



ADVENTURE CAMP & YOUNG EXPLORERS THEMES

WEEK 1 SYMPHONY OF THE 5 SENSES
JUNE 26 - JUNE 30

WEEK 2 BEYOND BOARD GAMES
JULY 3, 5, 6, 7
(PRICE ADJUSTMENT, NO CAMP JULY 4)

WEEK 3 MYTH BUSTERS
JULY 10 - JULY 14

WEEK 4 CAMPERS VS. COUNSELORS
JULY 17 - JULY 21

WEEK 5 RETRO WEEK
JULY 24 - JULY 28

WEEK 6 ADVENTURE LAND
JULY 31 - AUGUST 4

WEEK 7 ARTFUL ANTICS
AUGUST 7 - AUGUST 11

WEEK 8 COLOR ME CRAZY
AUGUST 14 - AUGUST 18

WEEK 9 IMAGINARIUM
AUGUST 21 - AUGUST 25

WEEK 10 NAILED IT!
AUGUST 28 - SEPTEMBER 1
LIMITED NUMBER OF SPACES

GENESEE COUNTY YMCA SUMMER CAMP

AGES 3-12

2023 PARTICIPANT FORMS

WHAT TO WEAR:

- COMFORTABLE CLOTHES
- FOOTWEAR CONDUSIVE TO ACTIVE PROGRAMMING



WHAT TO BRING

- WATER BOTTLE
- SWIMSUIT & TOWEL
- SNACK FOR AFTERNOON
- EXTRA CHANGE OF CLOTHES
- PACKED LUNCH (OPTIONAL)
- SUNSCREEN (OPTIONAL)
- SWEATSHIRT (OPTIONAL – FOR A/C)

***CAMP FAMILIES, KEEP PAGE 1 AND 2 OF THIS REGISTRATION
FORM FOR YOUR OWN RECORDS***

CAMP PACKET CHECKLIST ALL COMPONENTS MUST BE COMPLETED PRIOR TO TURNING IN:

- ☐ Weekly Options and Rate (page 3)
- ☐ Program Participant Profile (page 4)
- ☐ Participant Health Information (page 4)
- ☐ Guardian Agreement (page 5)
- ☐ Payment/Subsidy Agreement (page 5)
- ☐ Immunization Agreement (page 6)
- ☐ Participant Liability Waiver (page 6)

ONCE REGISTERED FOR CAMP, THE FOLLOWING MUST ALSO BE COMPLETED:

- ☐ Non-Refundable deposit **due at time of registration**
 - ☐ \$30 per week, per child to be used towards the weekly cost of camp
- ☐ Most Recent Immunization Records **due before the first day of camp**
- ☐ Download the free App: "Band" join "GLOW Summer Camp" for important updates/events
(This is where we will be posting important camp info/events) Look for this symbol in the app store:



GENERAL SCHEDULE

Campers will start their day in home bases. We will rotate through morning activities (gym, art and special interest) before moving into lunch. After lunch a quiet activity is optional for the little ones while we play active games with the rest of camp. We will move into a specialty activity for the day, before swim.

IMPORTANT INFORMATION

***Half-day option:** 5 days/week from 7am-12pm only, for campers ages 3-5 only

***Swim days:** All campers are encouraged to participate in swimming.

Swimming is offered Monday through Thursday.

***Lunch** will be provided by the Batavia City School District feeding program (*excludes week 10*)

***Behavior:** Campers are expected to follow camp rules and regulations. **Failure to abide by the rules and regulations may result in suspension or expulsion from the program.**

***Hygiene:** All campers are expected to be able to toilet independently. No physical assistant will be provided with wiping or cleaning child up if they have an accident. **No diapers/pull ups.**

YOUNG EXPLORERS (3-5)

Young Explorers includes developmentally appropriate learning experiences and activities that build or strengthen skills necessary for Pre-K & Kindergarten. Activities focus on listening skills, following directions, taking turns, individual responsibility, name identification, letter and sound recognition, vocabulary and communication, and more. Children also work on skills such as cutting with scissors as well as using shapes to make pictures.

(Age 5 is a flex year where families can decide whether to enroll in Young Explorers or Adventure Camp)

ADVENTURE CAMP (5-12)

Adventure Camp introduces children to fun, new experiences that are designed to help them feel confident, socialize, and stay active in a secure, safe environment. Kids discover not just the wonders of day camp, but get to explore their unique traits, talents and interests and the power of sharing their strengths and skills to benefit the group.

