



GENESEE COUNTY YMCA
GENESEO SUMMER REC PROGRAM
2019 PARTICIPANT FORMS

MONDAY JULY 1ST – FRIDAY AUGUST 9TH
9:00AM – 1:00PM



TO COMPLETE YOUR REGISTRATION:

- **MAIL COMPLETED FORMS AND PAYMENT TO 209 E MAIN ST. BATAVIA, NY 14020**
OR
- **FAX COMPLETED FORMS TO (585)344-1666 ATTN: CHARITIE BRUNING**

PLEASE KEEP A COPY OF COMPLETED FORMS FOR YOUR RECORDS

GENESEE COUNTY YMCA GENESEO REC

CHILD'S NAME: _____ AGE: _____

PLEASE CHECK THE WEEKS YOUR CHILD WILL ATTEND

CHOOSE ONE:

REC: _____

CIT: _____

WEEK 1 *	WEEK 2	WEEK 3 *	WEEK 4	WEEK 5 *	WEEK 6
9AM-1PM	9AM-1PM	9AM-1PM	9AM-1PM	9AM-1PM	9AM-1PM
JULY 1 TO JULY 5	JULY 8 TO JULY 12	JULY 15 TO JULY 29	JULY 22 TO JULY 26	JULY 29 TO AUGUST 2	AUGUST 5 TO AUGUST 9
COST \$4	COST \$5	COST \$5	COST \$5	COST \$5	COST \$5

*REC IS FOR CHILDREN WHO HAVE COMPLETED KINDERGARTEN UP TO CHILDREN OF AGE 13.

COUNSELOR IN TRAINING (CIT) IS FOR AGES- 14-15 YRS.

REC WILL RUN FROM 9AM-1PM

*= FIELDTRIP WEEK

SWIM LESSONS

6 SESSIONS TO CHOOSE FROM (4 CLASSES)

CHECK THE SESSION(S) CAMPER WILL ATTEND

TUESDAY & THURSDAY 11:00 – 11:50 AM

BEGINNER

SESSION I	SESSION II	SESSION III
JULY 2 TO JULY 11	JULY 16 TO AUGUST 25	JULY 30 TO AUGUST 8
\$30	\$30	\$30

TUESDAY & THURSDAY 10:00-10:50AM

ADVANCED

SESSION I	SESSION II	SESSION III
JULY 2 TO JULY 11	JULY 16 TO AUGUST 25	JULY 30 TO AUGUST 8
\$30	\$30	\$30

PAYMENTS WILL NOT BE ACCEPTED ON SITE IN 2019

ALL REGISTRATION AND PAYMENTS MUST BE MADE BEFORE THE START OF THE PROGRAM.

PROGRAM PARTICIPANT PROFILE – SUMMER 2019

CHILD AND FAMILY INFORMATION

Child's Name:		Date of Birth:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	School/Grade in Fall:
Child's Address:		Child lives with:			T-Shirt Size: <input type="checkbox"/> Youth <input type="checkbox"/> Adult
Parent's Name:	Home Phone:	Date of Birth:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization	
	Cell Phone:				
Parent's Name:	Home Phone:	Date of Birth:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization	
	Cell Phone:				
Emergency Contact Name:	Home Phone:	Date of Birth:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization	
	Cell Phone:				
Emergency Contact Name:	Home Phone:	Date of Birth:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization	
	Cell Phone:				

