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FOR HEALTHY LIVING  
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## Brace Family YMCA 2018 - 2019 Homeschool Program Guidelines

Dear Homeschool Families,

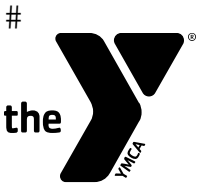
Welcome to the Brace Family YMCA Homeschool program! We are pleased that you have chosen to join our growing community. In an effort to make registration as smooth as possible, we ask that you carefully read the information included in this packet. In addition, please keep in mind that our ultimate goal is to provide a safe and supportive environment for all of our students and families. The guidelines that are outlined below will ensure that everyone has a positive and safe experience with ALL aspects of our program.

You MUST provide ALL of the following before your child will be registered for the Brace Family YMCA Homeschool Program. If you register online, please complete this form and return to Brace Family YMCA or email to [vickie.brammer@ymcacharlotte.org](mailto:vickie.brammer@ymcacharlotte.org)

1. Completed **Registration Packet**
2. Signed copy of **Homeschool Guidelines** Form
3. Class **Fees Paid** online or at the Sales & Service Center
4. Student **Registration Fee Paid** (\$25 per student per school year)

### Homeschool Program Guidelines:

1. At Brace Family YMCA, students MUST be checked in by an adult for class. This applies to students under the age of 10. Students ages 10 and above may sign themselves in for class, but may NOT sign in for younger siblings. Older siblings may NOT escort their younger siblings from class to their parents. Parents may leave campus while their children are in class. An adult must pick up students under 10 years old. The responsible adult must be an authorized contact listed on this registration form in order to pick up a child from class. Safety is our first priority for you and your child.
2. At the Hemby Program Center, drive all the way to the top where the road splits into 3 lanes and use the FAR LEFT carpool lane FOR DROP OFF and MIDDLE LANE FOR PICK UP. DO NOT allow students to get out of the car until you have reached the stop sign and a staff member meets you there.
3. At Central Church Lake Park, the carpool circle is in the back of the building. Please do not allow students to get out of the car until a staff member greets you.
4. Students MUST be prepared for class. Please be on time for class. Students must bring paper, pencils, and required texts as well as wear appropriate clothing for any fitness classes they will be attending. PE, STEAM, Spartan, Track, Boot Camp, and Outdoor Education require socks and tennis shoes. Tumbling requires comfortable clothing that allows movement. For safety reasons, students who are not dressed appropriately for fitness classes will not be allowed to participate.
5. Students MUST be on their best behavior. We are not the only ones using the Brace Family YMCA, Hemby Program Center, and Central Church Lake Park facilities. Please be courteous to everyone in the buildings and on campus. Students must be respectful to teachers, other students, YMCA and church property.



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6. NO FOOD is permitted except during lunch/recess time. Students will all have lunch/recess at 11:00 on Monday, Tuesday, and Wednesday at Hemby. Students at Brace will have lunch/recess from 11:45-12:15. Please pack a **healthy lunch** and **WATER** labeled with your child's name. No drinks except water are permitted.
7. Parents must be on time for pick up. We will allow one courtesy late pick-up. After that, parents will be assessed **\$1 per minute late**.
8. Hemby Academy and Central Church Lake Park Academy classes are designed as year long courses. Students wishing to enroll during winter and spring **must** obtain prior approval from the program director. Students must register for **FALL, WINTER, and SPRING** sessions during the designated registration periods. These courses also require parents to purchase the curriculum listed in the course descriptions.
9. Students are not permitted on campus at the Hemby Program Center or Central Church Lake Park unless they are enrolled in a class. **NO EXCEPTIONS**.
10. Students over 10 are permitted at Brace Family YMCA. They can do work in the lobby, and once they complete a fitness orientation, they have access to the fitness facilities.
11. All YMCA Homeschool programs are **drop off**. There is a required parent, student, teacher orientation the week of August 27. We will follow an abbreviated schedule to allow parents and students to meet the teachers and tour the campuses.
12. For more information or if you have any other questions please contact:  
[vickie.brammer@ymcacharlotte.org](mailto:vickie.brammer@ymcacharlotte.org)

**Behavior Policy:**

Our policy of consequences for our program begins with a verbal warning by staff to child. A timeout will be served and both staff and parent will sign a Documentation of Behavior form during pick-up. In the event that inappropriate behavior continues, it will be considered the 1<sup>st</sup> Official Offense and it will be necessary for parents to pick up the child immediately, a Documentation of Behavior form must be signed, and a 1-day suspension will be served for the child's next scheduled class. If a child experiences a 4<sup>th</sup> Official Offense, the child may be removed from the program.

**Cancellation Policy:**

If you choose to withdraw from a class, you must inform Vickie Brammer at [Vickie.brammer@ymcacharlotte.org](mailto:Vickie.brammer@ymcacharlotte.org).

Refunds will be given if withdrawal is requested prior to the session start date. Classes are not prorated.

