

WEST END YMCA
2022 Summer Day Camp – Registration Form

Participant Information

Name of Child: _____
Date of Birth: _____ Age: _____ Male Female
Home Address: _____
City: _____ State: _____ Zip: _____

Parent Information (Only those names listed below will be allowed access to account information)

Parent 1 Name: _____
Parent 1 Phone: _____ Work Phone: _____ Email: _____
Parent 1 Employer: _____ City: _____
Parent 2 Name: _____
Parent 2 Phone: _____ Work Phone: _____ Email: _____
Parent 2 Employer: _____ City: _____
Participant lives with: Parent 1 Parent 2 Both Other: _____

Location: Anna Borba Elem Elderberry Elem Upland YMCA

Participant’s Swim Level: (Children who plan to swim will be swim-tested by qualified YMCA Lifeguards to determine appropriate swim areas in the pool)

Non-Swimmer (Red) Basic Swimmer (Yellow) Advanced (Green)

If applicable: Third Party Payment Plan Agency: _____

Agency’s Address: _____

Caseworker Name: _____ Caseworker Phone: _____

This section for YMCA Use: YMCA Member Non-Member Additional Court Documents

Pre-Admission Interview Date: _____ Interviewed with: _____ Staff Initials: _____

Interview Notes/Follow-Up: _____

Site Director Signature: _____ Date: _____

Departments: Site (2 Copies) Transportation (1 Copy) Copy to Parent

Child's Name: _____

Enrollment Agreement – West End YMCA Summer Day Camp Programs

I (We) the undersigned, as parent(s) or legal guardian(s) of the above named child, do hereby agree to the following terms and conditions.

1. Program fee is due and payable on Friday before each Summer Day Camp week.
2. A charge of \$25 will be added to all payments not received by Monday at 6:30 each week.
3. A charge of \$30 will be made on all returned checks and credit cards.
4. Children will only be released to authorized persons.
5. It is understood as the parent(s) or legal guardian(s) are solely and completely responsible for any and all medical treatment costs and transportation costs related thereto, rendered on behalf of said child, pursuant to the attached "Authorization and Consent to Medical Treatment of Minor".
6. If any action or proceeding be brought to enforce any part of this agreement by any party, the prevailing party shall be entitled to recover, in addition to all other relief, reasonable attorney's fees and costs.
7. The child, his/her parents and relatives agree to abide by the rules and regulations set by the YMCA for the health, safety, and welfare of our members and staff. A child may be terminated from the program if, in the opinion of the Director of the program, it is deemed in the best interest of the YMCA or the child.
8. Incoming and outgoing member phone calls are permitted only with the approval of the Site Director when absolutely necessary.
9. Participants have a duty to immediately report to the Site Director any inappropriate behavior on the part of any staff member, child, or other individual.
10. All personal belongings are to be marked with ID. Site Directors reserve the right to examine any personal belongings for inappropriate items. The YMCA is not responsible for personal belongs lost or damaged during the program. Expensive personal belongings should not be sent to the program sites.
11. Program staff must have current, up to date phone numbers, names, and general emergency contact information in case we need to contact anyone concerning your child. Parents are responsible for keeping this information up to date.
12. Participants are to respect the rights and belongings of others. There are no facilities for security (no lockers) and we rely on the honor system when dealing with children and staff possessions.
13. Children should be picked up on time. Starting at 1 minute after the posted closing time, late pick up fees will begin to accumulate. Late fees are \$10 for every 15 minutes, per child.

YMCA Membership: Any person who supports the purpose may become a member of this corporation in accordance with such provisions as may be established by the Board of Directors and shall so continue to be a member unless the Board or its authorized agent concludes, in its sole discretion, that a member has failed to live to the standards and commitments of being a member of this YMCA.

I (we) have ready the foregoing Enrollment Agreement and fully agree to its terms. I (we) further acknowledge that I (we) have read and understand the accompanying "Authorization and Consent to Medical Treatment of Minor" and the "Parent Information Packet" containing the rules and operating regulations of the program and agree to be bound by said "Authorization" and by the rules and regulations found in the "Parent Information Packet".

