KENMORE YOUTH CENTER
2016-2017 MEMBERSHIP APPLICATION

PHOTO

CHILD INFORMATION

Child's Name _____

Nick Name/Name Child Prefers _____

Home Phone _____

Email Address _____

Address _____

Zip _____ ☐ Male ☐ Female

Date of Birth _____ Age (as of 9/6/16)_____

School _____ Grade _____

Are you interested in attending… *(check all that apply)*

☐ After school ☐ School holidays ☐ Early release days ☐ Snow days Estimated pick-up time _____

What months do you plan on attending? *Please circle all that apply.*

September October November December January February March April May June

PARENT/EMERGENCY CONTACT INFORMATION

Mother's Name _____

Address _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Father's Name _____

Address _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact Name (if parents can't be reached) _____

Address _____ Zip _____

Relationship _____ Phone _____

Individuals authorized to pick up child who are not listed above:

Name Relationship Address Phone Number

_____

_____

_____

KYC RULES & REGULATIONS

1. Everyone must be a registered member to attend KYC and its functions.
2. There is no swearing, verbal or physical abuse of staff or other members.
3. There is no use of tobacco, alcohol, or drugs permitted.
4. Center equipment will be used in the proper manner and will not be damaged, destroyed, or mistreated.
5. Theft of equipment or other personal property will result in immediate suspension of membership.

All members will follow the directions of all staff and be cooperative, courteous and well mannered.

PARENT:

I have read the above information and give my child permission to attend the youth center and activities. I also understand that if my child does not obey the rules, he/she will lose their KYC privileges.

Signature _____ Date _____

CHILD:

I have read the above information and promise to follow all KYC rules and regulations. I understand that by not following them I risk losing my membership privileges.

Signature _____ Date _____

HEALTH INFORMATION

The following information is intended to provide staff with the background to provide appropriate care.

Allergies Describe reaction and management of the reaction

Medications (e.g., penicillin) _____ _____

Food (e.g., eggs, peanuts) _____ _____

Other (e.g., insect stings, hay fever) _____ _____

Does your child require staff supervision at more than a 8:1 ratio to safely participate in our program? *Please circle.*

Yes No If yes, please explain _____

Does your child receive individual (1-on-1) support in any other settings (school, home, other) currently or in the past? *Please circle.*

Yes No If yes, please explain _____

We have a daily schedule with a variety of group activities. Will your child be able to transition successfully and participate in group play? *Please circle.*

Yes No If no, please explain _____

Does your child exhibit any aggressive behavior? *Please circle all that apply.*

Yes, towards self Yes, towards adults Yes, towards other children No, never

Has your child participated in a similar program previously? *Please circle.*

Yes No If yes, please state your reason for leaving _____

Any additional information about the child's behavior and physical, emotional, or mental health the staff should be aware of?

_____

_____

_____

T-Shirt Size *(please circle):*

Youth: Small Medium Large

Adult: Small Medium Large XL

MEDICAL CONSENT FORM

I, _____, give the Town of Tonawanda Youth, Parks and Recreation

PARENT'S NAME

department staff permission to authorize emergency medical care and/or associated transportation

for my child, _____, in the case of an emergency.

CHILD'S NAME

_____ _____

Parent/Guardian Signature Date

KYC REGISTRATION FORM

Registration Opens June 13 at the Following Locations:
YPR Department, 299 Decatur Road, 831-1001
Aquatic & Fitness Center, One Pool Plaza, 876-7424
Sorry, we cannot accept registrations at the KYC, online, or over the phone

Adult Registrant or Parent/Guardian Name _____

Address_____ Home Phone _____

City_____ Zip Code_____ Work Phone_____

☐ Check in box if your address has changed in the last year.

E-mail Address_____ Cell Phone_____

☐ I authorize the TOTYPR to contact us by email. This can be changed at a later date.

Activity #	Program Name	Participant's First Name	Participant's Last Name	Birthdate	M/F	Fee
516040—13	KYC September				M F	$99 / $95 / $85
516040—14	KYC October				M F	$99 / $95 / $85
516040—15	KYC November				M F	$99 / $95 / $85
516040—16	KYC December				M F	$99 / $95 / $85
516040—17	KYC January				M F	$99 / $95 / $85
516040—18	KYC February				M F	$99 / $95 / $85
516040—19	KYC March				M F	$99 / $95 / $85
516040 —20	KYC April				M F	$99 / $95 / $85
516040—21	KYC May				M F	$99 / $95 / $85
516040—22	KYC June				M F	$99 / $95 / $85
	KYC Drop-In				M F	$10 / $20

Initial registration must be made in-person at the Youth, Parks & Recreation office or the Aquatic & Fitness Center. First month's payment due at registration. Fees for the following months must be paid by the first of each month (future payments can be made online, in-person, or by mail). We cannot accept payments at the KYC or over the phone.

Total Fees: ⇉ ☐

ASSUMPTION OF RISK & RELEASE FORM

The undersigned person requests and is granted permission to participate in classes, activities programs and/or events sponsored by the Town of Tonawanda ("Town") whether occurring on its premises or elsewhere. In consideration of participation in any such class, activity, program or event, the undersigned, his/her personal representatives, heirs and/or assigns, DOES HEREBY:

1. RELEASE, DISCHARGE AND COVENANT NOT TO SUE the Town, its Board, Officers, Employees and/or Agents from any and all claims for personal injury or property damage, except those resulting from the Town's negligence, arising out of participation in any such class, activity, program or event, and further agrees to hold harmless the Town from any claims, judgments or expenses the undersigned may incur by participation in the described activity.
2. UNDERSTAND that participation in the described activity involves danger and risk of injury. The inherent danger is understood and voluntarily assumed.
3 ACKNOWLEDGE that the undersigned is aware of equipment and safety regulations and will comply with each regulation ASSUMING ALL RISK for himself/herself and all liability to others for failure to do so. No oral representations or inducements have been made prior to signing this agreement. If any portion of this agreement is held invalid, it is agreed that the balance thereof shall continue in full legal force and effect.

I HAVE READ THIS DOCUMENT AND UNDERSTAND THAT IT IS A RELEASE OF CLAIMS ON THE CONDITIONS SET FORTH ABOVE. I UNDERSTAND AND ASSUME ALL RISKS INHERENT IN THIS ACTIVITY ON BEHALF OF MYSELF OR IN MY CAPACITY AS LEGAL GUARDIAN FOR THE PARTICIPANT BELOW.

_____ _____
Authorized Signature Date

Office Use Only:

Date:_____ Initials:_____ Facility_____ Res Proof_____

Method of Payment: ☐ Cash ☐ Check ☐ MC ☐ VISA ☐ Discover ☐ Other_____

Credit Cards not accepted through the mail or over the phone at any location!