

YEA Program Registration Form

Parent/Guardian, please fully complete this form if you are registering your child for a YEA program for the first time! If your child has attended a YEA program in the past 2 years, please complete a registration addendum form instead. This form must be completed per child. Incomplete registration forms will not be accepted. Once you complete this form, you will receive an email confirming the registration and a program information regarding next steps. If you have any questions regarding this form or the registration process, please give us a call at (412)-273-0590 or email us at general@yea-inc.org.

*** Required**

1. Child Name *

2. Please select the program that you are registering your child for: *

Mark only one oval.

- AIM After School Program
- Camp AIM Summer Program

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Parent Contact
Information

Please include the contact information for both parent/guardians, if possible.

3. Parent/Guardian #1 Name (First, Last) *

4. Parent/Guardian #1 Phone Number *

5. Parent/Guardian #1 Email Address *

6. Parent/Guardian #1 Home Address *

7. Parent/Guardian #2 Name (First, Last)

8. Parent/Guardian #2 Phone Number

9. Parent/Guardian #2 Email Address

10. Parent/Guardian #2 Home Address
(if different from Parent/Guardian #1)

**Household
Income**

Household income is used to determine eligibility for certain for programs, assistances, and resources.

11. What is your household's annual income? *

Mark only one oval.

- \$0-\$20,000
- \$20,000-\$40,000
- \$40,000-\$80,000
- \$80,000-\$100,000
- \$100,000 +

12. Does anyone in your household receive any of the following benefits? (Check any and all that apply) *

Check all that apply.

- Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Temporary Assistance for Needy Families (TANF), including Pass through Child Support
- General Assistance (GA)
- Free or Reduced School Lunch
- None

Child Information

All fields are required!

13. Child's Name (First, Middle, Last) *

14. Nickname (if applicable)

15. Child's Date of Birth *

MM/DD/YYYY

16. Child's Gender *

Mark only one oval. Female Male Prefer not to say Other: _____

17. Child's Ethnicity *

Mark only one oval. Hispanic/Latino Non-Hispanic/Non-Latino I prefer not to answer

18. Child's Race *

Check all that apply. American Indian Or Alaska Native Black or African Descent East Asian/Far Eastern Native Hawaiian or Other Pacific Islander South Asian/Indian (Subcontinent) Southeast Asian Western Asian/Middle Eastern White or of European Descent I prefer not to answer

19. Child's Social Security Number *

###-##-#### (Our funders use this information to confirm that we are serving the amount of youth that we are receiving funds for.)

20. Child's Grade *

Please select the grade your child is currently enrolled in. (If enrolling for a summer program, select the grade your child will be entering in the fall.)

Mark only one oval.

- Kindergarten
- First Grade
- Second Grade
- Third Grade
- Fourth Grade
- Fifth Grade
- Sixth Grade
- Seventh Grade
- Eighth Grade

21. Child's School *

22. First Time Program Participant? *

Mark only one oval.

- yes
- No

23. Siblings Attending?

Please list any siblings that will also be attending a YEA program

24. Swimming Ability? *

Mark only one oval.

- Non-Swimmer
- Beginner Swimmer (can swim on front 20ft with flotation)
- Intermediate Swimmer (can swim on front 20ft without flotation)
- Advanced Swimmer (can pass swim test)

25. T-Shirt Size *

Mark only one oval.

- Youth Small
- Youth Medium
- Youth Large
- Adult Small
- Adult Medium
- Adult Large

26. Do we have permission to transport your child? *

Permission is needed to transport your child. This includes walking, driving, or shuttling your child to our site, field trips, the child's residence, or to any other site or location. If no, you will be responsible for transporting your child.

Mark only one oval.

Yes

No

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Medical
Information

For the Safety of your child, please take your time, fully answer each question, and be as descriptive as possible!

27. Physician Name *

Write N/A if not applicable.

28. Doctor's Office Name and Address *

Write N/A if not applicable.

29. Insurance Provider and Policy: *

Please include the name of your child's insurance provider, your child's policy number, and your child's group number (if applicable).

30. Does your child have any medical conditions that we should be aware of? *

Mark only one oval.