PARENT/GUARDIAN AGREEMENT

- ✓ In the event of an emergency, the YMCA will make every effort to contact me. If I cannot be reached, the YMCA is authorized to act for me according to their best judgment in an emergency requiring medical care or surgery. The physician selected may hospitalize, secure proper treatment for, order injection, anesthesia or surgery for my child. I am responsible for the cost of all medical treatment and care.
- ✓ I must notify the YMCA staff immediately of any changes on these forms.
- ✓ YMCA staff and volunteers are not allowed to baby-sit or transport children at any time.
- ✓ The YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- ✓ I have read the YMCA Summer Program Parent Guide associated with my child's program and shared it with my child and agree to these policies and procedures. My child will be expected to follow all Camp rules and regulations. Failure to abide by the Camp rules and regulation may result in expulsion from the program.
- ✓ My child has my permission to participate in walking field trips with the YMCA and to ride on vehicles as arranged by the GLOW YMCA for transportation to and from YMCA Summer Programs and scheduled field trips. Specifics will be posted weekly.
- ✓ I authorize the YMCA to apply sunscreen and bug repellent to my child.
- ✓ My child has permission to swim at YMCA Summer Programs. I understand that my child's swimming ability will be assessed by the Progressive Swim Instructor prior to participating in swimming activities and will be reassessed on a regular basis to ensure swimmer safety. My child will only be able to swim in areas deemed appropriate for their swimming ability by the Progressive Swim Instructor.
- ✓ The YMCA has my permission to use photographs of my child in promotional materials such as brochures, ads, YMCA website or newspaper releases. I will not be informed of or reimbursed for such photographs.
- ✓ The undersigned agrees to hold harmless the GLOW YMCA and/or its employees/agents as a result of their child's participation in the program except in the case of those incidents which are a direct result of gross negligence by the GLOW YMCA or its employees/agents.
- ✓ By signing this form, I agree that I have read this entire form and understand my responsibilities for my child's participation and conduct in YMCA programs and activities.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Parent/Guardian Name:	Parent/Guardian Signature:	Date:
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**IN ADDITION TO THIS FORM, THIS PACKET CONTAINS THE FOLLOWING FORMS THAT MUST BE COMPLETED AND TURNED IN BEFORE
MONDAY JUNE 24TH.**

Checklist:

- PARTICIPANT LIABILITY WAIVER** – READ AND SIGNED BY PARENT/GUARDIAN – INCLUDED IN THIS PACKET
- PARTICIPANT HEALTH FORM** – FILLED OUT BY PARENT/GUARDIAN – INCLUDED IN THIS PACKET
- IMMUNIZATION RECORDS** – COPY MUST BE PROVIDED BY PHYSICIAN
- PAYMENT** – CHECKS CAN BE MADE OUT TO YMCA AND MAILED AT LEAST ONE WEEK BEFORE THE START OF REC.
- CREDIT OR DEBIT CARD PAYMENTS CAN BE MADE BY PHONE BY CALLING (585)344-1664.

GENESEE COUNTY YMCA GENESEO REC

PARTICIPANT LIABILITY WAIVER

PARTICIPANT MEDICAL PROFILE

I RECOGNIZE THAT YMCA ACTIVITIES CAN BE STRENUOUS ENDEAVORS REQUIRING ME OR MY CHILD TO BE IN GOOD PHYSICAL CONDITION. I HEREBY CERTIFY THAT I OR MY CHILD DO NOT SUFFER FROM ANY PHYSICAL INFIRMITIES OR ILLNESSES WHICH WOULD AFFECT MY OR MY CHILD'S ABILITY TO ENGAGE IN ACTIVITIES AND THAT IF I OR MY CHILD AM NOW UNDER THE TREATMENT FOR ANY OF THE FOLLOWING I WILL CHECK THE PROPER HEADING AND DISCUSS THEM WITH A YMCA STAFF MEMBER.

PLEASE CHECK THE APPROPRIATE HEADING:

- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> Nervous Disorder | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Related Disease | <input type="checkbox"/> Back Injury | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Cardiac/Pulmonary Condition | <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Mental Distress | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Drug Addiction/Dependency |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Recent Injury | <input type="checkbox"/> Hearing Loss/Impairment |
| <input type="checkbox"/> Neck Injury | <input type="checkbox"/> Insect Allergies | <input type="checkbox"/> Orthopedic Problem | <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Please use this space to add detail: _____

I FURTHER CERTIFY THAT IF I OR MY CHILD ARE ON ANY REGULAR MEDICATION I WILL DISCUSS THIS MEDICATION WITH A YMCA STAFF MEMBER AND I OR MY CHILD HAVE NOT TAKEN OR WILL NOT TAKE ANY ALCOHOLIC BEVERAGES OR MIND ALTERING DRUGS IN THE 12 HOURS PRIOR TO MY OR MY CHILD'S PARTICIPATION.

