



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA of San Francisco

## Program Registration

Processed Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

### PROGRAM LOCATION

School Name: \_\_\_\_\_

ASP Only

BSP Only

ASP & BSP

### APPLICANT INFORMATION

Student's Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Gender:  Male  Female  Non-Binary  Decline to State Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Parent/Guardian Email: \_\_\_\_\_

#### Household Income: Please Check One

\$0-\$13,999  \$14,000-\$24,999  \$25,000-\$39,999  \$40,000-\$74,999  \$75,000 and over  Declined to state

#### PARENT/GUARDIAN 1

(Emergency contact & authorized to pick-up child)

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

#### PARENT/GUARDIAN 2

(Emergency contact & authorized to pick-up child)

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

#### ADDITIONAL AUTHORIZED PICK-UPS/EMERGENCY CONTACTS:

Pick-Up #1 Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Pick-Up #2 Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Pick-Up #3 Name: \_\_\_\_\_

Phone: \_\_\_\_\_

#### UNAUTHORIZED PICK-UPS:

(Anyone NOT authorized to pick up the child, please list here)

\_\_\_\_\_

Does your family have access to:  
A desktop, laptop, or tablet?

Yes  No

Reliable internet/wi-fi?

Yes  No

List any allergies or medications we should know about:

Can your child participate in this program without additional supports?

Yes

No

If your answer is no, please state briefly the nature of the additional supports your child may need.

Does your child have one of the following?

SST  504  IEP  No

Do you authorize consent for program staff to access your child's SST, 504, and or IEP?

Yes

No

\*If yes please sign the attached SFUSD Authorization for Release of Confidential Information

Does your child qualify for the Free & Reduced Lunch Program? If yes, attach letter

## HIGHLY SUBSIDIZED SLOT PROGRAM

There are a limited number of highly subsidized slots available at each program location. Please note, these subsidized spots waive the monthly co-pay fee and instead have an ANNUAL application fee based on Free/Reduced lunch eligibility.

**Eligibility for the Highly Subsidized Slot Program is determined by the following criteria:**

- Financial need- Annual Household Income\*
- Committed to attending the program 5 days/week and fully participating in program offerings
- Identified by the school's administrative staff and teachers as students who will benefit from the program
- Complied with program/grant attendance requirements
- Identified by the program or school as homeless (as defined by the federal McKinney-Vento Homeless Assistance Act) or as being in foster care

**Subsidized spots are not guaranteed. If your student does not qualify and you still want to participate, you may apply for the monthly co-pay fees program (please refer to rates below).**

**SIBLING DISCOUNT:** We offer a 20% discount on Annual Registration Fee for siblings.

- YES! I am eligible for the Highly Subsidized Slot Program**  
(Will be confirmed by a Free/Reduced Lunch Eligibility letter provided by the district)

**OR**

## MONTHLY CO-PAY FEES PROGRAM

Applicants who are members of a YMCA facility are offered a reduced monthly co-pay. If you are interested in a YMCA Facility Membership, please visit our website at [www.ymcasf.org](http://www.ymcasf.org) You may also sign up as a Community Participant at no cost (access to YMCA programs only). Before School Programs are not offered at all-sites. Please check with your site coordinator or a YMCA staff on Before School Program availability at your school site.

**Please check the box that you would like to register for:**

| Community Participant Rates                                 |                           |   | YMCA Facility Member Rates |                           |                         |
|---|---------------------------|---|----------------------------|---------------------------|-------------------------|
| BEFORE SCHOOL   | MONTHLY FEE<br>(Sept-May) | DEPOSIT<br>(Aug & June)   | BEFORE SCHOOL              | MONTHLY FEE<br>(Sept-May) | DEPOSIT<br>(Aug & June) |
| <input type="checkbox"/> 5 days/week                        | \$220.50                  | \$50  |                            | \$176.40                  | \$50                    |
| <input type="checkbox"/> 3 days/week                        | N/A                       | N/A   | N/A                        | N/A                       | N/A                     |
| <input type="checkbox"/> 2 days/week                        | N/A                       | N/A   | N/A                        | N/A                       | N/A                     |
| <b>Please check all of the days your child will attend:</b> |                           | <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY |                            |                           |                         |

| Community Participant Rates                                 |                           |   | YMCA Facility Member Rates |                           |                         |
|---|---------------------------|---|----------------------------|---------------------------|-------------------------|
| AFTER SCHOOL  | MONTHLY FEE<br>(Sept-May) | DEPOSIT<br>(Aug & June)   | AFTER SCHOOL               | MONTHLY FEE<br>(Sept-May) | DEPOSIT<br>(Aug & June) |
| <input type="checkbox"/> 5 days/week                        | \$700.08                  | \$50  |                            | \$560.07                  | \$50                    |
| <input type="checkbox"/> 3 days/week                        | \$511.56                  | \$50  |                            | \$409.25                  | \$50                    |
| <input type="checkbox"/> 2 days/week                        | \$413.44                  | \$50  |                            | \$330.75                  | \$50                    |
| <b>Please check all of the days your child will attend:</b> |                           | <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY |                            |                           |                         |

**PLEASE NOTE:** One-day camps and weekly camps are available at additional fees.

**SIBLING DISCOUNT:** We offer a 20% discount on monthly child care fees for siblings.

**FINANCIAL ASSISTANCE:** We offer financial assistance to qualifying families. If you are interested in applying, please complete a financial assistance application and submit with your income verification and registration packet.

- YES! I am applying for the Monthly Co-Pay Fees Program**  
 **YES! I have attached my Financial Assistance Application**

# PAYMENT- PLEASE COMPLETE ONE SECTION

## HIGHLY SUBSIDIZED SLOT PROGRAM/ ELIGIBILITY & PAYMENT

### Financial Need Eligibility:

- YES! I am eligible for the Highly Subsidized Slot Program**  
(Will be confirmed by a Free/Reduced Lunch Eligibility letter provided by the district)

Notification: Families will be informed of their student's acceptance/waitlist status

- If your student is accepted into the program, you are required to secure your slot with a **\$100 non-refundable deposit**.
- Payments can be made during each school's site scheduled payment night, in person at any YMCA facility, or by calling the YMCA of San Francisco's Business Resource Center (BRC) at 415-777-9622 Ext #2

### PAYMENT DUE

|             |
|-------------|
| TOTAL<br>\$ |
|-------------|

#### Payment Method:

- Charge account on file  
 Check/money order payable to Stonestown Family YMCA (see above for payment instructions)

Please note: Returned payments will result in a \$15 bank fee. No one will be turned away because of their inability to pay.

