

Sterling-Rock Falls Family YMCA

RFMS After School Program

Name: _____ Birth date: ____ / ____ / ____ Gender: _____

Address: _____, _____, IL

Grade: _____ School: _____ Teacher: _____

Primary Language: _____

Parent or Legal Guardian Information.

Name: _____ Relation: _____ Phone Number: _____

Name: _____ Relation: _____ Phone Number: _____

Email address: _____

OTHER AUTHORIZED ADULTS (18 years or older)

If I am unavailable, the following adults have my authority to take responsibility for my child as indicated below. ****I understand only those listed will be able to pick up my child or make decisions about his/her welfare.**

Name	Relation to child	Phone #	Pickup To/From School	Behavioral Problems	Medical Emergency

***All students will be bussed back to Rock Falls Middle School for pick-up.**

Medical Information

Are there any medical conditions that we should be aware of? (i.e.: asthma, etc.) No _____

Yes _____

Is there any other information that we should be aware of regarding your child(ren)? No _____

Yes _____

Signature _____

Date _____



Child's Name: _____

The Rock Falls Middle School District #13 has partnered with the YMCA to offer this program. It will be offered on Mon/Tues/Thurs from the time school is out until 5:30pm. At 5:30pm the students will be bussed back to Rock Falls Middle School.

***All students will be bussed back to Rock Falls Middle School for pick-up/bus/walk home.**

(Please Check a Box)

- My child will be picked up by a parent or authorized adult.
- My child will ride the bus to: Home Address: _____

** I also understand that I should send a written note should my child's bussing plans change.

- My child has permission to walk home after the program

Week	Pease circle the days they will attend.	Please check if they will not attend.
9/6- 9/10	Tu Th	
9/13-9/17	M Tu Th	
9/20-9/24	M Tu Th	
9/27- 10/01	M Tu Th	
10/4-10/7	M Tu Th	
10/11-10/14	M Tu Th	
10/18-10/21	M Tu Th	

WAIVER

I agree for myself, and/or the minor child for whom I am signing, to specifically assume all risks of injury, damage and loss sustained by us and/or our property, arising out of our use or intended use of equipment or facilities, or our participation in the activities/programs of the Sterling-Rock Falls Family YMCA, and do hereby for myself, and/or the minor for whom I am signing, our heirs, executors and administrators, waive, release and agree to hold harmless from all claims or damages, the Sterling-Rock Falls Family YMCA, and its officers, directors, Board of Directors, members, employees, volunteers and agents. I declare, for myself, spouse and the minor(s), that I/he/she/we am/are/is physically sound and medically approved to participate in the activities of the YMCA.

Signature _____

Date _____