Program/Activity**

1. In initialing this agreement, I certify that I/ my child am/is able to participate fully in the program unless otherwise stated in writing to the YMCA. In case of voluntary withdrawal, I understand that there will be no refund of fee for the period concerned.

**(Please initial \_\_\_\_\_)**

2. In consideration of being allowed to participate in the activities and programs of the YMCA (the "YMCA Programs") and to use the facilities, equipment, and machinery of the YMCA (the "YMCA's Facilities and Equipment"), I/We do hereby waive, release and forever discharge, and indemnify and hold harmless the YMCA and its officers, agents, employees, representatives, and all others from any and all responsibility or liability for injuries or damages, except those caused by the negligent act or omission of any of the foregoing persons or entities, arising out of, resulting from or in connection with my/our use of the YMCA's Facilities and Equipment or my/our participation in any YMCA programs. **(Please initial \_\_\_\_\_)**

3. I/We understand that participation in the YMCA Programs and the use of the YMCA's Facilities and Equipment is potentially hazardous. I/We also understand that fitness activities involve a risk of injury and even death and that I/We am/are voluntarily participating in the YMCA Programs and using the YMCA's Facilities and Equipment with knowledge of the dangers involved. I/We hereby agree to expressly assume and accept any and all risks of injury or death.

**(Please initial \_\_\_\_\_)**

4. I/We understand that the YMCA's Facilities and Equipment and YMCA Programs may not be advisable for certain individuals, including but not limited to elderly persons, pregnant women, persons suffering from heart disease, diabetes, high or low blood pressure and other conditions and illnesses, and persons taking medication. I/We hereby acknowledge that I/We have been advised to seek advice from a physician regarding my/our participation in YMCA Programs or in the use of the YMCA's

Facilities and Equipment. We also acknowledge that it has been recommended that I/We have a yearly or more frequent physical examination and consultation with my/our physician as to my/our participation in YMCA Programs and my/our use of the YMCA's Facilities and Equipment. I/We acknowledge that I/We have either had a physical examination and have been given my/our physician's permission to participate, or that I/we have decided to participate in YMCA Programs and/or use the YMCA's Facilities and Equipment without the approval of my/our physician and do hereby assume all responsibility for my participation in the YMCA Programs and my/our use of the YMCA's Facilities and Equipment.

**(Please initial \_\_\_\_\_)**

5. As part of the overall YMCA program, participants occasionally are photographed / videotaped and have work displayed by the YMCA staff. If initialed, you hereby grant permission and approval that you or your child may be photographed or videotaped by YMCA staff, and also that the participant's likeness, name, performance, artwork or written work may be used by the YMCA in any YMCA publications, materials, advertisements, website, and programs. \*The Frederick YMCA permits individuals to use photographic devices during program instruction with certain stipulations on how and where they can be used. A procedure outlining the parameters of this is posted in most program areas and a copy will be made available to individuals that request it. It is required that an individual that uses photographic devices adhere to this procedure. For your safety and security, the YMCA may be monitoring certain areas by video surveillance.

**(Please initial \_\_\_\_\_)**

6. I authorize the YMCA to provide medical care and seek advanced medical care for myself or my child should the need arise. I also authorize the YMCA to arrange for transport of myself or my child for the purpose of providing medical care, if necessary, in the discretion of the YMCA or medical personnel.

**(Please initial \_\_\_\_\_)**

**Participant Agreement:** Please print name, initial, sign and date.

Student's Name (Printed) \_\_\_\_\_

Parent/Legal Guardian Name (Printed) \_\_\_\_\_

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_