TIFTAREA YMCA

2026 - 2027 TIFTAREA YMCA YOUTH PROGRAM REGISTRATION FORM

☐ TIFTAREA YMCA ☐ TIFTAREA ACADEMY

YMCA MEMBER - $55 WEEKLY FEE POTENTIAL MEMBER - $70 WEEKLY FEE

August 2026 – MAY 2027

M-F 3:00-6:00 AGES 5-12 Operating during School Months

CHILD INFORMATION:

Child's Full Name:_____ Preferred Name:_____

Date of Birth:_____ Age: _____ Gender: _____ Race: _____

School:_____Grade (currently in): _____

Address:_____

Apt #:_____City:_____State:_____Zip Code:_____

Mother/Guardian's Name:_____
Employer:_____

Cell Phone:_____Home Phone:_____

Work Phone:_____Mother's Email: _____

Father/Guardian's Name:_____

Employer:_____

Cell Phone:_____Home Phone:_____

Work Phone:_____Father's Email:_____

Person(s) Permitted to Pick Up Child	**Legal Custody: Proof of Custody Required**
Mother _____YES _____NO	**Mother Only ____ Legal Guardian _____**
Father _____YES _____NO	**Father Only _____ Both Parents _____**

PLEASE LIST ALL OTHER PERSONS THAT ARE ALLOWED TO PICK UP YOUR CHILD BELOW:

1)Name:_____DOB_____PH#_____

2)Name:_____DOB_____PH#_____

3)Name:_____DOB_____PH#_____

4)Name:_____DOB_____PH#_____

Emergency Contact Information

Name:_____

Relation to Child:_____

Employer: _____ Cell Phone:_____

Home Phone:_____ Work Phone:_____

Medical Information (attach a copy of the insurance card). Does your child have food allergies?

Yes or No

Physicians Name:_____

Phone:_____

PLEASE LIST ANY allergies, medical conditions,

or special needs that staff should be aware of below.

(attach a copy of the doctor's excuse for

any allergies, medical conditions, and/or special needs)

_____

_____

_____

Make sure to join YOUR SITE GroupMe!!! **↑ Tiftarea YMCA** **↑ TA - Academy**

We will update you on events, field trips, and more!

I hereby agree to inform the YMCA or the main office of any changes in my child's scheduled attendance. I understand that I must pay for all the time my child is registered, regardless of attendance, and that I must notify the YMCA of any changes at least 2 weeks in advance.

I understand that this is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and is exempt from state licensure requirements. I understand that the YMCA of Georgia and the Tiftarea YMCA assume no responsibility for injuries or illnesses that my child may sustain as a result of their physical condition or resulting from their participation in any athletic activities, sports program, the use of any equipment, exercise, or other activities. While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children who are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities, making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommends that you discuss with YMCA staff any special conditions or circumstances involving your child. The YMCA requests that the undersigned do this before registration so that the YMCA can advise you as to whether we can make a reasonable accommodation for your child. The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises. In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for the individual named on this application. I understand that no accident or medical insurance is provided with this activity. I permit my child to be transported by the YMCA-provided bus service for related program activities. I give my permission to the Tiftarea YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings that include my child's image or voice for the purpose of promoting or interpreting YMCA programs. I am requesting your permission for your child to participate in the Hello Insight Survey, which is a research-based platform designed to help you measure and enhance the mental health and well-being of the young people you serve.

Parent/Guardian Signature _____

Date_____

PARENT/GUARDIAN VAN LIABILITY WAIVER

I, undersigned parent/guardian of _____ give my permission for said child to ride in the van owned by Tiftarea YMCA of Tifton, Ga.

The undersigned hereby agrees that neither Tiftarea YMCA, its officers, agents, employees, nor representative of said Authority shall be liable under any circumstances for the death, personal injury, or problem resulting from boarding, riding in, or departing from said van.

I understand this waiver includes release from death or personal injury involving the above-named individual, resulting from said individual's participation in any activity conducted by Tiftarea YMCA of Tifton, Ga.

Signature Parent/Guardian_____

Address_____

from the State of Georgia
have read and understand the Liability Waiver and hereby agree to the conditions mentioned above.

This ____ day of _____ 2026.

Tiftarea YMCA Youth Programs Offenses

OFFENSES	1st Offense	2nd Offense	3rd Offense	4th Offense
Being disrespectful (includes behavior towards campers and counselors) / Using foul language or curse words	**WARNING!** Inform parents at pickup!	1-Day Suspension	2-Day Suspension	Suspended from the Summer Camp Program
Making threats to a counselor	Suspended from the Summer Camp Program			
Making threats against OR toward another camper	**WARNING!** Inform parents at pickup! **(Depending on the situation)** **If a leader feels this offense warrants suspension, it will be up to my leaders to determine how many days the suspension will be, and parents/guardians will be called!**	Suspended from the Summer Camp Program		
Bullying/Teasing other campers	**WARNING!** Notify Parents at pickup or by phone call, depending on the severity of the situation!	1 - Day Suspension	3 - Day Suspension	Suspended from Tiftarea YMCA Youth Programs (Summer Camp)
Fighting/ Horseplaying	**Call Home!** 3-Day Suspension	**Call Home!** Suspended from the Summer Camp Program		
Physical Aggression (Pushing, hitting, and kicking)	**WARNING!** Notify Parents at pickup or by phone call, depending on the severity of the situation!	1 - 3 Day Suspension Suspension Days will depend on the severity of the situation!	Suspended from Tiftarea YMCA Youth Programs (Summer Camp)	
Running or walking away from your counselor or group without permission	**WARNING!** Inform parents at pickup!	1-Day Suspension	3-Day Suspension	Suspended from the Tiftarea YMCA Summer Camp Program

Destruction of property/Vandalism	**WARNING! CALL HOME and Restitution if needed**	1 - Day Suspension	3 - Day Suspension	Suspended from the Tiftarea YMCA Youth Program
Stealing	**WARNING!** CALL HOME	1 - Day Suspension	Suspended from the Tiftarea YMCA Youth Programs	
Inappropriate touching	**IMMEDIATE PARENT CONTACT**	1 - 3 Day Suspension Suspension Days will depend on the severity of the situation!	Suspended from the Tiftarea YMCA Youth Programs	
Refusing to follow the staff: Leaders' and counselors' instructions	**WARNING!**	Notify Parents Will try redirection and talk with them!	1 - Day Suspension	Suspended from the Tiftarea YMCA Youth Programs This will solely depend on the severity of the situation.
Unsafe behavior at the Pool or Field trips	**IMMEDIATE PARENT CONTACT**	1 - 3 Day Suspension Suspension Days will depend on the severity of the situation!	Suspended from the Tiftarea YMCA Youth Programs	
Bringing Prohibited items, such as toys, electronics, etc…	**Confiscate Items and give items to parents at pickup**	1 - 3 Day Suspension ONLY if items or electronics are being used in an inappropriate or harmful way.	If inappropriate or harmful behavior continues, this will result in **suspension from the Tiftarea YMCA Youth Program**	

The YMCA reserves the right to skip steps in the discipline process depending on the severity of the behavior or safety concern. Signing this form means you have read and understood the YMCA disciplinary offenses form.

Parent/Guardian Signature_____
Child Name_____
Date _____