OR

## MONTHLY CO-PAY FEES PROGRAM/ PAYMENT DUE AND BILLING POLICY

By signing below, I acknowledge and agree to the following:

- Monthly co-pays are paid automatically via EFT 10 days before the first of the month. If payment is not made, we will request permission from you 5 days after the due date via email to pay off your balance using your credit card/bank account on file. If we do not hear from you within 3 business days after our request, we will use the credit card/bank account on file to pay your balance.
- Parents must update billing information if there are any changes to their account, including credit card replacement and new expiration dates. This can be done Online or at a main Branch Facility.
- Parents will be contacted regarding returns from their account. It is the parent's responsibility to pay for childcare by the 1<sup>st</sup> of the month. Failure to do so will result in a \$15 late payment fee. If payment is not received by the 10<sup>th</sup>, child care will be terminated.
- A \$15 bank fee will be charged for any returned payments.
- I acknowledge that the following month's fees are non-refundable: **August**
- Refund Requirements: A 30 day written or email notice is required for program cancellation (including school transfers) and a 14-day notice is required for schedule changes. It is the parent's responsibility to notify the YMCA by written note or email. Withdrawal of student from program is not considered notice of program cancellation and will not terminate child care payments.

Parent/Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### PAYMENT DUE

\$ \_\_\_\_\_

Deposit is due at registration and NON-REFUNDABLE

\$ \_\_\_\_\_

Donation to our Annual Campaign which supports financial assistance for qualifying families at YMCA

|             |
|-------------|
| TOTAL<br>\$ |
|-------------|

#### Payment Method:

Families in monthly co-pay fee-based program must have an account on file for monthly drafts.

- Charge account on file  
 I will provide new account information

# STUDENT CONTRACT

**Parent/Guardian:** Please read this over carefully with your student.

I, \_\_\_\_\_, understand and agree to meet the following requirements of the program:  
Student's Name

- I will report to program immediately after school and sign in.
- I will make sure to be signed out when I leave.
- I will be in a supervised area at all times and never leave the program alone whether on or off school grounds.
- I will follow school rules and directions from staff members both during and after school.
- I will be respectful to the adults and other students.
- I will not engage in bullying, name calling, or any inappropriate interactions with peers. I understand that this is not tolerated in any of our programs.
- I will use words to solve conflicts, or ask an adult for help. I will never use violence to solve a problem.
- I will leave electronics at home and get permission from a staff member before using my cell phone.
- I will take care of our school building and our equipment. I will clean up after myself.
- I will be open to activities, clubs, and enrichments.

**I understand that if I break these rules:**

- I may be asked to participate in a Restorative meeting.
- If I continue to break the rules or if the incident is serious, my parent/guardian will be contacted.
- If I fight in any of our programs, I will participate in Restorative Practices. Depending on the severity of the situation, I may be suspended from program.
- If inappropriate behavior continues, depending on the severity of the situation, I may be on a behavioral contract or suspended from program.

I understand that I must sign this contract in order to be admitted into the program. I also understand that by signing this contract I am agreeing to adhere to the rules.

**Scholar Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## ABOUT YOUR STUDENT

This section asks for information that is required by one of our funders. The below information will in no way determine your student's status in the program or be used for any purpose other than program evaluation.

**1. Student Race/Ethnicity (select one):**

- |   |   |
|---|---|
| <input type="checkbox"/> African American                       | <input type="checkbox"/> Middle Eastern-Arab        |
| <input type="checkbox"/> Black-Other (specify): _____           | <input type="checkbox"/> Middle Eastern-Iranian     |
| <input type="checkbox"/> Asian-Chinese                          | <input type="checkbox"/> Middle Eastern-Other       |
| <input type="checkbox"/> Asian-Filipino                         |   |
| <input type="checkbox"/> Asian-Indian                           | <input type="checkbox"/> Native American            |
| <input type="checkbox"/> Asian-Japanese                         | <input type="checkbox"/> Native Alaskan             |
| <input type="checkbox"/> Asian-Korean                           | <input type="checkbox"/> Pacific Islander-Guamanian |
| <input type="checkbox"/> Asian-Laotian                          | <input type="checkbox"/> Pacific Islander-Hawaiian  |
| <input type="checkbox"/> Asian-Thai                             | <input type="checkbox"/> Pacific Islander-Tongan    |
| <input type="checkbox"/> Asian-Vietnamese                       | <input type="checkbox"/> Pacific Islander-Samoan    |
| <input type="checkbox"/> Asian-Other                            | <input type="checkbox"/> Pacific Islander-Other     |
| Specify: _____  | Specify: _____                                      |
| <input type="checkbox"/> Hispanic/Latino-Mexican American       | <input type="checkbox"/> White                      |
| <input type="checkbox"/> Hispanic/Latino-Central American       | <input type="checkbox"/> Multiracial/Multiethnic    |
| <input type="checkbox"/> Hispanic/Latino-South American         | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> Hispanic/Latino-Caribbean              | Specify: _____                                      |
| <input type="checkbox"/> Hispanic/Latino-Other (specify): _____ | <input type="checkbox"/> Declined to Specify        |

**2. Home Language (select one):**

- |  |   |
|--|---|
| <input type="checkbox"/> English         | <input type="checkbox"/> Mandarin               |
| <input type="checkbox"/> Spanish         | <input type="checkbox"/> Samoan                 |
| <input type="checkbox"/> Cantonese       | <input type="checkbox"/> Tagalog                |
| <input type="checkbox"/> Russian         | <input type="checkbox"/> Taishanese             |
| <input type="checkbox"/> Japanese        | <input type="checkbox"/> Vietnamese             |
| <input type="checkbox"/> Khmer/Cambodian | <input type="checkbox"/> Arabic                 |
| <input type="checkbox"/> Korean          | <input type="checkbox"/> Russian                |
| <input type="checkbox"/> Laotian         | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Other: _____    |   |
| Specify: _____                           |   |