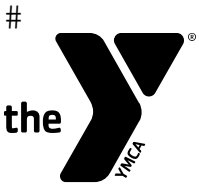
I agree to abide by the **Brace Family YMCA Homeschool Guidelines**.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please list all students enrolled in the homeschool program

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# 2018-2019 Brace Family YMCA Homeschool Registration

## General Information

1. Child's Name (Print) \_\_\_\_\_ Male\_\_ Female\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please list all known Allergies or ANY conditions that requires special care: \_\_\_\_\_

2. Child's Name (Print) \_\_\_\_\_ Male\_\_ Female\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please list all known Allergies or ANY conditions that requires special care: \_\_\_\_\_

3. Child's Name (Print) \_\_\_\_\_ Male\_\_ Female\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please list all known Allergies or ANY conditions that requires special care: \_\_\_\_\_

4. Child's Name (Print) \_\_\_\_\_ Male\_\_ Female\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please list all known Allergies or ANY conditions that requires special care: \_\_\_\_\_

## Parent Information

1. Parent/Guardian \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

2. Parent /Guardian \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Parent /Guardian Email Address \_\_\_\_\_

## Emergency/ Authorized Pick Up Contact Information

List the names of person or persons who are authorized to pick up child(ren) Please note Authorized Pick up Participants will need to show a photo ID upon pick up. The person or persons listed may also be contacted in case of emergency when parents are guardians can not be contacted.

1) Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

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## PROGRAM WAIVER

### RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Greater Charlotte (hereinafter referred to as "YMCA") and/or any participation in any program affiliated with the YMCA, without respect to location, I, for myself and any personal representatives, heirs, and next of kin, hereby acknowledge and agree to the following while at the YMCA, regardless of location:

1. **I HAVE, OR IMMEDIATELY UPON ENTERING OR PARTICIPATING WILL INSPECT AND CAREFULLY CONSIDER YMCA PREMISES, FACILITIES AND/OR THE AFFILIATED PROGRAM** and entering constitutes an acknowledgement that I find and accept them as being safe and reasonably suited for the purpose of observation, use, or participation.
2. **I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") and each of them from any loss, liability, damage, or cost that I may incur due to my/my child's presence, 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.
3. **I ACKNOWLEDGE THAT PARTICIPATING IN YMCA ACTIVITIES INVOLVES KNOWN AND UNANTICIPATED RISKS WHICH COULD RESULT IN PHYSICAL OR EMOTIONAL INJURY, PARALYSIS OR PERMANENT DISABILITY, DEATH, AND PROPERTY DAMAGE. I HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE** or loss while in, about, or upon the premises of the YMCA or location of a program affiliated with the YMCA and release, waive, and covenant not to sue the releases. Risks include, but are not limited to, broken bones, torn ligaments, or other injuries as a result of falls or contact with participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical emergencies resulting from physical activity; and damaged, lost or stolen property. I understand such risks cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
4. **I HEREBY AGREE THAT MY/MY CHILD'S PARTICIPATION IN THESE ACTIVITIES IS VOLUNTARY AND WE ELECT TO PARTICIPATE DESPITE THE RISKS.** If at anytime I believe that event conditions are unsafe or that I or my child is unable to participate due to physical/mental conditions, I will immediately discontinue participation.
5. **I REPRESENT THAT I HAVE ADEQUATE INSURANCE TO COVER ANY INJURY OR DAMAGE I OR MY CHILD MAY SUFFER OR CAUSE WHILE PARTICIPATING IN THIS ACTIVITY,** or else I agree to bear the costs of such injury or damage myself.
6. **I HEREBY AGREE THAT THE YMCA MAY PHOTOGRAPH OR CAPTURE FOOTAGE OF ME OR MY CHILD AT THE YMCA OR ON ANY AFFILIATED YMCA PROPERTY AND THE YMCA** may use those photographs or footage for its marketing purposes and further agree to release both the YMCA and releases from any claim or liability related to that use; waiving all claims for myself, my child and any heirs or next of kin.
7. **I HEREBY AGREE THAT IN THE EVENT THAT I/MY CHILD NEED IMMEDIATE MEDICAL ATTENTION FOR INJURIES THAT OCCUR WHILE PARTICIPATING IN A YMCA PROGRAM,** and I am not present or able to communicate my desires at the time of injury, I authorize YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency care as needed.
8. **I GIVE PERMISSION FOR MYSELF AND/OR MY CHILD TO BE TRANSPORTED BY THE YMCA** as needed for field trips, inclement weather, or late pick-up.

I expressly agree that this **RELEASE, WAIVER AND INDEMNITY AGREEMENT** is intended to be as broad and inclusive as is permitted by the law of the States of North Carolina and South Carolina and that if any portion thereof is held invalid the remaining portions shall remain in full legal force and effect **I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**, and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

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

Parent/Guardian's Name (PRINT) \_\_\_\_\_

Parent/ Guardian's Signature \_\_\_\_\_

STAFF/Branch Name Printed \_\_\_\_\_ Date \_\_\_\_\_

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