INFLATABLE ACTIVITY WAIVER

ALTHOUGH WE STRIVE TO MAKE ALL ACTIVITIES AS SAFE AS POSSIBLE, ACTIVITIES OF THIS NATURE DO COME WITH SOME ELEMENT OF RISK. THIS WAIVER ENSURES THAT WE HAVE CONTACT INFORMATION OF YOU AND/OR YOUR CHILD AND YOU ARE AWARE OF THESE RISKS. A COMPLETED PARTICIPANT LIABILITY WAIVER IS REQUIRED TO PARTICIPATE IN ALL INFLATABLE ACTIVITIES. WE WILL KEEP ON FILE CONTACT INFORMATION FOR YOUR CHILD FOR OTHER YMCA PROGRAMS AND ACTIVITIES AT YOUR REQUEST. IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY PARTIES OR PROGRAMS AT OR WITH THE GLOW YMCA THE UNDERSIGNED ACKNOWLEDGES, APPRECIATES AND AGREES:

1. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases of others, and assume full responsibility for all participants listed below;
2. I willingly agree to comply with the stated and customary terms, rules, and conditions for participation. If, however, I observe any significant hazards during my participation, I will bring it to the attention of the nearest official immediately; and
3. The risk of injury from this equipment can be significant, including the potential for paralysis and even death, and while particular rules, equipment, and personal discipline reduce the risk, the risk does exist;
4. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, hereby hold harmless YMCA their officers, agents, employees, other participants, and sponsoring agencies with respect to all injury, disability, death, or loss of damage to personal or property to the fullest extent of the law;
5. By signing below for my children, and/or spouse, I also agree to the above conditions, should I decide to participate.

PHOTO RELEASE

I GRANT MY PERMISSION TO THE GLOW YMCA TO USE WITHOUT LIMITATION OR OBLIGATION, PHOTOGRAPHS, FILM FOOTAGE, TAPE RECORDINGS, OR OTHER MEDIA THAT MAY INCLUDE AN IMAGE OR VOICE OF ME OR MY CHILD AT YMCA PROGRAMS FOR PURPOSES OF PROMOTING YMCA PROGRAMS.

ACKNOWLEDGEMENT OF RISK & ASSUMPTION OF RESPONSIBILITY

I UNDERSTAND THAT DURING MY OR MY CHILD'S PARTICIPATION IN ACTIVITIES AT OR WITH THE GLOW YMCA, I OR MY CHILD MAY BE EXPOSED TO PSYCHOLOGICALLY AND PHYSICALLY STRESSFUL AND CHALLENGING SITUATIONS. I UNDERSTAND THAT ALTHOUGH THE PROGRAM HAS TAKEN PRECAUTIONS TO PROVIDE PROPER ORGANIZATION, SUPERVISION, INSTRUCTION AND EQUIPMENT FOR EACH ACTIVITY IT IS IMPOSSIBLE FOR THE PROGRAM TO GUARANTEE ABSOLUTE SAFETY. I ALSO UNDERSTAND THAT I SHARE RESPONSIBILITY FOR SAFETY AND I ASSUME THAT RESPONSIBILITY.

