**YWCA Carlisle and Cumberland County After the Bell Club**

**Youth Participant Form**

**Please complete one Youth Participant Form per child.**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age DOB Grade School

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Names(s) Email(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone Work Phone Cell Phone

\*Please indicate which number is best to contact during After the Bell Club hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information:**

***\*If you cannot be reached, please provide two names of local persons to contact in case of emergency.***

Name Relationship to Participant Phone

Name Relationship to Participant Phone

**Allergies/Other Medical Conditions**

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

**Please initial:**

\_\_\_\_\_ My child, a resident of Grandview Court, has permission to walk to and from the After the Bell Club for arrival and dismissal.

**Programming Options:**

 **Please select the After the Bell Club options your child will be attending:**

\_\_\_\_ Tuesdays 4:00pm-5:30pm \_\_\_\_ Thursdays 4:00pm-5:30pm \_\_\_\_ Tuesdays and Thursdays 4:00pm-5:30pm

**Release of Liability**

I understand that, in the event of an emergency involving my child, it may be necessary for a staff person or other representative of YWCA Carlisle and Cumberland County to administer basic first aid to my child and/or transport my child to a hospital, physician’s office or other health care facility. I hereby consent to the treatment and/or transportation of my child under such circumstances, and release YWCA Carlisle and Cumberland County, its employees, director, and agents from any claim arising out of or related to such treatment or transportation, except in the case of gross negligence. I will bear all expenses incurred in transportation and medical treatment. YWCA Carlisle and Cumberland County is not responsible for lost or stolen items.

I understand that YWCA Carlisle and Cumberland County retains the right to request my child’s removal from the program due to disruptive behavioral concerns. Behavioral concerns are defined as verbal or physical activities which may include but are NOT limited to: behavior that requires constant attention from staff, behavior that inflicts physical or emotional harm on other children or self, and behavior that abuses staff and/or ignores and disobeys program rules.

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

Parent/Guardian (Print) Date

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

Parent/Guardian (Signature) Date

Please return this form to YWCA Carlisle and Cumberland County staff at 1380 Grandview Court during open hours (4:00pm-5:30pm) on Tuesdays and Thursdays. Forms may also be dropped off at YWCA Carlisle and Cumberland County at 301 G Street. Registration is accepted on a rolling basis, but spots are limited. Contact Empowerment Programs Manager, Khaliyah Malloy, at kmalloy@ywcacarlisle.org or (717) 243-3818 for more information.