



**BATAVIA**  
COMMUNITY SCHOOLS  
TOGETHER-OPPORTUNITY-FAMILY

# GENESEE COUNTY YMCA BATAVIA SUMMER REC

**CHILD'S NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**PLEASE CHECK THE WEEKS YOUR CHILD WILL ATTEND**

WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6
<b>9AM-4PM</b> <b>TUESDAY-FRIDAY</b>	<b>9AM-4PM</b> <b>MONDAY-FRIDAY</b>	<b>9AM-4PM</b> <b>MONDAY-FRIDAY</b>	<b>9AM-4PM</b> <b>MONDAY-FRIDAY</b>	<b>9AM-4PM</b> <b>MONDAY-FRIDAY</b>	<b>9AM-4PM</b> <b>MONDAY-FRIDAY</b>
<b>JULY 5</b> <b>TO</b> <b>JULY 8</b> <small>(NO REC MONDAY, JULY 4)</small>	<b>JULY 11</b> <b>TO</b> <b>JULY 15</b>	<b>JULY 18</b> <b>TO</b> <b>JULY 22</b>	<b>JULY 25</b> <b>TO</b> <b>JULY 29</b>	<b>AUGUST 1</b> <b>TO</b> <b>AUGUST 5</b>	<b>AUGUST 8</b> <b>TO</b> <b>AUGUST 12</b>
<input type="checkbox"/> FARRALL <input type="checkbox"/> JOHN KENNEDY <input type="checkbox"/> LAMBERT <input type="checkbox"/> WILLIAMS	<input type="checkbox"/> FARRALL <input type="checkbox"/> JOHN KENNEDY <input type="checkbox"/> LAMBERT <input type="checkbox"/> WILLIAMS	<input type="checkbox"/> FARRALL <input type="checkbox"/> JOHN KENNEDY <input type="checkbox"/> LAMBERT <input type="checkbox"/> WILLIAMS	<input type="checkbox"/> FARRALL <input type="checkbox"/> JOHN KENNEDY <input type="checkbox"/> LAMBERT <input type="checkbox"/> WILLIAMS	<input type="checkbox"/> FARRALL <input type="checkbox"/> JOHN KENNEDY <input type="checkbox"/> LAMBERT <input type="checkbox"/> WILLIAMS	<input type="checkbox"/> FARRALL <input type="checkbox"/> JOHN KENNEDY <input type="checkbox"/> LAMBERT <input type="checkbox"/> WILLIAMS

REC IS FOR CHILDREN WHO HAVE COMPLETED KINDERGARTEN UP TO CHILDREN OF AGE 15.

**ALL REGISTRATION INFORMATION MUST BE COMPLETED BEFORE THE START OF THE PROGRAM.**

## SUMMER REC LOCATIONS



**Farrall Park**  
100-111 Otis Street



**John Kennedy School**  
166 Vine Street



**Lambert Park**  
100 Verona Avenue



**Williams Park**  
101 Pearl Street



**Genesee YMCA**  
209 East Main Street

### PROGRAM PARTICIPANT PROFILE – TO BE COMPLETED IN FULL

<b>Child's Name:</b>		<b>Date of Birth</b> / /		<b>Age during rec</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		<b>Preferred Pronouns:</b>		<b>Grade in Fall:</b>	
<b>Child's Address</b>		(House Number & Road)		(City)		(State)		(Zip Code)		<b>T-Shirt Size:</b> _____	
Child lives with:				Child's Height:		Child's Weight:		<input type="checkbox"/> Youth <input type="checkbox"/> Adult			
Valid Email Address (required):								Name of e-mail owner:			
<b>Guardian's Name (1)</b> required		Primary Phone: ( ) -		<b>Date of Birth:</b> / /		Relationship to child:		<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization			
		Secondary Phone: ( ) -									
<b>Guardian's Name (2)</b>		Primary Phone: ( ) -		<b>Date of Birth:</b> / /		Relationship to child:		<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization			
		Secondary Phone: ( ) -									
Guardian's Street Address (If different than above):											
<b>Alternate Emergency Contact Name required:</b>		Primary Phone: ( ) -		Relationship to child:		<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization					
		Secondary Phone: ( ) -									
<b>Alternate Emergency Contact Name required:</b>		Primary Phone: ( ) -		Relationship to child:		<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization					
		Secondary Phone: ( ) -									

