



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF CENTRAL FLORIDA YOUTH PROGRAM REGISTRATION FORM

1 PROGRAM INFORMATION

Program (Ex. Winter Basketball League, Swim Lessons, etc.) _____ Grade _____ Member Non-member

2 PARTICIPANT INFORMATION

First _____ Last _____ Gender _____

DOB _____ Age _____ Email _____

Street Address _____ City _____ State _____ Zip _____

Emergency Contact Name _____ Phone _____ Relationship _____

3 PARENT/GUARDIAN INFORMATION

Full Name _____ DOB _____ Mailing address is the same as participant

Email _____ Primary Cell _____ Carrier _____

Full Name _____ DOB _____ Mailing address is the same as participant

Email _____ Primary Cell _____ Carrier _____

2nd Street Address _____

City _____ State _____ Zip _____

4 SPORT (Required if participating in sports. *Requests are filled on a first come first served basis and are not guaranteed.)

Sport _____ Division _____ Jersey Size (Youth XS - Adult XL)

Practice Day (check at least 3): Open Availability M T W TH F

Circle One: *Coach Request *Teammate Request *Captain Request _____

I would like to volunteer (Ex. Head Coach, Assistant, etc.) _____ Shirt Size _____

Name _____ Primary Cell _____

Preferred Day(s) _____ Time _____ Email _____

5 SWIM LESSONS (Required if participating in swim lessons.)

Start Date _____ Lesson Time _____ Days M/W T/TH M-TH (2 weeks) SAT SUN

Parent/Child (6 months to 3 years) A B

Preschool Stage (3 to 5 years) 1 2 3 4

School Age Stage (5 years to 12 years) 1 2 3 4 5 6

Teen/Adult Stage (13+) Beginner Intermediate Stroke Technique

Private/Semi-private Days M T W TH F SA SU Time AM Afternoon PM

6 SPONSORSHIP/DONATION

I would like to sponsor a YMCA program. Contact me at: _____

I want to help a deserving child participate in a YMCA program: \$25 \$50 \$75 \$100 Other _____

STAFF ONLY	Event Registration # Member #	Staff Date	Amount Paid
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YMCA OF CENTRAL FLORIDA YOUTH PROGRAM WAIVER & CODE OF CONDUCT ACKNOWLEDGMENT

Acknowledgement of Receipt of Code of Conduct

_____, I, _____ hereby acknowledge that I have received a copy of the YMCA’s Notice
Initial of Code of Conduct including its impact on my YMCA Membership. The effective date of the Notice is March 1, 2018.
I understand that the YMCA of Central Florida may need to change its policies including but not limited to its Code of
Conduct from time to time. The YMCA of Central Florida commits to posting all material changes on our websites and
update the “Effective Date” so that you will always know our policies.

YOUTH SPORTS

Athletics and Head Injuries – Informed Consent

The Y is the leading organization focused on youth development, healthy living and social responsibility. As a part of our mission your child’s safety is extremely important, so we’d like to take a few minutes to share with you information about the risks of head injuries and some new requirements under Florida Law for youth sports organizations.

During its 2012 regular season the Florida Legislature passed House Bill 291 to ensure that parents, coaches and athletes are informed of the risks associated with head injuries and to mandate minimum standards for education, informed consent and re-entry after suspected injury.

The law requires the following:

- Education of athletic coaches, officials, administrators, and youth athletes and their parents or guardians of the nature and risk of concussion and head injury.
- The parent or guardian of a youth who is participating in athletic competition or who is a candidate for an athletic team to sign and return an informed consent each year before participating in athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the youth’s candidacy for an athletic team.
- Each youth athlete who has been removed from an activity may not return to practice or competition until the youth submits to the athletic coach a written medical clearance to return stating that the youth athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury.
- Medical clearance must be authorized by the appropriate health care practitioner trained in the diagnosis, evaluation, and management of concussions as defined by the Sports Medicine Advisory Committee of the Florida High School Athletic Association.

Please sign and return the informed consent below to the YMCA staff. By signing below, I acknowledge that I have read this Consent Form. I have received information on Y related policies on concussions and I understand the risks of brain injuries associated with participation in athletic activity. I am aware of the requirements of the State of Florida’s House Bill 291 – Youth Athletes and elect to participate.

