



Emergency Care Plan

Registration Form

NOTES: The Emergency Care Plan is designed to help the families of medical staff, health care workers, first responders, and vulnerable populations find a safe place for children while they need to work. This plan is not designed for families seeking traditional child care programs.

Please select the one that best represents your family:

- Health Care Worker First Responder Vulnerable Population

Child's Name: _____ Additional Child: _____

Parent/Guardian: _____ Phone: _____

Email: _____

Emergency Care Plan Cost

Cost per day is \$25

We will not turn people away for inability to pay, please mark a box that applies to your circumstances:

- I can pay \$25 per day per child and give permission for my account to be billed daily
- I can not pay \$25 per day per child at the moment but asked to be billed to pay at a later time. I anticipate payment to be made on _____
- I need financial assistance, I am able to pay \$_____ per day per child and give permission for my account to be billed daily
- I signed up and paid online
- I would like to make a (tax deductible) donation in the amount of \$_____ to help offset the cost for other families

PARTICIPATION AGREEMENT

I understand that the YMCA assumes no responsibility for injuries or illness that I may sustain as a result of my physical condition or resulting from my participation in any YMCA activity. I hereby (and on behalf of my children) release, discharge and agree not to sue the YMCA, its employees, officers, or directors for any and all claims for injury, illness, death, loss or damage that I may suffer as a result of my participation. I agree that I will cooperate and conform to the directions and instructions of the YMCA staff and volunteers. I hereby give the YMCA permission to use their judgment in obtaining medical service for myself and/or my child. I give permission to the physician selected by the YMCA personnel to render medical treatment deemed necessary and appropriate. Payment of any resulting medical, hospital or related costs and expenses must be paid by my insurance or available benefit plan of mine or my spouse. I have read and understand this Release, Waiver and Indemnity Agreement. I understand that the YMCA's emphasis is on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership.

Guardian Signature: _____