### PARTICIPANT HEALTH & INFORMATION FORM – TO BE COMPLETED IN FULL BY GUARDIAN

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 #:
Does your child have any special talents, hobbies or special interests?	
How does your child express anger/frustration? What type of discipline is used at home?	
Does your child have any fears?	
Things I would like my child to accomplish at the YMCA program are:	
Special dietary needs or restrictions?	
Any activity restrictions for your child? Please explain in detail.	
My child has an IEP/504 plan. <input type="checkbox"/> YES <input type="checkbox"/> NO "If you've answered "YES" please provide a copy prior to the start of rec.	
My child is fully toilet trained and can independently use the toilet? <input type="checkbox"/> YES <input type="checkbox"/> NO "If you've answered "NO" contact program director before registration	
My child's swimming ability is: <input type="checkbox"/> Afraid of water <input type="checkbox"/> Some Lessons <input type="checkbox"/> Confident in Deep Water	
Child is looking forward to YMCA Program with: <input type="checkbox"/> Enthusiasm <input type="checkbox"/> Acceptance <input type="checkbox"/> Caution <input type="checkbox"/> Anxiety	
<b>Is there any other information you think is important for us to know about your child?</b>	
<b>Does your child have any allergies:</b> <b>Inhaler</b> <input type="checkbox"/> <b>and/or EPI Pen</b> <input type="checkbox"/> (labeled & kept in front pocket of backpack daily)	

### 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 my child does not suffer from any physical infirmities or illnesses which would affect my or my child's ability to engage in activities and that if my child is 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(S):

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

Please use this space to add detail: \_\_\_\_\_

I FURTHER CERTIFY THAT IF MY CHILD IS ON ANY REGULAR MEDICATION I WILL DISCUSS THIS MEDICATION WITH A YMCA STAFF MEMBER.

CHILD'S NAME: \_\_\_\_\_

### Guardian Agreement

- ✓ I must notify the YMCA Child Care Director immediately of any changes on these forms.
- ✓ 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.
- ✓ YMCA staff and volunteers are not allowed to baby-sit or transport children at any time.
- ✓ The YMCA is mandated to report suspected cases of child abuse/neglect to the appropriate agencies for investigation.
- ✓ My child will be expected to follow all Summer Rec rules and regulations. Failure to abide by the Summer Rec 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 ride on vehicles as arranged by the 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. 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 Swim Instructor.
- ✓ If your child has an IEP/504, we invite you to contact us prior to rec to have a discussion in order to help your child transition into the rec environment smoothly and successfully! We ask that you please provide a copy of the IEP/504.
- ✓ I, the undersigned, hereby hold harmless, waive and release GLOW YMCA, the City of Batavia, their childcare workers, officers, representatives, agents, organizers and successors from liability as a result of exposure and or contraction of COVID-19 while the above child/children is/are in their care at rec. I understand that my child is incurring a greater risk by participating in child care with other participants and staff but that all measures will be taken by staff and administration to minimize the risk.
- ✓ I the undersigned, agree that I will inform the Sign-in staff or Director if I have administered fever reducing medication to my child within the last four hours.
- ✓ 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.

<i>Guardian Signature:</i>	Today's Date: / /
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### Payment/Subsidy Agreement

- ✓ I understand that failure to pick my child up from their Rec location by 4pm, will result in a late fee of \$1 per minute that must be paid before my child can return to program. – Late fees will not be collected on site, and must be paid at the YMCA (209 East Main St. Batavia, NY 14020)

<i>Guardian Signature:</i>	Today's Date: / /
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### Walking Permission **(Optional)**

- ✓ My child has permission to walk to and from summer rec daily.
- ✓ I understand, once my child signs out from program, they will not be permitted to sign back in that day.
- ✓ I, the undersigned, hereby hold harmless, waive and release GLOW YMCA, the City of Batavia, their childcare workers, officers, representatives, agents, organizers and successors from liability once my child has signed themselves out and before my child has signed in.
- ✓ The YMCA is not responsible for time prior to arrival/sign in, and after sign out/departure. To and from the program falls upon the responsibility of the legal guardian(s). If a child does not report to summer rec, or home following rec, any follow up to the appropriate agencies/entities will be the responsibility of the legal guardian if deemed appropriate.
- ✓ In the event of extreme weather resulting in early program closure, walkers will NOT be sent home during active thunderstorms and will require an authorized person to pick them up within 1 hour of program closure announcement.

<i>Guardian Signature:</i>	Today's Date: / /
<input type="checkbox"/> My child may sign out at any time    OR <input type="checkbox"/> My child may sign out after ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	

CHILD'S NAME: \_\_\_\_\_

## Genesee County YMCA Participant Liability Waiver

### 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 OR THE CITY OF BATAVIA 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, and the City of Batavia, 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.

***Guardian Signature:***

Today's Date:  
/ /