



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF CENTRAL FLORIDA YMCA MIDDLE SCHOOL PROGRAMS REGISTRATION FORM

Participant Name _____

Program Before School After School

_____ Participant Registration Form Complete

_____ Parent Agreement Initialed & Signed

_____ Waiver, Release and Indemnification Agreement Signed

_____ Photo/Audio Visual/Narrative Release or Opt-Out

_____ Medical Authorization Completed and Signed

_____ Dues and Fees Agreement (if applicable)

_____ All information entered into Salesforce, including data for each household member (Legal name, date of birth, address, phone number, and email)

Registration Packet Reviewed By _____

Date _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF CENTRAL FLORIDA YMCA MIDDLE SCHOOL PROGRAMS REGISTRATION FORM

Select Program - Lake County

The YMCA of Central Florida After School Programs in Lake County are funded by a Grant from 21st CCLC.

- Before School Program
- After School Program



Select Program - Orange County

The YMCA of Central Florida After School Zone in Orange County is funded by a Grant from the Orange County Government.

- Before School Program
- After School Zone



Select Program - Osceola County

The YMCA of Central Florida School Programs in Osceola County are funded by a Grant from the Osceola County Government.

- Before School Program
- After School Program





FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF CENTRAL FLORIDA YMCA MIDDLE SCHOOL PROGRAMS REGISTRATION FORM

PARTICIPANT INFORMATION

School _____ 2019-20 Grade _____ Date _____

Student ID _____ Ethnicity _____

Program Before School After School

Does your child require any special needs? Yes No

Are they identified through Section 504 (I.D.E.A. or an I.E.P.)? Yes No

If yes to either, please explain.

First Name _____ MI _____ Last _____

Gender _____ Date of Birth _____ Nickname _____

Street Address _____ Apt/Unit# _____

City _____ State _____ Zip _____

YMCA of Central Florida Member Yes No

Emergency Contact Name _____ Phone _____ Relationship _____

PARENT/GUARDIAN INFORMATION

Full Name _____ Mailing address is the same as participant

Email _____ Legal Guardian Yes No

Primary Cell _____ Alternate Contact Phone (work/landline) _____

Street Address (if different from child) _____ Apt/Unit# _____

City _____ State _____ Zip _____

Authorized to remove child from program Yes No (If no, please provide court documentation.)

2nd Adult Full Name _____ Mailing address is the same as participant

Email _____ Legal Guardian Yes No

Primary Cell _____ Alternate Contact Phone _____

Street Address (if different from child) _____ Apt/Unit# _____

City _____ State _____ Zip _____

Authorized to remove child from program Yes No (If no, please provide court documentation.)

The YMCA of Central Florida does not discriminate in admission or access to, or treatment or employment in its programs and activities, on the basis of race, color, religion, age, sex, national origin, marital status, disability, genetic information, sexual orientation, gender identity or expression, or any other reason prohibited by law. This holds true for all persons who are interested in participating in any YMCA of Central Florida program.

As one of the nation's largest providers of youth and family programs, the Y long has made the safety of children and all vulnerable populations a top priority. Providing a safe, secure environment for members and participants begins with knowing who has access to YMCAs through membership, which underscores the importance of membership screening. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation and remove visitation access.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF CENTRAL FLORIDA YMCA MIDDLE SCHOOL PROGRAMS REGISTRATION FORM

Authorization for Participant Release

Participant Name _____

Including yourself and any other legal guardians, please list all persons authorized to remove your child from the YMCA Program; children will only be released to a responsible adult age 18 or older.

- Persons indicated below may also be contacted in an emergency when parent/guardian(s) cannot be reached.
- Government-Issued Photo Identification is required for all persons removing child from the program.

Include the name and contact number for each person:

Name	Relationship	Phone	Emergency Contact	
_____	_____	_____	<input type="radio"/> Yes	<input type="radio"/> No
_____	_____	_____	<input type="radio"/> Yes	<input type="radio"/> No
_____	_____	_____	<input type="radio"/> Yes	<input type="radio"/> No
_____	_____	_____	<input type="radio"/> Yes	<input type="radio"/> No

Initials (required):

_____ I give authorization to the above individuals to remove my child from the YMCA Program.
Initial

_____ I acknowledge that myself and any other person listed above are responsible for signing my child in and out of the YMCA Program on the YMCA Sign-In/Sign-Out Sheet.
Initial

