



GREENWICH YOUTH CENTER REGISTRATION FORM

www.GreenwichYouthCenter.org
(518) 531 – 4273 OR (518) 480 - 1080



MEMBER NAME: _____	GRADE: _____	DOB: _____
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PHYSICAL ADDRESS: _____	PARENT/GUARDIAN'S PHONE: _____
MAILING ADDRESS _____	ALTERNATE PHONE: _____
CITY/STATE: _____	PARENT GUARDIAN'S EMAIL: _____
ZIP CODE: _____	

PARENT / GUARDIAN SECTION

PARENT/GUARDIAN NAME: _____	RELATIONSHIP: _____
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IN THE EVENT OF AN EMERGENCY PLEASE CONTACT	
NAME: _____	PHONE: _____
NAME: _____	PHONE: _____
NAME: _____	PHONE: _____

LIST ALLERGIES, MEDICAL CONCERNS OR ANY OTHER CONDITIONS THAT WOULD HELP US BEST SERVE YOUR CHILD:

I, (PRINT MEMBER NAME) _____, understand that inappropriate language, behavior, gestures and any threatening activity will not be tolerated. I will respect myself and others and refrain from this type of behavior. I understand my membership can be revoked or suspended if I engage in such activity. I also understand that I am responsible for reading the member handbook and will be held accountable to its contents. I (PRINT PARENT NAME) _____, understand and have read the handbook and agree to my child being held to the rules it dictates while at GYC.

Member Signature _____ Parent/Guardian Signature _____

SMOKE-FREE GYC POLICY: the Greenwich Youth Center (GYC) is a Smoke-Free environment. There is no smoking allowed on or near the Village Building. The smell of smoke on clothing or any other indication of smoking, alcohol, vaping and/or other illegal drug use may be cause (at the discretion of any Staff/Volunteer) for removal from the GYC or person(s) may not be allowed to enter the GYC.

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“We believe that every young person has the capacity to achieve their highest potential with the support of the community”

Greenwich Youth Center 6 Academy St, Greenwich, NY 12834 Email: jackiewaitegycc@gmail.com



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NOTE: it is the policy of the Greenwich Youth Center to ensure a safe environment for all our members. As a result, we mandate that there are at least two adult volunteers/staff present at all times. In the event, for whatever reason, there is insufficient adult coverage, every attempt will be made to find coverage. If coverage is not found within 30 minutes, please be advised that the GYC will close and members will need to be picked up or make other arrangements.

READ THE FOLLOWING CONSENTS.
THEN CHECK THE APPROPRIATE BOX AND INITIAL

YES NO INITIAL
[] [] []

Waiver and Consent: I hereby release and waive the Concerned Citizens for Greenwich Youth (CCGY), the Village of Greenwich, employees, agents, representatives, officers, and directors from any and all liability for any loss or injury sustained or incurred (including any loss or injury resulting from the representatives, officers, and directors) while my child/member participates in Greenwich Youth Center’s programs or while my child travels to or from the GYC programs or activities.

YES NO INITIAL
[] [] []

Health Waiver: I acknowledge that I am aware that there are risks to me and my minor child of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus “severe acute respiratory syndrome, coronavirus 2 (SARS-CoV-2)”, which is responsible for Coronavirus Disease (COVID-19) and/or any mutations or various thereof and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS and ASSUME ALL SUCH RISKS ON BEHALF OF MY MINOR CHILD, both known and unknown, EVEN IF SUCH RISKS ARISE FROM NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my and my minor child’s participation.

YES NO INITIAL
[] [] []

Entry and Exit Procedure: I acknowledge that due to the COVID pandemic my child will be required to answer health questions and get their temperature checked prior to entry. At this time I, the parent/guardian, acknowledge that I will be unable to enter the center to drop off or pick up my child. A parent wishing to pick up their child is asked to call GYC, and a worker will bring their child out to them. Unless GYC is told otherwise I acknowledge that my child has the right to leave at any time. THERE IS NO RETRENTY FOR ANY REASON. Once my child leaves, GYC is not responsible for the actions or wellbeing of my child.

YES NO INITIAL
[] [] []

In an Emergency: I authorize any First Aid Responders and/or Physicians to perform any and all medical procedures, which he/she determines to be medically appropriate for my child under the circumstances.

YES NO INITIAL
[] [] []

Academic Partners: I give permission for my child to participate in the tutoring program offered by GYC. I give permission for my child to participate in any educational programing offered by GYC.

YES NO INITIAL
[] [] []

Media Coverage: During any GYC activity, media coverage (photography, interviews) may occur. Please check the box if you do consent to your child’s picture being taken/posted/advertised in support of the GYC.

MEMBER SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE : _____

DATE: _____

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