FURTHER I WAIVE ANY CLAIM THAT MAY ARISE AGAINST THE GLOW YMCA AND/OR ITS EMPLOYEES AS A RESULT OF MY OR MY CHILD'S PARTICIPATION IN THE YMCA PROGRAM OR ACTIVITY, EXCEPT THOSE WHICH ARE A DIRECT RESULT OF THE NEGLIGENCE BY THE GLOW YMCA OR ITS EMPLOYEES. I HAVE ACCEPTED RESPONSIBILITY FOR VERIFYING MY OR MY CHILD'S PERSONAL HEALTH AND MEDICAL HISTORY ON THE TOP OF THIS SHEET. IN SO DOING I STATE THAT I OR MY CHILD HAVE NO PHYSICAL OR PSYCHOLOGICAL PROBLEMS THAT WOULD PROHIBIT PARTICIPATION IN THIS PROGRAM. I OR MY CHILD AGREES TO COMPLY WITH ALL INSTRUCTION AND DIRECTION GIVEN BY YMCA STAFF MEMBER DURING MY OR MY CHILD'S PARTICIPATION. I UNDERSTAND THE YMCA IS NOT RESPONSIBLE FOR PERSONAL PROPERTY LOST OR STOLEN WHILE MEMBERS AND/OR PROGRAM PARTICIPANTS ARE USING YMCA FACILITIES, ON YMCA PREMISES OR AT A YMCA FUNCTION OR ACTIVITY.

<u>Participant Name:</u>	<u>Date of Birth:</u>
<u>Parent/Guardian Signature:</u>	<u>Date:</u>

GENESEE COUNTY YMCA GENESEO REC

PARTICIPANT HEALTH FORM – TO BE COMPLETED BY PARENT/GUARDIAN

THE CHILD'S PHYSICIAN SHOULD COMPLETE BOTH SIDES OF THIS FORM. PLEASE NOTE THE NEED FOR PHYSICIAN'S SIGNATURES ON BOTH SIDES OF THIS FORM.
 NOT ALL YMCA SUMMER PROGRAMS ADMINISTER MEDICATION, HOWEVER, IN THE EVENT OF AN EMERGENCY WE ASK THAT FAMILIES PROVIDE US THIS INFORMATION SO THAT WE CAN BEST CARE FOR YOUR CHILD.

Child Name:	Age:	Height:	Weight:
Has your child been exposed to an infectious disease or had any major illness in the last month? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, Illness/Disease:		Symptoms:	
Is the child covered by any hospitalization/medical care policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Insurance Company:			
Card Holder:		Policy/Group #:	

Child is looking forward to YMCA Program with? Enthusiasm Acceptance Caution Anxiety
Has your child been away from home before? Explain.
Does your child have any special talents, hobbies or special interests?
How does your child express anger/frustration? Is there a form of discipline (time-out is usually used) that works best with your child?
Does your child have any fears?
Things I would like my child to accomplish at the YMCA program are:
My child's swimming ability is: <input type="checkbox"/> Afraid of water <input type="checkbox"/> Some Lessons <input type="checkbox"/> Confident in Deep Water
Are there any activities your child cannot participate in for health reasons? Is so, please explain.
Does your child have any special dietary needs?
Is there any other information you think is important for us to know about your child?

PROGRAM PARTICIPANT HEALTH FORM, CONT. – TO BE COMPLETED BY PARENT

Please Check All That Apply.

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Allergies: _____ |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Bleeding/Clotting Disorder | <input type="checkbox"/> Neurological Disorders | <input type="checkbox"/> Dental: _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Emotional Disorder | <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Illness: | <input type="checkbox"/> Other: _____ |

ADMINISTRATION OF PRESCRIPTION MEDICATIONS TO CHILD

DRUG NAME	ROUTE (PLEASE INDICATE PREFERRED FORMULATION)	DOSAGE	SCHEDULE & INDICATIONS (PLEASE CIRCLE ALL THAT APPLY)	HEALTHCARE PROVIDER ORDER (PLEASE CIRCLE ONE)

PARENT'S SIGNATURE 1 OF 2:	DATE:
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Health Care Provider Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	

PARENT'S SIGNATURE 2 OF 2:	DATE:
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