**3. Student English Fluency (select one):**

- Fluent  
 Somewhat Fluent  
 Not Fluent

**4. Housing Status**

- Permanent/Stable Housing  
 Homeless- Transitional/ Supportive Housing  
 Homeless- Shelter/ Emergency Housing  
 Homeless- Motel/Hotel  
 Homeless- Staying with Friends/Family  
 Homeless- Unsheltered  
 Unknown

# YMCA OF SAN FRANCISCO MEMBERSHIP APPLICATION

## Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment therein and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
4. THE UNDERSIGNED HEREBY GIVES PERMISSION for the YMCA of San Francisco, or any of its branches, to use any photographs or video footage taken of the undersigned and/or the undersigned's children participating in YMCA of San Francisco activities for future YMCA promotional purposes, including without limitation, media materials, promotional print pieces, promotional video pieces, social media platforms and Web sites of the YMCA of San Francisco and its affiliate branches, without additional release or authorization.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE.

Signature of Parent/Guardian/Student if over 18 or Emancipated

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

Print name of student:

\_\_\_\_\_

# SFUSD ExCEL AFTER SCHOOL PROGRAM ENROLLMENT FORM

## ExCEL Enrollment Form

SFUSD ExCEL After School Program is pleased to offer daily after school programs for students at all SFUSD elementary and middle school sites. Each school site selects a community-based organization to operate the ExCEL program and provide high quality afterschool experiences for our students.

### Purpose of the Programs

The purpose of the after school program investment is to provide students with academic enrichment opportunities which are designed to compliment students' regular academic program and provide a safe environment for students. After school programs are designed in collaboration with the schools that the students attend and in alignment with SFUSD guidelines.

### How are the programs funded?

All of the SFUSD ExCEL After School Programs in elementary, TK-8, and middle schools are available at low or no cost to families thanks to **federal and state grant funds** as well as funding from SFUSD and the Department of **Children, Youth & Families (DCYF)**.

SFUSD ExCEL After School Programs in high schools are available at low cost to families thanks to federal grants and funding from SFUSD.

In SFUSD, most school-based after school and summer learning programs are co-sponsored by SFUSD (the ExCEL program) and a partnering community based organization. The majority are funded through a combination of family fees and city, state and federal grants that are not guaranteed to be renewed once a grant cycle has ended.

While SFUSD is committed to expanding after school programming to meet the needs of all families, the CDE also has specific requirements related to funding that include providing access to focal populations. Some of the state and federal grants are very competitive. The California Department of Education (CDE) selects the school sites that receive grants, determines the grant amount, and the number of students served by the grant.

In addition to the local, state and federal grants, **YMCA of San Francisco** also contributes resources, both in-kind and in-cash, in order to serve more families and/or provide more enrichment opportunities for students.

### **Each school site receiving after school funding is required to:**

1. Operate an after school program at least 3 hours/day for at least 15 hours/week and until 6 pm
2. Provide academic, enrichment, recreation and physical activities
3. Provide a nutritious snack
4. Operate with student-to-staff ratio that will not exceed twenty-to-one (20:1) for grades 1-12 and 10:1 for grades TK/K

## SFUSD ExCEL AFTER SCHOOL PROGRAM ENROLLMENT FORM

### Priority for Program Slots

Since the demand for ExCEL Programs often exceeds the funding capacity, priority enrollment goes to students who are identified by the program as:

- Youth experiencing homelessness
- Youth in foster care
- Low income youth
- English language learners

NOTE: Students who meet the foster youth, english language learners and eligible for free/reduced prices meals must complete an OPT out form as evidence for audit purposes, form attached to end of this packet.

- Youth who attend the full day program, five days a week.
- Students who attend the school site location of the after school program
- Students are also identified through a school site specific process based on but not limited to: academic need, truancy, and socio-emotional needs.

[NOTE: Agencies should communicate with the SCHOOL site administrator for more specific language re: school site selection process in addition to meeting the priority requirement documentation for ELO-P and ASES grants].

### Early Release for the Program:

Per State grant guidelines, enrolled elementary & middle school students are expected to attend the program every day until 6pm. Early release from the program can be arranged. Whenever you pick up your child, prior to the end of program, please be aware that the staff are REQUIRED to give you a code to use on the ExCEL Sign Out Sheet.

Fee based Programs - All ExCEL after school programs in elementary and middle schools are fee based programs. SFUSD has a district wide co-payment fee structure for ALL ExCEL elementary/K-8 and middle after school programs.

- The monthly co-payment fee will be waived for a family with a child in the program who is a homeless youth or for a child who is in foster care
- The monthly co-payment fee will be waived for a family that is eligible for Free or Reduced lunch except for those co-payments required by local, state or federal tuition subsidy programs. Families should complete the SFUSD Meal Application on an annual basis to be eligible for the monthly co payment fee waiver. If a family completes the application online, an eligibility letter can be printed from a family's online account. If a family completes a paper application, an eligibility letter will be sent to the house.
- A family that is not eligible for free/reduced lunch will pay a co-payment fee on a sliding scale.

For more information refer to the [FAQ](#)

### Americans with Disabilities Act (ADA)

Unlike the school day, which is required to comply with Individualized with Disabilities Education Act (IDEA), the after school program must comply with Americans with Disabilities Act (ADA). Services and activities provided by a public entity to the public, whether directly or through an agency, must be accessible to students with disabilities with **reasonable accommodations** (e.g. federal, state and local disabilities rights such as Section 504). Enrollment in program can include query if student needs additional supports, but cannot use that information to influence enrollment. If a student has a 504 plan or IEP plan, the ExCEL program may request access to that information in order to identify what **reasonable accommodations** can be made to support access to program.