_____ I acknowledge that changes to the above list may be made only by Legal Guardians and must be made in writing with an original signature (for the safety of your child, electronic or phone communication will not be accepted).
Initial

_____ I authorize my child to sign out of the program.
Initial

Sign Out Procedures

My student has my permission to sign themselves out at _____ PM Yes No

Must be a Walker or Bike Rider

_____ I understand that when picking up my student I must exit my vehicle, enter the YMCA program area and present photo ID before they will be released. **Students cannot self sign out when getting picked up by a parent/guardian.**
Initial

_____ I understand that my child must leave campus after signing out or they can be charged with trespassing.
Initial

_____ **Lake County Only**—I understand that this is not a “Drop-In” program and my student must adhere to the attendance policy.
Initial

Orange County After School Zone Only:

Union Park MS, Southwest MS—My student will be using the YMCA sponsored bus home Yes No

Lake County (All Sites):

My student will be using the YMCA sponsored bus home for After School or Summer Programs Yes No

Parent or Guardian Name (Print) _____

Parent or Guardian Signature _____

Date _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**YMCA OF CENTRAL FLORIDA
YMCA MIDDLE SCHOOL PROGRAMS
PARENT AGREEMENT**

Parent Agreement

Participant Name _____

I hereby state that my child is physically and mentally capable of safe participation in YMCA activities. I understand and expressly acknowledge that participation in the program is a privilege. The YMCA of Central Florida reserves the right to remove any child who, according to the Program Director's discretion, is judged detrimental to the general welfare of the program, staff and/or other children. No refunds or prorates will be given. The right is reserved to search any child's belongings, according to the Program Director's discretion, when reasonable information is available that illegal substances and/or object that may cause harm to self or others may be present. I understand that damage to property caused by my child will be billed directly to the parent/guardian and the child may be asked to leave the program.

_____ **Member/Program Participant Consent, Release, Acknowledgment of Receipt and Understanding:** I, the undersigned, hereby acknowledge that I have received and read, or have had read to me, the YMCA of Central Florida's Code of Conduct. I have had an opportunity to have all aspects of this material fully explained. I also understand that my minor and/or I must abide by the policy as a condition of participation, and any violation may result in revoking membership, program participation or immediate removal from the program or facility.

Initial

Parents initial only for your county.

ORANGE COUNTY WAIVER: I hereby state that I/my child am physically and mentally capable of safe participation in the YMCA of Central Florida activities. I understand and expressly acknowledge that I release the YMCA of Central Florida and its staff along with the Orange County Government and their staff from all liability for any injury, loss or damage connected in any way to my child's participation in the YMCA of Central Florida activities, whether on or off the YMCA's premises. I also authorize the YMCA of Central Florida to obtain medical treatment for my child in the event of emergency.

_____ I give my permission to the YMCA of Central Florida along with the Orange County Government to use, without limitation or obligation, photographs, film footage, or tape recording which may include my child's image or voice for the purpose of promoting or interpreting the YMCA of Central Florida's programs.

Initial

LAKE COUNTY WAIVER: I hereby state that I/my child am physically and mentally capable of safe participation in the YMCA of Central Florida activities.

I understand and expressly acknowledge that I release the YMCA of Central Florida and its staff along with Lake County Public Schools and their staff from all liability for any injury, loss or damage connected in any way to my child's participation in the YMCA of Central Florida activities, whether on or off the YMCA's premises. I also authorize the YMCA of Central Florida to obtain medical treatment for my child in the event of emergency.

_____ I give my permission to the YMCA of Central Florida along with the Lake County Public Schools to use, without limitation or obligation, photographs, film footage, or tape recording which may include my child's image or voice for the purpose of promoting or interpreting the YMCA of Central Florida's programs.

Initial

OSCEOLA COUNTY WAIVER: I hereby state that I/my child am physically and mentally capable of safe participation in the YMCA of Central Florida activities.

I understand and expressly acknowledge that I release the YMCA of Central Florida and its staff along with Osceola County Public Schools and their staff from all liability for any injury, loss or damage connected in any way to my child's participation in the YMCA of Central Florida activities, whether on or off the YMCA's premises. I also authorize the YMCA of Central Florida to obtain medical treatment for my child in the event of emergency.

_____ I give my permission to the YMCA of Central Florida along with the Osceola County Public Schools to use, without limitation or obligation, photographs, film footage, or tape recording which may include my child's image or voice for the purpose of promoting or interpreting the YMCA of Central Florida's programs.

