



Please circle class enrollment.

Tiny Steps	Pre-Ballet	High Flyers
Little Flipsters	Ballet 7-9	Ballet 10+
Hip Hop		

# 2018-2019 Youth Dance/Gymnastics Program Enrollment Form

August 27, 2018 – May 3, 2019

Child's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Guardian #1 Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
(This will be a first emergency contact unless otherwise noted.)

Main Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

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

Workplace: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Guardian #2 Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Main Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

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

Workplace: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

## Emergency Numbers

Give 2 local persons who could be reached during program hours if a Parent/Guardian is not available.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Pick Up Authorization

Person(s) authorized to pick up your child in addition to the above listed names. Any modifications must be made in writing to the Owen County Family YMCA, Attn: Program Director, 1111 W. Hwy 46, Spencer, IN 47460.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please fill out the back of this page also.**

*\*The Owen County Family YMCA reserves the right to discontinue a program when deemed necessary due to lack of substantial, consistent attendance.*

**Release of Medical Information**

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Hospital Preference: \_\_\_\_\_

Information you would want shared in an Emergency Room if you were not present:

\_\_\_\_\_  
\_\_\_\_\_

Health Record: (This would be taken to emergency facility if needed.)

Allergies: \_\_\_\_\_yes \_\_\_\_\_no

If yes, please outline cautions for our staff: \_\_\_\_\_

\_\_\_\_\_

Diagnosed Health Conditions: \_\_\_\_\_yes \_\_\_\_\_no

If yes, please outline cautions for our staff:

\_\_\_\_\_

\_\_\_\_\_

Special routines/modifications prescribed by a doctor: \_\_\_\_\_yes \_\_\_\_\_no

If yes, please outline cautions for our staff:

\_\_\_\_\_

\_\_\_\_\_

**Please read and initial each line below.**

\_\_\_\_\_ I understand that the monthly dance fees are due on the first day of each month and that unpaid fees will result in my child no longer attending program until all fees are paid.

\_\_\_\_\_ I understand that absences due to illness or other obligations can not be made up and will not result in a reduction of monthly fees.

\_\_\_\_\_ **I understand that dance classes will not meet on Labor Day, Memorial Day, or during SOCS Fall, Spring, or Christmas Breaks.** Prices are based on an average of 4 classes per month during the course of the school year.

\_\_\_\_\_ I understand that a \$25/family recital fee (due March 1, 2019) and \$35/child costume deposit (due January 12, 2019) will be required if my child intends to participate in the Spring Dance Recital.

\_\_\_\_\_ I release the YMCA from any expense or liability as a result of injury to the child pursuant to participation in any of the activities.

\_\_\_\_\_ I understand that all YMCA rules and dress codes apply.

\_\_\_\_\_ I will be financially responsible for any fees, medical care, and transportation costs that may incur on my child's behalf.

\_\_\_\_\_ I will pay all court costs, attorney fees, and collection agency fees associated with the collection of possible delinquent fees.

\_\_\_\_\_ I will be responsible for medical expenses incurred in the treatment of my child in emergency situations.

\_\_\_\_\_ I have provided, in writing, all information that will help YMCA staff best serve my child(ren), including, but not limited to, allergies, medical conditions, and behavioral problems.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date