

# ST. CLOUD AREA FAMILY YMCA SUMMER CAMP WAIVERS

## Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read this information and sign below.

- I understand that my child will not be released to any person(s) not listed on the enrollment form.
- I understand that my child will not be released to any person(s) who seems to be under the influence of drugs or alcohol.
- I understand that I am not to leave my child at the YMCA or program site unless a YMCA Camp staff member is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child in the morning and sign my child out before leaving in the afternoon. Sign-in/Sign-out sheets are available as you arrive at the program area. (See other pick-up provisions in Parent Handbook).
- I understand that my child is NOT able to walk home from the YMCA Summer Camp program.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed on this form or the Camp Coordinator must receive a written note. Authorization by telephone will not be accepted.
- I understand that the YMCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside the YMCA facilities and program. If a violation of this policy is discovered, the YMCA will take immediate disciplinary action toward staff and volunteers.

**I have read and understand the statements above regarding YMCA policies and procedures.**

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have received a copy of the YMCA Parent Handbook. Copies are available at the YMCA front desk or online.**

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have provided a copy of my child's immunization records.**

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Your registration will not be processed until the YMCA has a copy of your child's immunization records. These records need to be resubmitted each year.

## Statement of Authorization

1. My child has permission to be transported by a YMCA vehicle and to participate in all YMCA program activities and related field trips.

2. My child has permission to participate in swimming activities. Assess your child's swimming abilities here:

- Non-Swimmer— unable to swim/no swim instruction
- Beginner— some limited swim instruction)
- Intermediate— average swim ability
- Advanced— skilled swimmer

3. In the case that your child becomes **ill** during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parents or guardians to arrange for the child to be picked up from the center as soon as possible.

4. In the case that your camper or anyone in the immediate household of the camper develops a **reportable communicable disease** as defined by the State Board of Health, it is the responsibility of the parent to notify the YMCA within 24 hours or the next business day in order for the YMCA to take proper action, except in the case of life-threatening diseases which must be reported immediately.

5. I give the St. Cloud Area Family YMCA permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a certified staff member of the St. Cloud Area Family YMCA. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I authorize the St. Cloud Area Family YMCA to obtain immediate medical care and give consent to the hospitalization and performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement may only cover those situations which are true emergencies and only when he/she cannot be reached. I understand that the provider will take every effort to contact me and/or my designated emergency contacts.

I/we will be responsible for payment of medical expenses. Medical treatment costs are covered by:

Medical Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

6. The parent/guardian authorizes the application of sunscreen for his or her child by YMCA staff. (please note any adverse reaction to sunscreen of which you may be aware).

7. The parent/guardian authorizes the application of insect repellent for his or her child by YMCA staff. (please note any adverse reaction to bug spray of which you may be aware)

**By signing below, you are authorizing all the above.**

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **YMCA Annual Scholarship Campaign**

*Because we need each other.*

Every year, members and program participants like you donate to the YMCA Annual Scholarship Campaign to ensure that every child, adult and family in our community has access to quality child care, summer camp, and the opportunity for a healthy lifestyle, regardless of their financial status. Being a part of the YMCA means belonging to a community; consider giving a gift to help us strengthen ours.

### **YOU CAN MAKE A BIG DIFFERENCE**

Give the gift of camp to another child in need.

#### **Every little bit helps!**

YES! I want to help by donating \$\_\_\_\_\_ as a one-time payment.

By signing below, I give the St. Cloud Area Family YMCA permission to draft the amount checked above.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## **St. Cloud Area Family YMCA ("YMCA") Participant Waiver Form**

### Acknowledgement

I expressly acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating in the YMCA's programs, events, classes, and/or other activities, which may result from unavoidable accidents or injuries, athletic activities, sports programs/classes, the use of any equipment, exercise, or other activities or from my or my minor child(ren)'s or ward(s)' physical condition. I understand that the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns assume no responsibility for loss, damage, illness or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, exercise, field trips, pool activities, or any other activities, classes, events, or programs at and/or sponsored by the YMCA. I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events/activities/programs/classes while at the YMCA and/or sponsored by the YMCA.

I also acknowledge that the YMCA often uses photographs, videotapes, television programs, motion pictures, tape recordings, or other similar media for promotional purposes. I hereby consent to the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media.

### Release

In consideration of the YMCA allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at the YMCA and/or sponsored by the YMCA, I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage or injury results from the negligence of the YMCA and its employees, agents, or representatives or from some other cause. My agreement to release the YMCA does not include any loss, damage or injury that results from the YMCA's gross negligence or willful, wanton, or reckless misconduct.

I further waive any and all rights to inspect or approve the photograph, videotape, television program, motion picture, tape recording or other use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es), including any written article, script, caption or other writing that may accompany such use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es). I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in any such materials.

Indemnification

I hereby represent and warrant to the YMCA that I have the authority to execute this Participant Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against the YMCA arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend the YMCA from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of the YMCA or from some other cause.

Acceptance

I expressly acknowledge and agree to the terms and conditions set forth on this Participant Waiver Form.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name(s) and Age(s) of Participant(s) under the Age of 18.

Name \_\_\_\_\_ Age: \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_