Initial

Parent or Guardian Name (Print) _____

Parent or Guardian Signature _____

Date _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**YMCA OF CENTRAL FLORIDA
WAIVER, RELEASE AND
INDEMNIFICATION OF ALL CLAIMS
& COVENANT NOT TO SUE**
(SECTION F.S. 744.301(3) FLORIDA STATUTES)

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in the YMCA of Central Florida Programs, now or any time in the future.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE YMCA OF CENTRAL FLORIDA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE YMCA OF CENTRAL FLORIDA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE YMCA OF CENTRAL FLORIDA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in the YMCA program activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with the YMCA program participation, including but in no way limited to: (1) slips, trips, and falls, (2) encounters with nature including toxic plants and animals, (3) aquatic injuries, and (4) athletic injuries. I further acknowledge that the preceding list is not inclusive of all possible risks associated with the YMCA program participation and that said list in no way limits the operation of this Agreement.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in the YMCA of Central Florida Programs, I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the YMCA of Central Florida, its officers, directors, agents, employees, volunteers, and representatives from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the YMCA of Central Florida on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of the YMCA of Central Florida facilities/equipment or participation in the YMCA of Central Florida programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of the YMCA of Central Florida, its officers, directors, agents, employees, volunteers, and representatives.

In consideration of the named minor's participation in the YMCA program, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS the YMCA of Central Florida, its officers, directors, agents, employees, volunteers, and representatives from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's YMCA program participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in the YMCA program participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in the YMCA program and that by signing this agreement I hereby, on behalf



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

**YMCA OF CENTRAL FLORIDA
 WAIVER, RELEASE AND
 INDEMNIFICATION OF ALL CLAIMS
 & COVENANT NOT TO SUE**
 (SECTION F.S. 744.301(3) FLORIDA STATUTES)

of myself and the named minor, release the YMCA of Central Florida, its officers, directors, agents, employees, volunteers, and representatives of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in the YMCA program.

I, in my legal capacity as parent/guardian of the named minor, expressly agree, on behalf of myself and the named minor, that this document is intended to be as broad and inclusive as permitted by the law of Florida and that if any portion of the document is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Furthermore, I expressly agree that this document shall be governed by and interpreted in accordance with the laws of Florida and that Florida shall have exclusive venue to hear any and all disputes relating to or arising from this document.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will. The foregoing written agreement represents the entire understanding between the parties. No oral representations, statements or inducement apart from the foregoing written agreement have been made.

IN WITNESS WHEREOF, this instrument is duly executed this _____ day of _____, in the year _____.

I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT:

Participant's Printed Name: _____

Participant/ Legal Guardian Signature: _____ Date: _____

Legal Guardian Printed Name: _____ Date: _____

MEMBER# _____
 TO BE ENTERED BY YMCA STAFF



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF CENTRAL FLORIDA PHOTO/AUDIO VISUAL/ NARRATIVE RELEASE

EFFECTIVE APRIL 2018

I am 18 years of age or older. If not, my parent or legal guardian must consent and give permission on my behalf.

Consent.

For participation in activities to be conducted by the YMCA of Central Florida, consent must be provided, now and indefinitely, to the YMCA of Central Florida and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast:

- video film or footage of me (or my dependent child),
- sound track recordings of me (or my dependent child),
- photo reproductions of me (or my dependent child),
- any narrative account of my (or my dependent child's) experience

Consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes unlimited and unrestricted reproductions in any form and media, adaptations and/or revisions created for YMCA of Central Florida use.

I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

Ownership, Confidentiality, and Shared Use.

With respect to any of the above uses, I further agree:

- All uses shall belong to the YMCA of Central Florida and it may share them with others;
- There is no obligation of confidentiality
- YMCA of Central Florida and collaborating third parties will not be liable for any use or disclosure to a third party
- YMCA of Central Florida shall exclusively own all known or later existing rights to the uses worldwide.
- YMCA of Central Florida can use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose and without compensation to me.

Release from Liability.

I agree that my consent is irrevocable. I hereby release and discharge the YMCA of Central Florida, its related parties and those it has given permission to use the above, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, the use, or the shared use of the above materials.