Parent #1 Signature _____ Date: _____

Parent #2 Signature _____ Date: _____

EMERGENCY INFORMATION SHEET – SUMMER DAY CAMP

Child's Full Name: _____

Age: _____ DOB: _____ Male Female

Home Address: _____

Parent #1 Name: _____

Parent #1 Phone: _____ Work Phone: _____

Parent #2 Name: _____

Parent #2 Phone: _____ Work Phone: _____

Additional Persons Who May be Called in an Emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Physician or Dentist to be Called in an Emergency:

Physician: _____ Ins #: _____ Phone: _____

Dentist: _____ Ins #: _____ Phone: _____

If physician cannot be reached, what action should be taken?

Call Emergency Hospital Other, Explain: _____

Names of Persons Authorized to Take Child from the Facility: Child will not be allowed to leave with any other person without written authorization from parent or guardian.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signature of Parent or Guardian: _____ Date: _____

This section for YMCA Use: Date of Admission: _____ Date Left: _____

CHILD'S PREADMISSION HEALTHY HISTORY REPORT – SUMMER DAY CAMP

Child's Full Name: _____

Age: _____ DOB: _____ Male Female

Is child currently under regular supervision of a physician? Yes (please explain below) No

Date of last examination: _____ Explain: _____

Is your child on any medications? Yes No Please list: _____

Will your child need medication dispensed while at Child Care/Day Camp? Yes* No

*If medication is required, a Medicine Dispensing Form is required prior to the medication being dispensed. Children cannot hold their own medicine (RX or over the counter, including vitamins).

Family Physician: _____ Phone: _____

Medical Insurance Carrier: _____ Policy or Group #: _____

Healthy History (Past or Present) Please Check:

*Psychological Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bedwetting	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	ADD/ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Heart Defects	<input type="checkbox"/> Yes <input type="checkbox"/> No	Head Lice (recent)	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Recent Hospitalization	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sleepwalking	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Currently under Dr care	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No
German Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: If a "YES" for any asterisk * item above, a Doctor's written authorization is required before attending the program.

For each "YES" above, please explain: _____

Allergies

Hay Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bee Stings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Penicillin	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bee Sting/Epi-Kit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Ivy/Oak	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foods	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Insects/Animals	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please describe the symptoms associated with any allergies that the Child may have:

Any other serious or severe illnesses or accidents: _____

Parent evaluation of child's health: _____

Signature of Parent or Guardian: _____ Date: _____

SUMMER DAY CAMP PROGRAM AUTHORIZATIONS

Consent for Excursions:

Yes No

My child has permission to go on any trips scheduled as part of the activities of the program, while he/she is enrolled in the program. He/she may be transported as arranged by YMCA staff. Exact date, time of departure, time of return, and destination shall be provided to parents prior to all trips.

Walks away from School/Site Grounds:

Yes No

As part of our program, we sometimes wish to take groups of children on supervised walks away from the sites. This may include walks to local parks, as well as local businesses. Checking "Yes" indicates that you allow your child to participate in these walks.

Release to Driver:

Yes No

My child has permission to be released to a West End YMCA Driver for the purpose of arranged trips and activities.

Media Release:

Yes No

I hereby give the YMCA permission, with respect to photographs, video, and/or sound recordings being taken of my child to use, publish, and republish in the same, in whole, or in part, on the YMCA Website, Social Media, or in printed materials, separately or in conjunction with other photographs, videos, or sound recordings. I release and discharge the YMCA from any claims and demands arising out of or in connection with the use of such photographs, videos, and/or sound recordings.

Signature of Parent or Guardian: _____ Date: _____

AUTHORIZATION AND CONSENT TO MEDICAL TREATMENT OF MINOR

I (we) the undersigned, parents or legal guardians of _____, do hereby authorize the WEST END YMCA to act as agent for the undersigned to consent to any transportation, x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is rendered under, the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act in the State of California whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, hospital care, or transportation being required. It is further understood that this authorization is given to provide authority and power on the part of the diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of California Civil Code Section 25.8. This authorization shall remain in effect until termination from the program, unless sooner revoked in writing and delivered to said agent.

Signature of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Please Note: The West End YMCA does not carry accident insurance on program participants. All expenses incurred in the treatment of injuries due to accidents will be the responsibility of the parent/guardian or their assigned insurance carrier.

SUMMER DAY CAMP PROGRAM BEHAVIOR CONTRACT

One of the goals of the YMCA SUMMER DAY CAMP programs is to build self-esteem in children. We do this with positive attention and by setting limits to encourage appropriate behavior. Corporal punishment and other humiliating or frightening techniques are prohibited. Constructive methods are used in maintaining group control and handling individual behavior.