## SFUSD ExCEL AFTER SCHOOL PROGRAM ENROLLMENT FORM

### Safe and Supportive Environments- Progressive Response to Challenging Behavior

In collaboration with the school day, ExCEL programs must ensure policies and protocols within its program that are sufficient to ensure staff, student and family member safety. ExCEL programs are required to document injuries, referrals and crisis situations. Each agency will share their progressive response to challenging behavior with staff, students and families. Progressive Response to Challenging behavior should include universal practices across program to promote a safe and supportive community. It should also include an internal processes for managing challenging behavior that may result in alternative consequences (e.g. Restorative Circles) or Tier II intervention (e.g. behavior contract) or suspension from program.

### Parent Permission and Student Information Form

Permission to Participate in ExCEL After School Program

I give my child permission to participate in the YMCA of San Francisco / ExCEL After School Program

| School Program, Program Name | School Site |
|------------------------------|-------------|
|                              |             |

| Student First Name | Student Last Name | Grade | Date of Birth | Child has previously attended this after school program? (Y/N) | Any Additional Support needed? |                              |                                |
|--------------------|-------------------|-------|---------------|--|--------------------------------|------------------------------|--------------------------------|
|                    |                   |       |               |  | <input type="checkbox"/> 504   | <input type="checkbox"/> IEP | <input type="checkbox"/> Other |
|                    |                   |       |               |  | <input type="checkbox"/> 504   | <input type="checkbox"/> IEP | <input type="checkbox"/> Other |
|                    |                   |       |               |  | <input type="checkbox"/> 504   | <input type="checkbox"/> IEP | <input type="checkbox"/> Other |

|                             |             |       |             |
|-----------------------------|-------------|-------|-------------|
| Home Address:               |             | City: | Zip Code:   |
| Home Phone:                 | Work Phone: |       | Cell Phone: |
| Preferred Home Language(s): |             |       |             |

**POLICIES AND PERMISSIONS**

I have reviewed and understand the following policies and information:

|                        |  |
|------------------------|--|
| <b>Parent Initials</b> | <b>For the following:</b>                                    |
|                        | ATTENDANCE REQUIREMENTS                                      |
|                        | EMERGENCY CONTACT & AUTHORIZATION FOR MEDICAL TREATMENT FORM |

**SFUSD ExCEL AFTER SCHOOL PROGRAM  
ENROLLMENT FORM**

|  |   |
|--|---|
|  | AUTHORIZED PICK UP  |
|  | PERMISSION TO EVALUATE PROGRAMS AND TRACK STUDENT PROGRESS                              |
|  | PHOTO/VIDEO RELEASE   |
|  | AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION ( <i>OPTIONAL if applicable</i> ) |

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

**EMERGENCY CONTACT/RELEASE AND AUTHORIZATION FOR MEDICAL TREATMENT**

|               |        |                |
|---------------|--------|----------------|
| Student Name: | Grade: | Date of Birth: |
|---------------|--------|----------------|

In case of emergency please contact:

\_\_\_\_\_  
Name Relationship Phone: work/home/cell

\_\_\_\_\_  
Name Relationship Phone: work/home/cell

Does your child have health coverage? YES NO

\_\_\_\_\_  
Name of Medical Insurance Policy/ Insurance # Primary Insured's Name

\_\_\_\_\_  
Medical History that may be of importance Medication Student is taking

\_\_\_\_\_  
List any Allergies

\_\_\_\_\_  
Name of Child's Doctor Telephone

**SFUSD ExCEL AFTER SCHOOL PROGRAM  
ENROLLMENT FORM**

I authorize ExCEL After School Program Staff to furnish and/or obtain emergency medical treatment which may be necessary for my child during the After School Program.

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

**AUTHORIZED PICK UPS**

Adults Authorized to Pick Up  
Student

\_\_\_\_\_  
Name Relationship to student Phone

\_\_\_\_\_  
Name Relationship to student Phone

Adults that are **NOT** authorized to Pick up Student (attach relevant documentation)

\_\_\_\_\_

**PERMISSION TO EVALUATE PROGRAMS AND TRACK STUDENT PROGRESS**

During your child's attendance in the ExCEL After School Program, s/he may benefit from aligned support across the school day into the after school program.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ (parent initial), I give permission for the ExCEL After School Program Staff to review my child's school data (test scores, report cards and other performance indices), for the purpose of providing targeted academic instruction and assessing the academic effectiveness of the After School Program. I also give permission for After School Program staff to monitor my student's progress and to require my child to complete evaluation surveys for the purpose of determining program effectiveness.

**Family Educational Records Privacy Act ("FERPA")**

ExCEL After School Programs complies at all times with the requirements of the Family Educational Records Privacy Act ("FERPA") and relevant state law regarding the confidentiality and handling of student records, including but not limited to California Education Code sections 49073 and sequential. ExCEL After School Programs shall only access and use confidential student information for the performance of duties on behalf of SFUSD under this Agreement, prior written parent consent, or other provision of federal and state law permitting access to confidential student information. ExCEL After School Programs shall not use confidential student data for any purpose other than providing services to the District pursuant to this Agreement.

ExCEL After School Programs shall not re-disclose confidential student information to any third party without the prior written consent of the District and any such re-disclosure shall be consistent with state and federal law.

If Applicable:

## PERMISSION TO ACCESS 504 PLAN OR INDIVIDUALIZED EDUCATION PLAN (IEP)

I authorize the exchange of information for \_\_\_\_\_ (student name) described below between the San Francisco Unified School District and the following agency(s) and/or individual(s):

- YMCA OF SAN FRANCISCO

This authorization applies to the following information: (Check each line that applies)

- 504 Plan
- Individualized Education Plan (IEP)

**Expiration:** This authorization expires (date or event): **June 3, 2026**

**Restrictions:** Providers who receive this information may not release it to someone else unless another authorization form is signed.