Parent or Guardian Name (Print) _____

Name Parent or Guardian Signature _____

Date _____

As one of the nation’s largest providers of youth and family programs, the Y long has made the safety of children and all vulnerable populations a top priority. Providing a safe, secure environment for members and participants begins with knowing who has access to YMCAs through membership, which underscores the importance of membership screening. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation and remove visitation access.



Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in the YMCA of Central Florida Programs, now or any time in the future.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE YMCA OF CENTRAL FLORIDA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE YMCA OF CENTRAL FLORIDA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE YMCA OF CENTRAL FLORIDA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in the YMCA program activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with the YMCA program participation, including but in no way limited to: (1) slips, trips, and falls, (2) encounters with nature including toxic plants and animals, (3) aquatic injuries, and (4) athletic injuries. I further acknowledge that the preceding list is not inclusive of all possible risks associated with the YMCA program participation and that said list in no way limits the operation of this Agreement.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in the YMCA of Central Florida Programs, I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the YMCA of Central Florida, its officers, directors, agents, employees, volunteers, and representatives from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the YMCA of Central Florida on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of the YMCA of Central Florida facilities/equipment or participation in the YMCA of Central Florida programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of the YMCA of Central Florida, its officers, directors, agents, employees, volunteers, and representatives.

In consideration of the named minor's participation in the YMCA program, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS the YMCA of Central Florida, its officers,

directors, agents, employees, volunteers, and representatives from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's YMCA program participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in the YMCA program participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in the YMCA program and that by signing this agreement I hereby, on behalf of myself and the named minor, release the YMCA of Central Florida, its officers, directors, agents, employees, volunteers, and representatives of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in the YMCA program.

I, in my legal capacity as parent/guardian of the named minor, expressly agree, on behalf of myself and the named minor, that this document is intended to be as broad and inclusive as permitted by the law of [insert state] and that if any portion of the document is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Furthermore, I expressly agree that this document shall be governed by and interpreted in accordance with the laws of [insert state] and that [insert state] shall have exclusive venue to hear any and all disputes relating to or arising from this document.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will. The foregoing written agreement represents the entire understanding between the parties. No oral representations, statements or inducement apart from the foregoing written agreement have been made.

IN WITNESS WHEREOF, this instrument is duly executed this ____ day of _____, in the year _____.

Participant Name (Print Clearly)

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)



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YMCA OF CENTRAL FLORIDA PHOTO/AUDIO VISUAL/ NARRATIVE RELEASE

EFFECTIVE APRIL 2018

I am 18 years of age or older. If not, my parent or legal guardian must consent and give permission on my behalf.

Consent.

For participation in activities to be conducted by the YMCA of Central Florida, consent must be provided, now and indefinitely, to the YMCA of Central Florida and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast:

- video film or footage of me (or my dependent child),
- sound track recordings of me (or my dependent child),
- photo reproductions of me (or my dependent child),
- any narrative account of my (or my dependent child's) experience

Consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes unlimited and unrestricted reproductions in any form and media, adaptations and/or revisions created for YMCA of Central Florida use.

I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

Ownership, Confidentiality, and Shared Use.

With respect to any of the above uses, I further agree:

- All uses shall belong to the YMCA of Central Florida and it may share them with others;
- There is no obligation of confidentiality
- YMCA of Central Florida and collaborating third parties will not be liable for any use or disclosure to a third party
- YMCA of Central Florida shall exclusively own all known or later existing rights to the uses worldwide.
- YMCA of Central Florida can use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose and without compensation to me.

Release from Liability.

I agree that my consent is irrevocable. I hereby release and discharge the YMCA of Central Florida, its related parties and those it has given permission to use the above, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, the use, or the shared use of the above materials.

Participant's Printed Name: _____

Age: _____

Participant/ Legal Guardian Signature: _____

Legal Guardian Printed Name: _____

Date: _____

MEMBER# _____ TO BE ENTERED BY YMCA STAFF



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NOTICE OF CODE OF CONDUCT

YMCA OF CENTRAL FLORIDA

THE EFFECTIVE DATE OF THIS NOTICE IS **MARCH 01, 2018.**

THIS NOTICE OUTLINES THE MEMBER, PROGRAM PARTICIPANTS, GUESTS AND VISITORS CODE OF CONDUCT AND ITS IMPACT ON ACCESS AND MEMBERSHIP. **PLEASE REVIEW IT CAREFULLY.**