Examples of constructive discipline methods are as follows:

1. Establish rules with children in the classroom and on the playground.
2. Give verbal instructions that are short, specific, and clear.
3. Praise children for appropriate behavior and redirect inappropriate behavior.

Behavior expectations are outlined below and may also be listed in the enrollment packet. Any inappropriate behavior will result in the following steps. Steps may be skipped depending on the severity of the behavior.

1. Thinking time and staff/child discussion of behavior.
2. Behavior report sent home and parent notified (may include sending child home for suspension).
3. Staff/parent/child conference where an individual needs plan will be outlined and implemented.
4. Parent must spend time in the classroom observing child's behavior. Special referrals and/or counseling may be offered.
5. Suspension or termination from the program.

Inappropriate behavior is defined as:

1. Defiance of authority.
2. Verbal abuse.
3. Fighting.
4. Spitting.
5. Biting.
6. Disorderly conduct.
7. Defiance of rules and guidelines.
8. Destruction of property.
9. Repeated lack of self-control.
10. Profanity.
11. Running from or leaving the group without permission.

Intolerable behavior:

The following behaviors (or any other behaviors which seriously threaten the safety of anyone in the program) will result in immediate termination indefinitely from the program. Please note: If a child is suspended from the public school program, they will also be suspended from the YMCA childcare and/or Summer Day Camp programs.

1. Making threats of violence.
2. Physical assault.
3. Bringing a weapon on property.
4. Possession of drugs/alcohol.

"We have read, understand and agree to abide by the behavior guidelines and discipline procedures of the program at all times."

Signature of Parent or Guardian: _____ Date: _____

Child's Signature: _____ Date: _____

WEST END YMCA

Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of the West End YMCA ("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 on-site or 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 (hereinafter referred to as "the undersigned") 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 and/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 acknowledgement that such premises and all facilities and equipment thereon 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 ON-SITE OR 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, it's directors, officers, employees, volunteers and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all personal representatives, assigns, heirs, and next of kin of the undersigned for any loss or damage, and any claim or demands on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence, active or passive, of the releases 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 on-site or off-site program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, of the releases 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 on-site or off-site program affiliated with the YMCA.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, including but not limited to injury or death caused by a contagious illness, to the undersigned or such children due to negligence, active or passive, of releases 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 on-site or off-site program affiliated with the YMCA.
4. THE UNDERSIGNED HEREBY AGREES THAT BY PARTICIPATING IN THE YMCA NATIONWIDE MEMBERSHIP PROGRAM, they release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for related to bodily injury or death in connection with the use of the YMCA facilities, and from any liability for other claims, including loss of property, and injury or death caused by a contagious illness, to the fullest extent of the law.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE AND WAIVER OF LIABILITY 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. The undersigned further represents that he/she has legal custodian and guardianship rights with respects to the child on whose behalf this release is executed and signs it for said child under the express authority. In the event any provision of this Agreement is held to be void, null or unenforceable, the remaining portions shall remain in full force and effect.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT.

			DATE	
First Name	Last Name	Signature of Applicant /Legal Guardian		Date of Birth Month, Day, Year
Street Address	City	State	Zip Code	Phone Number

Name(s) of Child(ren) in Facilities, Services AND/OR Programs		
First Name	Last Name	Date of Birth – Month, Day, Year
First Name	Last Name	Date of Birth – Month, Day, Year
First Name	Last Name	Date of Birth – Month, Day, Year
First Name	Last Name	Date of Birth – Month, Day, Year
First Name	Last Name	Date of Birth – Month, Day, Year
ENTER YOUR MEMBER ID NUMBER:		

SUNSCREEN/INSECT REPELLANT UTILIZATION PERMISSION FORM

Child's Name: _____

Sunscreen:

As the parent or guardian of the above child, I give my permission for YMCA staff to help assist my child to apply or spray sunscreen that I provide from home, should my child need help. I understand it is my responsibility to provide appropriate sunscreen products (SPF 15 or higher recommended).

Sunscreen is best applied before and while engaging in outdoor activities. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs. Please indicate below any directives regarding the type and application of sunscreen.