Yes

No

31. Please select any medical conditions that applies to your child! *

Please select all that apply:

Check all that apply.

- None
- Muscuoskeletal Allergies
- Food Allergies
- Medicine Allergies
- Topical Allergies (lotion, sunscreen, etc.)
- Dizzy Spells and/or Fainting
- Foot Problems
- Back Problems
- Seizure Disorders
- Anaphylactic Shock
- Balance Problems
- Asthma
- ADD or ADHD
- Hypoglycemia
- Heart or Circulation Problems
- Pulmonary Edema
- Hay Fever
- Poison Oak/Poison Ivy Allergies
- Type 1 Diabetes (previously insulin-dependent)
- Type 2 Diabetes (previously non-insulin dependent)
- Insect Bite Allergies (i.e. mosquitoes, bees, wasps, etc.)
- Recent Surgery
- Recent Broken Bones

Other: _____

32. Does your child have any allergies? *

Mark only one oval.

Yes

No

33. List all known allergies:

(food, plants, medications, animals, etc.)

34. Is your child currently prescribed to or taking any medications? *

Mark only one oval.

Yes

No

35. List all prescriptions and medications:

Please include detailed dosage information.

36. Will your child need to be administered any medication during the program time? *

Mark only one oval.

Yes

No

37. Do you give permission for YEA staff to administer your child's prescribed medication to your child as directed by you? *

I understand that it is my responsibility as a caregiver to make sure that all instructions are clear and that the necessary dosage is adequately supplied for the duration of camp.

Mark only one oval.

Yes

No

38. Does your child have any dietary restrictions? *

Mark only one oval.

Yes

No

39. Please list all dietary restrictions here:

40. Are we permitted to administer over the counter medicine or treatments to your child if needed? *

Mark only one oval.

Yes

No

41. Please check any medications/treatments that we are NOT allowed to administer to your child. *

We will not administer any medication/treatment selected below.

Check all that apply.

- Dramamine or Motion Sickness Medication
- Sunblock/Sunscreen
- Insect Repellant
- Lip Balm
- Rash Ointment
- Tylenol or Advil
- Antiseptic Ointment
- Band-aids
- Anti-Itch Cream
- Hydrogen Peroxide
- Rubbing Alcohol
- Cough Syrup
- Cough Drops
- Decongestant
- Antihistamine
- Pepto Bismol

Other: _____

42. Is your child up to date on health and immunization assessments? *

We will need a copy of your child's health assessment and immunization record at orientation, prior to your child starting program. For children grades k-5, we will need their kindergarten record. For children in grades 6-12, we will need their 6th grade record. Please email us at: general@yea-inc.org if you have any questions!

Mark only one oval.

Yes

No

43. Please provide any additional information that you think is important or that may help us better serve your child!

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**Emergency
Contact
Information**

Please provide the contact information for individuals we can contact in case of an emergency or in the event that we cannot get a hold of you, the parents or guardians. PARENTS and GUARDIANS CANNOT SERVE AS EMERGENCY CONTACTS! Failure to include proper emergency contacts can cause a delay in your child's registration.

44. Emergency Contact #1 Name (First, Last): *

45. Emergency Contact #1 Relation to Child: *

46. Emergency Contact #1 Phone Number: *

47. Emergency Contact #1 Email Address: *

48. Emergency Contact #1 Home Address: *

49. Emergency Contact #2 Name (First, Last): *

50. Emergency Contact #2 Relation to Child: *

51. Emergency Contact #2 Phone Number: *

52. Emergency Contact #2 Email Address: *

53. Emergency Contact #2 Home Address: *

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**Arrival &
Dismissal
Information**

We want to make sure that your child arrives and departs safely from camp! Please review and respond accurately to the following questions regarding drop-off and pick-up.

54. How will your child arrive to program? *

Please select all that apply:

Check all that apply.

- Car Drop-Off
- Walking
- Public Transportation (i.e. bus, taxi)
- Rideshare Program (i.e. Uber, Lyft, Z-Trip)

Other: _____

55. Who will primarily responsible for your child's arrival to camp? *

56. How will your child depart from program? *

Please select all that apply:

Check all that apply.