**Your Rights:** You may refuse to sign this form. You may cancel it at any time by informing the San Francisco Unified School District in writing. If you cancel your permission to allow the release of information about you/your child, it will go into effect immediately (unless someone already released information). You have a right to receive a copy of this Authorization.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Indicate relationship to student:** \_\_\_\_\_

If Applicable:

## PHOTO/VIDEO RELEASE OPT OUT FORM

During your child’s attendance in the ExCEL After School Program, s/he may participate in an activity that is being photographed or videotaped; these photographs/video recordings may be used for promotional purposes.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

By not submitting an opt out form, I authorize the SFUSD or any third party it has approved to photograph or videotape my child during After School program activities and to edit or use any photographs or recordings at the sole discretion of SFUSD. I understand that I and my child shall have no legal right or interest arising from the recording, including economic interest. I also agree to release and hold harmless the SFUSD and any third party it has approved from and against all claims, demands, damages, and liabilities arising out of or use of the recording.

\_\_\_\_\_(parent initial) I DO NOT give my permission for my child to be photographed/videotaped by the Afterschool program for promotional purposes.

# AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

## YMCA OF SAN FRANCISCO

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Our agency is supported by a grant from the San Francisco Department of Children, Youth and Their Families (DCYF). As a condition of the funding we receive, we are required to report information about the services we provide and the children, youth, and families we serve to DCYF. DCYF works in close partnership with the San Francisco Unified School District (SFUSD). The data that we report to DCYF is also shared with SFUSD.

By signing this form you authorize our agency to share information about your child's participation in our program

(your participation if you are 18 years of age or older) with authorized staff at DCYF and SFUSD for the purposes described above. The information that we report to DCYF includes:

- Personal Information, such as name, date of birth, and address;
- Demographic information, such as race/ ethnicity and gender identity;
- Education information, such as school name and grade level;
- Participation in activities and services, such as attendance dates and hours attended; and
- Anonymous and voluntary youth experience surveys.

DCYF and SFUSD will not publicly report any information that we provide in any way that may be used to identify your child (or you if you are 18 years of age or older).

Restrictions: All information that we provide that is related to an SFUSD student is protected by federal and state laws that govern the use, disclosure, and re-disclosure of student education records. Parties other than DCYF and SFUSD will not have access to any personally identifiable information that we report, except to the extent that the parties have obtained prior written authorization from you or have followed SFUSD policies and procedures to obtain access to such information.

Expiration: This authorization expires on **June 3, 2026**

Your Rights You may refuse to sign this form. You may cancel it at any time by informing our agency in writing. If you cancel your permission allowing us to release information to DCYF and SFUSD, it will go into effect immediately, unless the information has already been released. You have a right to receive a copy of this form.

Your Name: \_\_\_\_\_

Relationship to Participant:     Parent     Legal Guardian     Participant 18 Years of Age or Older

Signature: \_\_\_\_\_



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Required for all Qualifying Students:  
**Parent Acknowledgement of Free After School and Opt In/ Out Form**

Expanded Learning Opportunities Program provides priority and/ or free enrollment in SFUSD after school programming. The following criteria designate priority enrollment. Note: priority is based on verified documentation on file with SFUSD

- Student qualifies for Free/ Reduced school meal benefits as determined by the Multipurpose Family Income Form
- OR student is a designated English Language Learner
- OR student is designated foster youth

The following criteria designate access to priority enrollment and FREE after school programming

- Student qualifies for free/reduced school meal benefits
- Student is designated foster youth

\_\_\_\_\_ OPT OUT: I acknowledge that my child qualifies for free and/or priority after school programming and I am **OPTING OUT** of participation in the program for this school year.

\_\_\_\_\_ OPT IN: I acknowledge that my child qualifies for free and/or priority after school programming and I am **OPTING IN** to enroll and participate in the program for this school year.

**School Site Name**

| Student First Name | Student Last Name | Grade | Date of Birth |
|--------------------|-------------------|-------|---------------|
|                    |                   |       |               |
|                    |                   |       |               |
|                    |                   |       |               |

|                      |              |                  |                       |
|----------------------|--------------|------------------|-----------------------|
| <b>Parent Name:</b>  |              |                  | <b>Email Address:</b> |
| <b>Home Address:</b> | <b>City:</b> | <b>Zip Code:</b> | <b>Phone Number:</b>  |

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



## DCYF PHOTOGRAPHY RELEASE FORM

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

You or your child participates in a youth program funded by the San Francisco Department of Children, Youth, and Their Families (DCYF). DCYF staff or contractors may on occasion visit this program to take photographs for public information projects.

The public information projects aim to educate civic leaders and the general public about programs and services available for San Francisco children, youth and families. Example projects include DCYF publications and exhibits, as well as the DCYF website (<http://www.dcyf.org>).

By signing this form you authorize DCYF staff and contractors to take photographs for the public information projects described above.

Your Name: \_\_\_\_\_

Relationship to Participant:     Parent     Legal Guardian     Participant 18 Years of Age or Older

Signature: \_\_\_\_\_



San Francisco Unified School District
Authorization for Release of Confidential Information

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

School/Dept: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

I authorize the exchange of information described below between the San Francisco Unified School District and the following agency(s) and/or individual(s):

- Healthcare provider(s) \_\_\_\_\_ (name)
Agency(s) \_\_\_\_\_ (name)
Parent/ legal guardian (if minor consented to care) \_\_\_\_\_ (name)
Other \_\_\_\_\_

This authorization applies to the following information: (check each line that applies)

- Educational Data/IEP Social/Developmental Psychological
Vision Speech/Language Audiological
Medical Other \_\_\_\_\_

Expiration: This authorization expires (date or event): \_\_\_\_\_

Restrictions: Providers who receive this information may not release it to someone else unless another authorization form is signed.

Your Rights: You may refuse to sign this form. You may cancel it at any time by informing the San Francisco Unified School District in writing. If you cancel your permission to allow the release of information about you/your child, it will go into effect immediately (unless someone already released information). You have a right to receive a copy of this Authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Indicate relationship to student: [ ] parent [ ] legal guardian: \_\_\_\_\_



# YMCA ADMISSION POLICY

We are honored that you have chosen the YMCA for your child care needs. We believe all kids have potential and should have the opportunity to discover who they are, express themselves, and thrive in a nurturing environment. We look forward to a great year!

