



YMCA OF GREATER ROCHESTER APPLICATION FOR COMMUNITY MEMBERSHIP

CHECK YOUR HOME LOCATION:

- **MAPLEWOOD FAMILY YMCA NEIGHBORHOOD CENTER**
25 Driving Park Avenue, Rochester, NY 14613 | 585-647-3600
- **LEWIS STREET YMCA NEIGHBORHOOD CENTER**
53 Lewis Street, Rochester, NY 14605 | 585-325-2572
- **THURSTON ROAD YMCA NEIGHBORHOOD CENTER**
597 Thurston Road, Rochester, NY 14619 | 585-328-9330



Adam J. Bello
COUNTY EXECUTIVE

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MEMBER INFORMATION



Name: Phone Number:

Address:

City: State: Zip Code:

Date of Birth: Age: Grade Level:

Gender: M F Other YMCA Member: Yes No

DEMOGRAPHICS

Household Income	Disability:	Veteran:	LGBTQIA+:
<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Less than \$15,000	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> \$15,000-\$24,999	<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> \$25,000-\$34,999			
<input type="checkbox"/> \$35,000-\$44,999			
<input type="checkbox"/> \$45,000-\$74,999			
<input type="checkbox"/> \$75,000 +			

Individual Income: Number of People in Household:

Race/Ethnicity:

<input type="checkbox"/> Asian	<input type="checkbox"/> Native American or Alaskan Native	<input type="checkbox"/> Two or more race/ethnicities
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other race/ethnicity (not listed)
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White or Caucasian	

Preferred Language:

PARENT/GUARDIAN INFORMATION

Parents listed are authorized to pick up child.

Name: Date of Birth: Relation to Child:

Address: City: State: Zip Code:

Email: Place of Employment:

Cell Phone: Other Phone:

EMERGENCY CONTACTS

Must list at least one emergency contact in addition to parent/guardian per OCFS regulations. Contacts listed are authorized to pick up child.

Name: <input type="text"/>	Relation to Child: <input type="text"/>	Phone: <input type="text"/>
Name: <input type="text"/>	Relation to Child: <input type="text"/>	Phone: <input type="text"/>
Name: <input type="text"/>	Relation to Child: <input type="text"/>	Phone: <input type="text"/>

HEALTH INFORMATION

Do you have any medical conditions that we should be aware of?
If yes, please list:

Do you have any allergies that we should be aware of?
If yes, please list:

PARENT/GUARDIAN AGREEMENT



I consent to the enrollment of the child listed above in this facility and have been advised and read all of the policies regarding administration of medications, fees, transportation, and the services provided by the facility and the Office of Children and Family Services regulations under which it operates. All community members are allowed to come and go from the space as needed, as this is a drop-in center.

- The YMCA assumes responsibility for my child's well being during the hours of operation in which my child attends the program.
- In the event of an emergency, the YMCA will make every effort to contact me. If I cannot be reached, the YMCA is authorized to act for me according to their best judgment in an emergency requiring medical care or surgery. The physician selected may hospitalize, secure proper treatment for, or order injection, anesthesia, or surgery for my child.
- I am responsible for the cost of all medical treatment and care.
- I have provided information on my child's special needs (allergies, diet, disabilities, and/or medical information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. I agree to review and update this information whenever a change occurs and at least once every six months.
- The information on this form is complete and accurate. I have provided the YMCA with all of the necessary information to properly care for my child's needs.
- I must notify the YMCA staff immediately of any changes on this form.
- The YMCA's responsibility for my child begins when the child has reached the program and checked in with YMCA staff. It is my responsibility to notify the YMCA staff if my child will be absent from the program.
- Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.
- YMCA staff and volunteers are not allowed to baby sit or transport children at any time outside of the YMCA program.
- The YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

My signature acknowledges my understanding of and agreement to the above:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

PERMISSIONS FOR CARE

Please initial at each permission and sign at the bottom.

Photos/Video

I give permission for my child to be photographed or videotaped and to have those photos used in program and/or in YMCA approved materials and social media. The United Way may also use these photos/videos in publications and promotional pieces. I will not be informed or reimbursed for such photographs. _____

Food

Through a collaboration with Foodlink, we are proud to provide a healthy snack option for all youth. To ensure the safety of participants, no outside food is permitted. _____

My signature acknowledges my understanding of and agreement to the above:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT

I, _____, parent/guardian of _____ understand that YMCA of Greater Rochester activities have inherent risks and I hereby assume all risks and hazards incident to my child's participation in all YMCA of Greater Rochester activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA of Greater Rochester, the organizers, volunteers, supervisor,s officers, directors, participants, coaches, referees, as well as, person or parents transporting participants to and from activities from any claims or injury sustained during my child's participation during YMCA of Greater Rochester activities.

Signature: _____ Date: _____