- Car Drop-Off
- Walking
- Public Transportation (i.e. bus, taxi)
- Rideshare Program (i.e. Uber, Lyft, Z-Trip)

Other: _____

57. Who will primarily responsible for your child's departure from program? *

58. List ALL individuals who have permission to retrieve and check-out your child from camp. *

Please Include: First/Last Name, Relation, and Phone Number. (Jane Doe, grandmother, ###-##-####).

Please note that individuals who are listed below will be the only individuals permitted to retrieve and check out your child. The individual must show a valid photo ID. There will be no exceptions.

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**Medical
Release and
Authorization**

Medical Release and Authorization

As Parent and/or Guardian of the named child, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to the Youth Enrichment Association and its affiliates including Directors, Counselors, Staff, Volunteer Staff and Activity Partners to provide the needed emergency treatment prior to the child's admission to the medical facility.

Release authorized on the dates and/or duration of the registered season.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

59. I agree to, accept, and acknowledge the medical release statement above. *

Check all that apply.

- I agree
 I disagree

Skip to question 60

Informed Consent and Acknowledgement

I hereby give my approval for my child's participation in any and all activities prepared by during the selected camp. In exchange for the acceptance of said child's candidacy by the Youth Enrichment Association, Inc. , I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless the Youth Enrichment Association, Inc. and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

**Informed
Consent and
Acknowledgement**

In case of injury to said child, I hereby waive all claims against the Youth Enrichment Association, Inc. including all Directors, Counselors, Staff, Volunteer Staff, Activity Partners, Affiliates, all Participants, Sponsoring Agencies, Advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities, including basketball. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

Failure to agree to these terms will result to your child being withheld or prevented from participating in any and all activities that involve any risk.

60. I agree to, accept, and acknowledge the informed consent statement above. *

Check all that apply.

- I agree
 I disagree

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**Photograph
and Video
Release**

We, at the Youth Enrichment Association, Inc., would be from time to time taking photos of program participants during their activities within the premises and off-site. In this regard, we seek your consent for the publishing or use of photos which your child may be included.

The photos will be used for bulletin boards, marketing or advertising, and/or marketing updates posted via social media platforms, website, newsletters, and/or within the walls of the camp and office premises.

For protection of privacy of the child, we guarantee that names will not be included.

61. I agree to, accept, and acknowledge the photograph and video release statement above. *

Check all that apply.

- I agree
 I disagree

Skip to question 62

**Terms &
Conditions**

By submitting this form, the registrant and his/her guardian understand and accept the following terms and conditions of the Camp herein provided:

1. Parents must be aware that after school will be on a first come first served basis.
2. Should the after schooler withdraw anytime within the period of the scheduled after school which the participant is enrolled, he/she shall not be automatically reconsidered for reenrollment
3. All medical conditions of the participant must be stated on the registration or registration addendum form in a concise and clear manner.
4. Program participants, when in program activity must bring the recommended gear for the specific trip that shall be required by the program director, coordinator, or the counselor.
5. Participant should bring his/her own learning materials upon admission to the program (i.e. text book, work books, notes, and handouts. The rest shall be provided by the program.
6. Any activity outside or not part of the program shall not hold the program's employees responsible for anything that might happen to the program participant.
7. The program shall not accept responsibility for the loss or damage to any property belonging to the program participant.
8. The program reserves the right to cancel part of/or the entire program.
9. Mobile Phones are prohibited in the program, and it is best to leave participant's valuables and communication devices left at home.
10. The program staff may take photos or videos while in the program's activities and may use such photos or videos for promotional purposes. However, if you do not wish images of your child to be used by us. Please inform us anytime.
11. The guardian authorizes the program to seek medical treatment in the event of an accident or sickness. It is likewise the program's responsibility to inform the parents/guardians of the participant in case such event arises at the earliest time possible for the program's staff to inform the parents or guardians.
12. The schedule of activities is subject to change depending on weather conditions, program schedule and other arrangements by which the program reserves the right to cancel, amend or alter activities accordingly in the event of unanticipated situations.

62. I agree to, accept, and acknowledge all of the terms and conditions stated above. *

Check all that apply.

- I agree
- I disagree

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