## Payments

- For sites with annual tuition fees, rates are based on a set 180 school days. Holidays and School In-Service days are not included. Payments are divided into 10 equal installments per school year, August-May.
- Families must provide written notice by the 20th of the month prior to cancel or modify their program enrollment for the following month.
- Payments are due and collected on the 1st of the month.
- Automatic draft is the preferred method of payment. All accounts with saved payment methods on file will auto draft on the 1st of the month.
- We do not accept any form of payment at the program sites.
- Checks, credit cards, cash, money orders or cashiers checks are accepted at YMCA branches only, please check with your Site Coordinator if you wish to pay your tuition in person.
- Parents can register, manage and schedule their own payments online. Please visit [www.community.ymcasf.org](http://www.community.ymcasf.org) to access your online account.
- A \$25 Bank fee may be applied to all rejected auto payments.
- Program fees cannot be credited or adjusted for absences, teacher work days, holidays, or vacations.
- A \$15 late fee may be applied to accounts that are not paid by the 1st of each month. Participants may be automatically dropped from the program if payments are not received by the 10th of each month.
- If your account becomes delinquent it may be turned over to a collection agency.
- Fees are subject to change with a one-month written notice.
- Holiday Camps may be provided during school breaks and teacher work days at an additional cost. Registration is completed online.

## Receipts

Please retain your receipts for tax purposes and flexible spending accounts. You can print receipts from your online account at [www.ymcasf.org](http://www.ymcasf.org).

## Financial Assistance

The YMCA offers financial assistance to the greatest extent possible. Grants are based on need. Financial Assistance is available because of generous donors to our Annual Giving Campaign. The YMCA has the right to cancel financial assistance if: your payments are late; a check is returned because of insufficient funds; or false information is found on your application. Financial Assistance is valid for one school year and it is the parent's responsibility to renew financial assistance each year. Financial assistance is never retroactive. Please speak with your Site Coordinator if you are in need of Financial Assistance.

## FSA

Flexible Spending Account (FSA) agencies do not recognize the YMCA as a childcare facility by default, for that reason the credit cards decline and do not work with our system. However, a signature or receipts can be obtained through your online account with the YMCA and Site Coordinator.

## Late Pick-up Policy

If children are not picked up by closing time, a late fee of \$5 may be charged for every minute beyond closing time. Financial assistance will not be applied to this fee nor will Third Party Agencies pay this fee. If your child is not picked up after 30 minutes, we will call those listed on your emergency contact pickup list. If we cannot contact anyone, we will call the police and CPS. If your child is picked up late more than 5 times, the YMCA has the right to terminate care.

## Cancellations / Reduction of Days

Written notice must be received by the 20th of the month prior to cancel or reduce your program schedule. Reductions and cancellations take effect on the 1st of the following month after a change request is submitted to your Site Coordinator.

## Child's Attendance

It is the responsibility of the parent/guardian to inform the childcare site of absences.

**If site is not informed in advance of absence and we expect the child(ren) to attend our program that day we may take the following steps:**

1. Call school office.
2. Call primary contacts (parent/guardian).
3. Call down the emergency pick-up contact list.
4. If we do not hear back from any of the emergency contacts confirming whereabouts of the child(ren) within 20 minutes we may contact the local police department.

## **Sign-in/Sign-out**

YMCA policy requires that children be signed in/out by their parents or guardian with a full signature. Initials will not be accepted. Any other adult authorized to pick up your child must be listed as an authorized adult. Please inform the site in writing if someone not listed is picking up your child and please keep your authorized pickup list updated. We will ask to see a photo ID if the staff does not know the person who comes to pick up your child.

## **Medication**

Please indicate on your child's registration any medication (prescription or over-the-counter) that they need. Medication must have child's and physician's full name, physician's contact information, and complete instructions in its original container. Additional requirements may apply, please speak with you Site Coordinator for details. The YMCA staff are not permitted to apply sunscreen to your child.

## **Enrichment Classes**

If a child enrolls in a before/after school program hosted by the Elementary School, sport team, etc., a release form is required. Parents are required to inform the Y staff of any extracurricular activities that may alter the time they are in our care. You can get this form from the Site Coordinator. It is not the responsibility of the YMCA Staff to ensure your child's attendance of their enrichment class.

## **Snacks / Physical Activity**

The YMCA provides a light, nutritious morning snack and a small snack each afternoon. We are not able to cater to special food requests. We incorporate Healthy Eating and Physical Activity Standards (HEPA) in our programs. We provide fresh fruit/vegetables and whole grain foods, made without trans-fat. We offer water as beverage of choice and it is available at all times. We ensure that children engage in at least 60 minutes of physical activity per day. Parent partnership is important to us, we encourage parents to support the YMCA by upholding the standards of eliminating sugary drinks, snacks with trans fat and high in sodium content. Our staff is trained in HEPA standards and will support children in making healthy food choices. Ask the staff for a list of healthy snack ideas.

## **Eligibility**

We have the right to turn down care if we believe your child is ill or contagious. The YMCA will ensure that all individuals and families regardless of race, religion ethnicity, configuration, sexual orientation or gender identity are made to feel welcome.

## **NIT/LICE Policy**

Our school programs follow a strict NO NIT/LICE policy.

## **Behavior Guidelines**

The YMCA of San Francisco's approach to working with children utilizes positive redirection and self-discipline. Staff work with the children using positive reinforcement, preventive measures, and programs that support children's success. Each participant in the YMCA program is expected to respect themselves, other people, and their belongings. Restorative Practices and circle dialogue are practiced in YMCA programming. Classroom circles support the two main goals of restorative practices: building community and responding to harms through dialogue that sets things right.

## **When an incident occurs, we will:**

1. Talk to the child.
2. Remove child from activities, institute a cooling off period, implement Restorative Practices.
3. Call parent.
4. Insist that parent pick up child and attend mandatory meeting.
5. Put child on a behavioral agreement.
6. Suspend child from program.
7. Expel child from program.

## **YMCA OF SAN FRANCISCO PROGRAM EXPERIENCE SURVEY AUTHORIZATION**

YMCA of San Francisco improves program quality and impact through member and participant surveys and data analysis. By signing this form, you authorize your child(ren) to participate in YMCA of San Francisco's anonymous and voluntary program experience surveys.