Participant's Printed Name: _____

Age: _____

Participant/ Legal Guardian Signature: _____

Legal Guardian Printed Name: _____

Date: _____

MEMBER# _____

TO BE ENTERED BY YMCA STAFF



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

YMCA OF CENTRAL FLORIDA MEDICAL AUTHORIZATION

PARTICIPANT INFORMATION

First Name _____ MI _____ Last _____
 Gender _____ Date of Birth _____ Age _____ Grade _____
 Legal Guardian Printed Name _____ Phone _____

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? Yes No
 Family Physician _____ Phone _____
 Insurance Company _____
 ID# _____ Group# _____

Please initial:

_____ I realize that the responsibility for payment of an injury requiring medical care is mine.
 Initial _____
 _____ I give permission for the YMCA to consult my child's physician/dentist in case of an emergency if I cannot be reached.
 Initial _____

MEDICAL INFORMATION

Please list information regarding any medical problems, allergies (food, medicine, insect bites, etc.), and any other areas of concern:

EMERGENCY CONTACT INFORMATION

In the event you cannot be reached, please list alternative emergency contact(s):

Name _____ Relationship _____ Phone Name _____
 Name _____ Relationship _____ Phone Name _____

ACKNOWLEDGMENT

I hereby authorize the YMCA to obtain medical treatment for my child in the event the parent(s), guardian or emergency contact cannot be reached. I understand and agree to abide by the policies therein stated.

Legal Guardian Signature _____
 Legal Guardian Printed Name _____ Date _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF CENTRAL FLORIDA SCHOOL PROGRAM DUES AND FEES AGREEMENT

Parent's Name (First, Last)

Billing Address

City

State

Zip

School Program Location

Program Before School After School Before & After School

Bi-Weekly Recurring Payment Date _____ Amount \$ _____ Bi-Weekly

Payment Type (Check one): Checking/EFT Credit Card

Dependents

First Name	MI	Last (if different)	Date of Birth	/	/	Gender
First Name	MI	Last (if different)	Date of Birth	/	/	Gender
First Name	MI	Last (if different)	Date of Birth	/	/	Gender
First Name	MI	Last (if different)	Date of Birth	/	/	Gender
First Name	MI	Last (if different)	Date of Birth	/	/	Gender
First Name	MI	Last (if different)	Date of Birth	/	/	Gender

Electronic Funds Transfer Authorization

I, _____, authorize my bank to honor pre-authorized EFTs drawn by the YMCA of Central Florida for bi-weekly program payments and/or contributions. It is understood that my EFT will be continuous until after written notification has been received by the YMCA of Central Florida. When the bank honors the EFT by charging my account, such drafts constitute my receipt for the payment. Should any EFT not be honored by said bank when received by them, it is understood that alternative payment is to be made by me in the amount of said payment plus return charge.

Credit Card Payment

Card Type: Visa Mastercard Amex Discover

I, _____, authorize credit card ending in (last 4 digits) _____ to honor pre-authorized drafts drawn by the YMCA of Central Florida for bi-weekly program payments and/or contributions. It is understood that my payment will be continuous until after written notification has been received by the YMCA of Central Florida. When the bank honors the credit card by charging my account, such drafts constitute my receipt for the payment. Should any payment not be honored by said bank when received by them, it is understood that alternative payment is to be made by me in the amount of said payment plus return charge.

Account on File

I, _____, authorize the YMCA of Central Florida to charge my account ending in (last 4 digits) _____ and authorize my account or card to honor pre-authorized drafts drawn by the YMCA of Central Florida for bi-weekly program payments and/or contributions. It is understood that my payment will be continuous until after written notification has been received by the YMCA of Central Florida. When the bank honors the payment by charging my account, such drafts constitute my receipt for the payment. Should any payment not be honored by said bank when received by them, it is understood that alternative payment is to be made by me in the amount of said payment plus return charge.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF CENTRAL FLORIDA SCHOOL PROGRAM DUES AND FEES AGREEMENT

Please read and initial each section below to acknowledge these terms.

