

# EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME		BIRTHDATE	
ADDRESS			
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	
ADDRESS			
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS			
CELL PHONE NUMBER		E-MAIL ADDRESS	
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	
ADDRESS			
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS			
CELL PHONE NUMBER		E-MAIL ADDRESS	
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE	
PERSON(S) TO WHOM THE CHILD MAY BE RELEASED	NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER	
ADDRESS			
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICAL REACTION)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)	
<b>PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>			
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS		SWIMMING	
TRANSPORTATION BY THE FACILITY		WADING	

**PERIODIC REVIEW**

\_\_\_\_\_

SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_

DATE

\_\_\_\_\_

SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_

DATE

**ORIGINAL**



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**CIVIL RIGHTS COMPLIANCE PARENT AWARENESS**

**In accordance with applicable Federal and State Civil Rights requirements, you as a resident of this agency, have the right:**

To be provided services at this agency and to be referred for services of other agencies without regard to your race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age or sex.

To file a complaint of discrimination if you feel you have been discriminated against on the basis of your race, color, religious creed, disability, ancestry, national origin, age or sex.

Complaints of discrimination may be filed with any of the following:

[Community YMCA  
2104 Garrett Road  
Lansdowne, PA 19050  
[info@cyedc.org](mailto:info@cyedc.org)

Office for Civil Rights  
U.S. Department of Health and Human Services  
Centralized Case Management Operations  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg  
Washington, D.C. 20201  
Customer Response Center: (800) 368-1019  
TDD: (800) 537 7697  
<https://www.hhs.gov/ocr/complaints>  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

Commonwealth of Pennsylvania  
Department of Human Services  
Bureau of Equal Opportunity  
Room 225, Health & Welfare Building  
P.O. Box 2675 Harrisburg, PA 17120  
Inquiries: (717) 787-1127  
Email: [RA-PWBEOAO@pa.gov](mailto:RA-PWBEOAO@pa.gov)

Pennsylvania Human Relations  
Commission (PHRC)  
333 Market Street, 8th Floor  
Harrisburg, PA 17101  
<https://www.phrc.pa.gov/File-a-complaint>  
Inquiries: (717) 787-4410  
TTY users only: (717) 787-7279

**Parent's**  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Staff**  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**COMMUNITY YMCA OF EASTERN DELAWARE COUNTY PHOTO AND VIDEO/AUDIO RECORDING RELEASE**

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the Community YMCA, I hereby give my permission and consent, now and for all time, to the Community YMCA, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with the Community YMCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the Community YMCA, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at the Community YMCA, I authorize, according to this Release, shall belong to the Community YMCA, YMCA of the USA and third parties collaborating with the Community YMCA and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience the Community YMCA;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience the Community YMCA will not be subject to any obligation of confidentiality and may be shared with and used by the Community YMCA, YMCA of the USA and third parties collaborating with the Community YMCA and/or YMCA of the USA;
- Community YMCA, YMCA of the USA and third parties collaborating with the Community YMCA and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the Community YMCA; and

I CHOOSE TO OPT OUT OF SOCIAL MEDIA PHOTOS USED OF MY CHILD

- Community YMCA, YMCA of the USA and third parties collaborating with the Community YMCA and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the Community YMCA for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge the Community YMCA, YMCA of the USA and third parties collaborating with the Community YMCA and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience the Community YMCA as described herein.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_

I am the Mother/Father/Legal Guardian of \_\_\_\_\_ (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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## **2023-2024 SPRINGFIELD YMCA SCHOOL AGE PAYMENT SCHEDULE**

- **We have broken this down into ten equal payments that are due the first of each month (September through June)**
- Balance payments may be made at the Front Desk or by phone during business hours. Online balance payments may be made by visiting our website at [www.cyedc.org](http://www.cyedc.org). Phone and online balance payments may be made by using Visa, MasterCard, American Express, or Discover. Cash, check, or credit cards accepted at the Front Desk. We also offer monthly draft deductions from your checking account or credit card.
- All balances paid after the due dates are subject to a \$15 late fee.
- If payment is more than one month late, services will be suspended.
- A \$20 fee will be charged for payments declined by your bank or credit card company.
- Any outstanding balance at the end of the school year, will delay program registration for camp or other programs.

As always, if you have a concern regarding payment, please contact us as soon as possible so that we may promptly resolve your issues. If you have any questions regarding payments, please contact Jeannine Hurlock at 610.259.1661 ext. 3077 or email [jhurlock@cyedc.org](mailto:jhurlock@cyedc.org).

<b>Month</b>	<b>Due Date</b>	<b>Late Fee Assessed</b>	<b>Late Fee Amount</b>
<b>September</b>	9/1/23	9/10/23	\$15
<b>October</b>	10/1/23	10/10/23	\$15
<b>November</b>	11/1/23	11/10/23	\$15
<b>December</b>	12/1/23	12/10/23	\$15
<b>January</b>	1/1/24	1/10/24	\$15
<b>February</b>	2/1/24	2/10/24	\$15
<b>March</b>	3/1/24	3/10/24	\$15
<b>April</b>	4/1/24	4/10/24	\$15
<b>May</b>	5/1/24	5/10/24	\$15
<b>June</b>	6/1/24	6/10/24	\$15

I understand and agree to the Community YMCA School Age program fee schedule for payment deadlines according to the above chart, and am aware of the late fee increases and balance due dates.

Child's Name (printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_