In addition to anonymous survey answers, we may collect the following participant information:

- Demographic information, such as race/ethnicity and gender identity;
- Education information, such as school name and grade level; and
- Participation in activities and services, such as attendance dates and hours attended.

YMCA of San Francisco will not disclose the personally identifiable information of your child(ren) and will limit the collection of survey answers and participant information to no more than is reasonably necessary to accomplish the purpose of the collection. YMCA of San Francisco does not rent or sell personally identifiable information, survey answers, or participant information, including information provided about children, to third parties. YMCA of San Francisco may share youth experience survey answers and participant information with trusted service providers in order to analyze such information and improve program quality and impact.

## **AUTORIZACIÓN PARA LA ENCUESTA DE EXPERIENCIA DEL PROGRAMA YMCA DE SAN FRANCISCO**

YMCA de San Francisco mejora la calidad y el impacto del programa a través de encuestas y análisis de datos de miembros y participantes. Al firmar este formulario, usted autoriza a su(s) hijo(s) a participar en las encuestas de experiencia del programa anónimo y voluntario de YMCA de San Francisco.

Además de las respuestas anónimas a la encuesta, podemos obtener la siguiente información de los participantes:

- Información demográfica, como raza/etnia e identidad de género;
- Información educativa, como el nombre de la escuela y el nivel de grado; y
- Participación en actividades y servicios, como las fechas de asistencia y las horas de asistencia.

YMCA de San Francisco no revelará la información personalmente identificable de su(s) niño(s) y limitará la colección de respuestas de la encuesta e información de los participantes a no más de lo razonablemente necesario para lograr el propósito de la colección. YMCA de San Francisco no alquila ni vende información personal identificable, respuestas a encuestas, o información de los participantes, incluyendo información proporcionada sobre niños, a terceros. YMCA de San Francisco puede compartir respuestas de encuestas de experiencia juvenil e información de los participantes con proveedores de servicios de confianza para analizar dicha información y mejorar la calidad y el impacto del programa.

## 三藩市青年會計劃經歷調查授權

三藩市青年會通過成員和參與者調查和數據分析提高計劃的質量和影響力。通過簽署此表格，您授權您的孩子（們）參加三藩市青年會的匿名和自願課程調查。

除匿名調查答案外，我們還可能收集以下參與者資料：

- 人口統計資料，如種族/民族和性別認同;
- 教育資料，如學校名稱和年級;和
- 參加活動和服務，例如出勤日期和參加時間。

三藩市青年會不會披露您的孩子（們）的個人身份資料，並且將收集調查答案和參與者資料限制在完成收集目的的合理必要範圍內。三藩市青年會不向第三方出租或出售個人身份資料，調查答案或參與者資料，包括有關兒童的資料。三藩市青年會可以與可信的服務提供商分享青少年經歷調查答案和參與者資料，以便分析此類資料並提高計劃質量和影響。



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## YMCA OF SAN FRANCISCO

**ATTENTION – PLEASE READ THE FOLLOWING CAREFULLY. THIS WAIVER AFFECTS YOUR LEGAL RIGHTS.**

### YMCA OF SAN FRANCISCO

#### **MEMBERSHIP APPLICATION RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA of San Francisco, or any YMCA participating in the YMCA Nationwide Membership Program, (hereinafter referred to as "YMCA") (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment therein and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
4. THE UNDERSIGNED HEREBY GIVES PERMISSION for the YMCA, or any of its branches, to use any photographs or video footage taken of the undersigned and/or the undersigned's children participating in YMCA activities for future YMCA promotional purposes, including without limitation, media materials, promotional print pieces, promotional video pieces, social media platforms and Web sites of the YMCA and its affiliate branches, without additional release or authorization.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.



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**YMCA OF SAN FRANCISCO**

**ATENCIÓN - LEA ATENTAMENTE LO SIGUIENTE. ESTA RENUNCIA AFECTA A SUS DERECHOS LEGALES.**

**YMCA DE SAN FRANCISCO**

## **ACUERDO DE EXONERACION Y CESIÓN DE RESPONSABILIDAD CIVIL Y INDEMNIZACIÓN**

EN CONSIDERACION de haber sido otorgado permiso del uso de las instalaciones, servicios y programas del YMCA (o para que un menor participe en ellos) por cualquier propósito, incluyendo, pero sin limitarse, a la observación o uso de los equipos de las instalaciones, o participación en cualquier programa en otro sitio pero afiliado al YMCA, el/ella que firma, por si mismo(a) y en nombre de cualquier menor participante, representante, heredero y pariente, reconoce, acuerda y asevera que ha inspeccionado y cuidadosamente considerado, o que inmediatamente antes de ingresar o participar inspeccionará y cuidadosamente considerará la premisas e instalaciones del

programa afiliado. Además, queda sobreentendido que tal ingreso al YMCA para observación o uso de cualquiera de los equipos de las instalaciones o la participación en tales programas afiliados, constituirán un reconocimiento de que tales premisas, toda instalación, los equipos de las mismas y tales programas afiliados han sido inspeccionados y cuidadosamente considerados y que el/ella que firma los halla considerado y los acepta como seguros y razonablemente adecuados para los propósitos de tales observaciones, uso o participación por su parte o del menor.