- I understand at the YMCA does NOT provide sunscreen and it is not the YMCA staff responsibility to apply sunscreen to the child's exposed skin.
- Only use the following type(s)/SPF of sunscreen that I have provided: _____
- For medical or other reasons, please don't apply sunscreen to the following areas of my child's body: _____

Insect Repellant:

As the parent or guardian of the above child, I give my permission for YMCA staff to help assist my child to spray insect replant that I provide from home, should my child need help.

Insect repellant is best applied before and while engaging in outdoor activities. I understand that insect repellant may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs. Please indicate below any directives regarding the type and application of insect repellant.

- I understand that the YMCA does NOT provide insect repellant and it is not the YMCA staff responsibility to apply insect repellant to the child's exposed skin.
- Only use the following type(s) of insect repellant that I have provided: _____
- For medical or other reasons, please don't apply insect repellant to the following areas of my child's body: _____

Signature of Parent or Guardian: _____ Date: _____

PERSONAL RIGHTS**Child Care Centers**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Department of Social Services - Community Care Licensing

ADDRESS

3737 Main St, Suite 700

CITY

Riverside, CA

ZIP CODE

92501

AREA CODE/TELEPHONE NUMBER

951-782-4200

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

Anna Borba / Elderberry / Upland Sites

(PRINT THE NAME OF THE CHILD)

(PRINT THE ADDRESS OF THE FACILITY)

4980 Riverside Dr, Chino - Anna Borba
 950 N. Elderberry Ave, Ontario - Elderberry
 1150 E. Foothill Blvd, Upland - Upland YMCA

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Department of Social Services - Community Care Licensing

Licensing Office Address: 3737 Main St. Suite 700, Riverside CA 92501

Licensing Office Telephone #: 951-782-4200

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Anna Borba / Elderberry / Upland Sites
Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

WEST END YMCA COVID-19 Liability Waiver

The novel corona virus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing.

The West End YMCA ("YMCA") YMCA has put in place preventative measures to reduce the spread of COVID-19. YMCA is following CDC, county and local health guidelines to ensure the safety and health of its employees and children in its facilities, services and programs. There is, however, by virtue of YMCA's operations, an inherent risk of exposure to COVID-19.

I, _____ (*print name of client*), hereby acknowledge that I have received, read, and understand the foregoing statement by YMCA that sets forth its practices and procedures related to COVID-19. I understand and acknowledge that YMCA has put in place preventative measures to reduce the spread of COVID-19 to ensure the safety and health of its employees and children. I also understand that there is an inherent risk when YMCA provides their services to my children.

Further, by signing this COVID-19 Liability Waiver, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my children/dependents or I may be exposed to or infected by COVID-19 by YMCA providing its services to me and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, YMCA employees. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or any members of my household (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind ("Claims"), that I or members of my household may experience or incur in connection with YMCA's services to me. On my behalf, and on behalf of my household members, I hereby release, covenant not to sue, discharge, and hold harmless YMCA, its directors, officers, employees, volunteers and agents, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of YMCA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after YMCA's service to me. If any provision of this liability waiver and assumption of risk is found to be unenforceable or invalid under any applicable law, such unenforceability or invalidity shall not render these terms unenforceable or invalid as a whole, and such provisions shall be deleted without affecting the remaining provisions herein.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

			DATE	
First Name	Last Name	Signature of Applicant /Legal Guardian	Date of Birth Month, Day, Year	
Street Address	City	State	Zip Code	Phone Number
Name(s) of Child(ren) in Facilities, Services AND/OR Programs				
First Name	Last Name	Date of Birth – Month, Day, Year		
First Name	Last Name	Date of Birth – Month, Day, Year		
First Name	Last Name	Date of Birth – Month, Day, Year		
First Name	Last Name	Date of Birth – Month, Day, Year		
First Name	Last Name	Date of Birth – Month, Day, Year		
ENTER YOUR MEMBER ID NUMBER:				

CHILD CARE PARENT HANDBOOK

"I have received and understand the following information, found in the Parent Handbook."

(Please Check)

- Parent Rights
- Personal Rights
- Behavioral Contract
- West End YMCA ADA Policies
- Health & Safety Code 1597.07
- Child Sexual Abuse Information
- Caregiver's Background LIC 995E
- Copy of Registration Packet (upon request)

Signature of Parent or Guardian: _____ Date: _____