- _____ Initial

1. I understand cancelations must be submitted on the required Cancellation Form **IN PERSON** to a **YMCA of Central Florida Elementary/Middle School location AT LEAST 10 DAYS PRIOR TO THE NEXT DRAFT DATE**. Failure to do so will result in that bi-weekly draft being non-refundable. **Cancelations via fax, phone, mail or email are not permitted. A YMCA of Central Florida Cancellation Form must be completed.**
- _____ Initial

2. I understand dues are continuous bi-weekly regardless of use of the program until the proper change procedure is followed. If for any reason your check or electronic draft is returned, it may be collected electronically through a third party vendor. A minimum return fee of \$20 will be assessed for this service. The YMCA is not responsible for any other collection fees assessed by individual banking institutions.
- _____ Initial

3. I understand any participant whose electronic draft is returned and not resolved prior to the next draft date will have his or her program canceled by the YMCA. In order to reinstate a school program bi-weekly draft, all outstanding balances must be paid in full.
- _____ Initial

4. I understand memberships and program fees are non-transferable and will not be refunded beyond 6 bi-weekly payments or 3 months after payment has been processed.
- _____ Initial

5. I understand the above program financial terms/information and agree to abide by all policies and procedures set forth by the YMCA of Central Florida. (Rates are subject to change.)

Account Holder's Signature _____

Date _____ Staff Initials _____

PERSON# _____

TO BE ENTERED BY YMCA STAFF



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

NOTICE OF CODE OF CONDUCT

YMCA OF CENTRAL FLORIDA

THE EFFECTIVE DATE OF THIS NOTICE IS MARCH 01, 2018.

THIS NOTICE OUTLINES THE MEMBER, PROGRAM PARTICIPANTS, GUESTS AND VISITORS CODE OF CONDUCT AND ITS IMPACT ON ACCESS AND MEMBERSHIP. **PLEASE REVIEW IT CAREFULLY.**

THE YMCA OF CENTRAL FLORIDA'S CODE OF CONDUCT OUTLINES PROHIBITED ACTIONS. THE PROHIBITED ACTIONS LISTED BELOW ARE NOT TOTALLY INCLUSIVE OF ALL BEHAVIORS THAT ARE INAPPROPRIATE BUT INCLUDE:

- Not checking into membership desk of Family Center. All YMCA members and program participants (including but not limited to YMCA programs such as EnhanceFitness, LiveStrong at the YMCA, YMCA's Diabetes Prevention Program), and third-party payors (including but not limited to Silver Sneakers and OPTUM Passport) must present their Y card or appropriate identification (including fingerprint when applicable) each time for access; or if a guest or visitor (including individuals with appointments at Orlando Health Outpatient Rehabilitation or Florida Hospital for Children Weight and Wellness Clinic), then must present identification (photo ID) and complete appropriate paperwork to gain access upon each visit.
- Inappropriate attire. Appropriate attire must be worn at all times including closed toe shoes on wellness floor, no explicit slogans on t-shirts etc.
- Verbally abusive behavior including angry or vulgar language, including swearing, name-calling or shouting.
- Physical contact with another person in any angry, aggressive or threatening way.
- Any demonstration of sexual activity or sexual contact with another person including sexually explicit conversation.
- Harassment or intimidation by words, gestures, body language or any menacing behavior including via social media. This behavior is inappropriate toward other members, guests, visitors and YMCA staff.
- Theft or behavior that results in the destruction of YMCA property.
- Carrying or concealing any weapons or devices or objects that may be used as weapons.
- Using or possessing illegal chemicals or alcohol on YMCA property, in YMCA vehicles, or at YMCA sponsored programs.
- Any other conduct of an inappropriate, threatening or offensive nature.
- Use of cell phones or any electronic device to take pictures or record individual(s) or activities within the YMCA or on YMCA property without specific authorization and consent of the YMCA.
- Loitering is not permitted in or outside the YMCA.
- Smoking is not permitted in or outside the YMCA. The YMCA and its property is a smoke-free environment.

In addition, YMCA reserves the right to do background checks on its members as well as screening for sex offenders. Moreover, The YMCA reserves the right to deny access or membership to any person who:

- violated the Code of Conduct
- has been accused or convicted of any crime involving sexual abuse;
- is a registered sex offender;
- habitually or excessively uses narcotics or dangerous drugs;
- has ever been convicted of any offense relating to the use, sale, possession, or transportation of narcotics or habit forming and/or dangerous drugs;
- continuously or excessively uses intoxicating beverages.

Furthermore, if the YMCA has reason to believe that an individual may have illegal substances, paraphernalia, alcohol, weapons, or stolen property with them in a Family Center or program, the YMCA may ask to search the individual's belongings, contact law enforcement to do a search or ask the individual to leave the premises/program. If the individual in question is a minor, the Y will contact the parent(s)/ legal guardian and/or local law enforcement to remove the child from the program/premises.