**ADEMAS DE CONSIDERAR EL HABER SIDO OTORGADO PERMISO PARA INGRESAR AL YMCA PARA CUALQUIER PROPOSITO**

**INCLUYENDO, PERO NO LIMITANDOSE, A LA OBSERVACION O USO DE LAS INSTALACIONES Y EQUIPOS, O LA PARTICIPACION**

**EN CUALQUIER PROGRAMA AFILIADO AL YMCA, EL/ELLA QUE FIRMA ACUERDA LO SIGUIENTE:**

- 1. EL/ELLA QUE FIRMA, POR SU PARTE Y LA DEL MENOR, EXIME, CEDE, LIBERA Y GARANTIZA NO DEMANDAR AL YMCA, sus directores, oficiales, empleados y agentes (de aquí en adelante se referirá a estos como los eximidos) por cualquier responsabilidad hacia el/ella que firma, o el menor, sus representantes, herederos y parientes, por cualquier pérdida o daño o el demanda por los mismos, con relación a lesiones a la persona o a la propiedad o que causaran la muerte a el/ella que firma o al menor, haya sido a causa de negligencia del eximido o no, mientras el/ella que firma o el menor esté en, dentro o en los alrededores de la premisas o cualquiera de los equipos de las instalaciones o participando en cualquier programa afiliado al YMCA.**
- 2. EL/ELLA QUE FIRMA ACUERDA INDEMNIFICAR, SALVAGUARDAR Y NO PERJUDICAR a ninguno de los eximidos por cualquier pérdida, responsabilidad, daño o costo que pudiera tener, debido a la presencia de el/ella que firma o del menor en, dentro o en los alrededores de las premisas del YMCA, o en cualquier forma observando o usando los equipos de las instalaciones del YMCA, o participando en cualquier programa afiliado al YMCA, haya sido a causa de la negligencia del eximido o no.**
- 3. EL/ELLA QUE FIRMA ASUME COMPLETA RESPONSABILIDAD Y LOS RIESGOS DE LESIONES CORPORALES, MUERTE O DAÑO A LA PROPIEDAD a el/ella que firma o al menor debido a la negligencia del eximido o no, mientras esten dentro o en los alrededores de las premisas del YMCA, y/o mientras este usando las premisas o cualquiera de los equipos de las instalaciones, o participando en cualquier programa afiliado al YMCA.**
- 4. EL/ELLA QUE FIRMA da permiso al YMCA de San Francisco, o algunos de sus instalaciones, para usar cualquier fotografías or video tomado de el/ella o los hijos/hijas participando en actividades del YMCA de San Francisco para futuro propósitos promocionales del YMCA , sin autorización adicional.**

**EL/ELLA QUE FIRMA además acuerda expresamente que este ACUERDO DE EXONERACION, CESION Y INDEMNIZACIÓN ha de ser tan amplio y inclusivo como lo permita la Ley del Estado de California y que si cualquier parte de mismo fuera invalidado, se acuerda que el saldo, no obstante, continuará en plena fuerza y efecto.**

**EL/ELLA QUE FIRMA HA LEIDO Y VOLUNTARIAMENTE FIRMA EL ACUERDO DE EXONERACION Y CESIÓN DE RESPONSABILIDAD CIVIL Y INDEMNIZACIÓN y además asegura que no se la ha hecho ninguna aseveración oral, declaracion o inducción aparte del presente acuerdo por escrito.**



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**注意 - 請仔細閱讀下面的內容。這會影響您的法律權利。**

三藩市青年會

## 會籍申請免除與放棄責任及賠償同意書

考慮到下文簽署者和/或參與孩童欲獲准使用三藩市青年會或任何參與青年會全國會員計劃的設施(以下略稱為『YMCA』)、服務和活動,因任何原因,包括但不限於參觀或使用設施或器材,或參與任何YMCA會址外的相關活動,下文簽署者以本人名義,並代表該參與孩童、任何個人代表、繼承人和近親屬,特此承認、同意和代表當他/她一旦進入會址範圍或參與活動時,將查看和細心考慮使用該場地和設施或相關活動。下文簽署者再此保證當進入YMCA參觀或使用任何設施或器材或參與相關活動時,確認該場地及其所有設施和器材和相關活動經已查看和細心考慮,並認同和接受上述事物皆為安全和合適於下文簽署者和該孩童作參觀、使用或參與用途。

再此考慮到欲獲准進入YMCA因任何原因,包括但不限於參觀或使用設施或器材,或參與任何YMCA會址外的相關活動,下文簽署者特此同意下列事項:

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FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA OF SAN FRANCISCO

I HAVE READ THIS RELEASE.





I UNDERSTAND THAT SIGNING THIS IS THE EQUIVALENT OF MY SIGNATURE AND DEMONSTRATES ACCEPTANCE OF THE ABOVE TERMS IN THEIR ENTIRETY.

YO HE LEIDO ESTE ACUERDO.

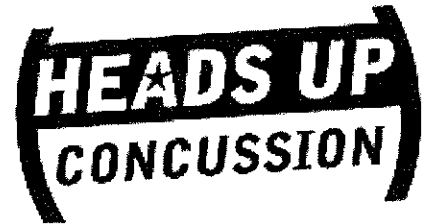
ENTIENDO QUE FIRMARLO EQUIVALE A MI FIRMA Y DEMUESTRA LA ACEPTACIÓN DE LOS TÉRMINOS ANTERIORES EN SU TOTALIDAD.

本人經已閱知本同意書。

本人明白簽署此文件相當於本人的有效簽名，並表明本人接受上述所有條款。

|   |   |
|---|---|
|                      |  |
| Signature of applicant/parent / Firma de el/ella Solicitante/Padre / 申請者/家長簽署                         | Date / Fecha / 日期   |
|                     |   |
| Print name of applicant/parent / Nombre del Menor Matriculado en Programa / 正楷書寫申請者/家長姓名              |   |
|                    |   |
| Print child(ren)'s name(s) / Nombre(s) de los Menores Matriculado en el/los Programa(s) / 正楷書寫孩童(們)姓名 |   |

# CONCUSSION Information Sheet



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

## What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach's rules for safety and the rules of the sport.
  - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



**Plan ahead.** What do you want your child or teen to know about concussion?

## How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

### Signs Observed by Parents or Coaches

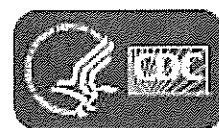
- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to or after* a hit or fall.

### Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

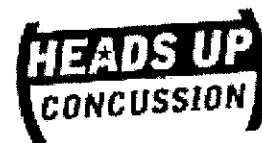
**Talk with your children and teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)



Centers for Disease Control and Prevention  
National Center for Injury Prevention and Control

**Concussions affect each child and teen differently.** While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



## What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

➤ **Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.**

Revised 5/2015

## What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)

You can also download the CDC HEADS UP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

I \_\_\_\_\_ acknowledge receipt of the concussion and head injury  
(Parent/ Guardian name)

information sheet, and I agree to discuss the risks of concussion and head injury  
with my child/children.