



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Mommy and Me Play Group **Winter I Session**

{January 17 - February 22}

Wednesdays & Thursdays

Birth - 5 year olds:

10:00 - 11:30 AM

FREE to Members

Non-Members: \$20/session (6 weeks, unlimited)

\$2/drop-in

10-pack: \$15

****Please Pre-Register prior to Tuesday, so we can anticipate the needs of the Play Group, by calling your OrCo YMCA.**



Our Mommy and Me Play Group is a Parent-Led Play Group that offers unstructured and structured playtime for children birth - 5 years of age. Connect with other families in Orleans County, as you interact with your child(ren) in a safe, explorative space. Parent volunteers will assist in leading us through exploratory learning, tumbling mats, soft play, stories, songs, and more.

Orleans County YMCA

306 Pearl Street, Medina, NY 14103 | (585) 798-2040 | www.glowymca.org



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YMCA PARTICIPANT WAIVER

Although we strive to make all activities as safe as possible, there may be some element of risk. This waiver ensures that we have contact information for you and/or your child and that you are aware of these risks. Please fill this out completely. If you have any questions, please contact the YMCA.

Participant Name _____ Date of Birth _____

Participant Name _____ Date of Birth _____

Participant Name _____ Date of Birth _____

Participant Name _____ Date of Birth _____

Participant Name _____ Date of Birth _____

Parent/Guardian Name _____

Phone _____ Email Address _____

Address _____ City _____ State _____ Zip _____

Medical Profile-I recognize that the activities are a physically strenuous endeavor requiring my child/children to be in good physical condition. I hereby certify that they do not suffer from any physical or mental infirmities or illnesses which would affect their ability to engage in these activities. I further certify that if my child is on any regular medication I will discuss this medication with the YMCA staff. If they are now under the treatment for any infirmity or illness I will detail it in the space provided and speak to a YMCA staff person. _____

Acknowledgement of Risk & Assumption Responsibility-I understand that during my child's participation of the activities they may be exposed to physically stressful and challenging situations. I understand that although the program has taken precautions to provide proper organization, supervision, instruction and equipment it is impossible for the program to guarantee absolute safety. I waive any claim that may arise against the GLOW YMCA and or its employees as a result of my child's participation in the program/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 child's personal health and medical history on this sheet. In so doing I state that my child has no physical or psychological problems that would prohibit participation in this program.

I acknowledge that there can be no guarantee of safety against risk and unforeseen accident as detailed above. I consent to the participation of the above named participant in the experimental program. I also authorize the treatment of my child by a licensed medical doctor in the event of an emergency. This authority is granted only after a reasonable effort has been made to contact me.

Parent/Guardian Signature _____ Date _____

For more information contact the YMCA at (585) 798-2040