CODE OF CONDUCT

THE YMCA OF CENTRAL FLORIDA'S CODE OF CONDUCT OUTLINES PROHIBITED ACTIONS. THE PROHIBITED ACTIONS LISTED BELOW ARE NOT TOTALLY INCLUSIVE OF ALL BEHAVIORS THAT ARE INAPPROPRIATE BUT INCLUDE:

- Not checking into membership desk of Family Center. All YMCA members and program participants (including but not limited to YMCA programs such as EnhanceFitness, LiveStrong at the YMCA, YMCA's Diabetes Prevention Program, and third-party payors (including but not limited to Silver Sneakers and OPTUM Passport) must present their Y card or appropriate identification (including fingerprint when applicable) each time for access; or if a guest or visitor (including individuals with appointments at Orlando Health Outpatient Rehabilitation or Florida Hospital for Children Weight and Wellness Clinic), then must present identification (photo ID) and complete appropriate paperwork to gain access upon each visit.
- Inappropriate attire. Appropriate attire must be worn at all times including closed toe shoes on wellness floor, no explicit slogans on t-shirts etc.
- Verbally abusive behavior including angry or vulgar language, including swearing, name-calling or shouting.
- Physical contact with another person in any angry, aggressive or threatening way.
- Any demonstration of sexual activity or sexual contact with another person including sexually explicit conversation.
- Harassment or intimidation by words, gestures, body language or any menacing behavior including via social media. This behavior is inappropriate toward other members, guests, visitors and YMCA staff.
- Theft or behavior that results in the destruction of YMCA property.
- Carrying or concealing any weapons or devices or objects that may be used as weapons.
- Using or possessing illegal chemicals or alcohol on YMCA property, in YMCA vehicles, or at YMCA sponsored programs.
- Any other conduct of an inappropriate, threatening or offensive nature.
- Use of cell phones or any electronic device to take pictures or record individual(s) or activities within the YMCA or on YMCA property without specific authorization and consent of the YMCA.
- Loitering is not permitted in or outside the YMCA.
- Smoking is not permitted in or outside the YMCA. The YMCA and its property is a smoke-free environment.

IMPACT

In addition, YMCA reserves the right to do background checks on its members as well as screening for sex offenders. Moreover, The YMCA reserves the right to deny access or membership to any person who:

- violated the Code of Conduct
- has been accused or convicted of any crime involving sexual abuse;
- is a registered sex offender;
- habitually or excessively uses narcotics or dangerous drugs;
- has ever been convicted of any offense relating to the use, sale, possession, or transportation of narcotics or habit forming and/or dangerous drugs;
- continuously or excessively uses intoxicating beverages.



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YMCA OF CENTRAL FLORIDA CONCUSSION SAFETY

for Parents and Athletes

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or some force to the head that affects how the brain functions.

KEEPING ATHLETES SAFE

Concussions are not all the same and can be difficult to recognize. Signs and symptoms may take hours or several days to appear so, it's important to be aware of the symptoms athletes may experience. Talk to your coach immediately if you observe or experience any of these symptoms and seek care from a healthcare professional. The effects of a concussion can be short or long-term. Follow up with your physician during and after recovery to discuss the risks and benefits of continued participation in sports and to obtain written medical clearance to return to play.

Be on the look out for these symptoms:

- *Headaches*
- *Nausea/vomiting*
- *Blurred vision*
- *Slurred speech*
- *Sluggishness*
- *Confusion or fogginess*
- *Dizziness or balance problems*
- *Sensitivity to light and/or noise*
- *Inability to concentrate*
- *Memory loss*
- *Behavior changes*

SUPPORTING YOUR TEAMMATES

With the help of great coaches and mentors, the YMCA instills the positive values, teamwork and confidence athletes need to thrive. As a parent or athlete, please show that you care for your teammates by notifying your coach if you notice that a teammate seems to be unsure or confused, forgetful, dazed, less coordinated, loses consciousness or shows signs of any of the symptoms above. If a teammate is temporarily unable to participate due to injury, show your support and let them know they are still part of the team.

TAKE TIME TO RECOVER

Symptoms can take a couple of weeks or several months to subside. Adjust their activity level and daily routine based on the advice of their healthcare professional. Returning to play too quickly may put athletes at risk for additional injury.

RETURNING TO PLAY

YMCA rules require that coaches remove your child immediately if they suspect a concussion. A medical clearance is required to return to play. Forms should be faxed to the YMCA of Central Florida Association Support Office Attn: Compliance Office to 844.634.1379.