CAMP FAMILIES, KEEP PAGE 1 AND 2 OF THIS REGISTRATION FORM FOR YOUR OWN RECORDS

CHILD'S NAME: _____

SUMMER CAMP: WEEKLY OPTIONS AND RATES

WEEK/THEME	FULL WEEK/RATES	3 DAY/RATES (CHECK THE DAYS)	HALF DAY/RATES (7AM-12PM ONLY) (AGES 3-6)	AGE GROUP
WEEK 1 SYMPHONY OF THE 5 SENSES JUNE 26-JUNE 30	<input type="checkbox"/> Member \$205 <input type="checkbox"/> Non-Member \$275	<input type="checkbox"/> Member \$159 <input type="checkbox"/> Non-Member \$201 <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> Member \$100 <input type="checkbox"/> Non-Member \$130	<input type="checkbox"/> Young Explorers (ages 3-5) <input type="checkbox"/> Adventure Camp (ages 5-12)
WEEK 2 BEYOND BOARD GAMES JULY 3, 5, 6, 7	<input type="checkbox"/> Member \$164 <input type="checkbox"/> Non-Member \$220	<input type="checkbox"/> Member \$159 <input type="checkbox"/> Non-Member \$201 <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> Member \$80 <input type="checkbox"/> Non-Member \$104	<input type="checkbox"/> Young Explorers (ages 3-5) <input type="checkbox"/> Adventure Camp (ages 5-12)
WEEK 3 MYTH BUSTERS JULY 10-JULY 14	<input type="checkbox"/> Member \$205 <input type="checkbox"/> Non-Member \$275	<input type="checkbox"/> Member \$159 <input type="checkbox"/> Non-Member \$201 <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> Member \$100 <input type="checkbox"/> Non-Member \$130	<input type="checkbox"/> Young Explorers (ages 3-5) <input type="checkbox"/> Adventure Camp (ages 5-12)
WEEK 4 CAMPERS VS. COUNSELORS JULY 17-JULY 21	<input type="checkbox"/> Member \$205 <input type="checkbox"/> Non-Member \$275	<input type="checkbox"/> Member \$159 <input type="checkbox"/> Non-Member \$201 <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> Member \$100 <input type="checkbox"/> Non-Member \$130	<input type="checkbox"/> Young Explorers (ages 3-5) <input type="checkbox"/> Adventure Camp (ages 5-12)
WEEK 5 RETRO WEEK JULY 24- JULY 28	<input type="checkbox"/> Member \$205 <input type="checkbox"/> Non-Member \$275	<input type="checkbox"/> Member \$159 <input type="checkbox"/> Non-Member \$201 <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> Member \$100 <input type="checkbox"/> Non-Member \$130	<input type="checkbox"/> Young Explorers (ages 3-5) <input type="checkbox"/> Adventure Camp (ages 5-12)
WEEK 6 ADVENTURE LAND JULY 31-AUGUST 4	<input type="checkbox"/> Member \$205 <input type="checkbox"/> Non-Member \$275	<input type="checkbox"/> Member \$159 <input type="checkbox"/> Non-Member \$201 <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> Member \$100 <input type="checkbox"/> Non-Member \$130	<input type="checkbox"/> Young Explorers (ages 3-5) <input type="checkbox"/> Adventure Camp (ages 5-12)
WEEK 7 ARTFUL ANTICS AUGUST 7-AUGUST 11	<input type="checkbox"/> Member \$205 <input type="checkbox"/> Non-Member \$275	<input type="checkbox"/> Member \$159 <input type="checkbox"/> Non-Member \$201 <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> Member \$100 <input type="checkbox"/> Non-Member \$130	<input type="checkbox"/> Young Explorers (ages 3-5) <input type="checkbox"/> Adventure Camp (ages 5-12)
WEEK 8 COLOR ME CRAZY AUGUST 14-AUGUST 18	<input type="checkbox"/> Member \$205 <input type="checkbox"/> Non-Member \$275	<input type="checkbox"/> Member \$159 <input type="checkbox"/> Non-Member \$201 <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> Member \$100 <input type="checkbox"/> Non-Member \$130	<input type="checkbox"/> Young Explorers (ages 3-5) <input type="checkbox"/> Adventure Camp (ages 5-12)
WEEK 9 IMAGINARIUM AUGUST 21-AUGUST 25	<input type="checkbox"/> Member \$205 <input type="checkbox"/> Non-Member \$275	<input type="checkbox"/> Member \$159 <input type="checkbox"/> Non-Member \$201 <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> Member \$100 <input type="checkbox"/> Non-Member \$130	<input type="checkbox"/> Young Explorers (ages 3-5) <input type="checkbox"/> Adventure Camp (ages 5-12)
WEEK 10 NAILED IT! AUGUST 28-SEPTEMBER 1	<input type="checkbox"/> Member \$205 <input type="checkbox"/> Non-Member \$275	<input type="checkbox"/> Member \$159 <input type="checkbox"/> Non-Member \$201 <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> Member \$100 <input type="checkbox"/> Non-Member \$130	<input type="checkbox"/> Young Explorers (ages 3-5) <input type="checkbox"/> Adventure Camp (ages 5-12)

IMPORTANT PAYMENT INFORMATION

MUST HAVE A CARD ON FILE FOR AUTOMATIC PAYMENT WITHDRAWAL
 PAYMENT WILL BE CHARGED THE FRIDAY BEFORE THE CALENDAR WEEK OF CAMP.

NO ONE IS TURNED AWAY BASED ON INABILITY TO PAY. THE YMCA OFFERS FINANCIAL AID (AVAILABLE AT THE FRONT DESK AND ONLINE). ADDITIONALLY, WE ACCEPT DSS AS A FORM OF PAYMENT (PLEASE SEE DSS SUBSIDY PLAN FOR ADDITIONAL DETAILS).

PROGRAM PARTICIPANT PROFILE - TO BE COMPLETED IN FULL

Child's Name:		Date of Birth / /	Age during camp	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Preferred Pronouns:	Grade in Fall:
Child's Address	(House Number & Road)	(City)	(State)	(Zip Code)		T-Shirt Size: _____
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:		
Guardian's Name (1) required		Primary Phone: ()		Date of Birth: / /	Relationship to child:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization
		Secondary Phone: ()				
Guardian's Name (2)		Primary Phone: ()		Date of Birth: / /	Relationship to child:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization
		Secondary Phone: ()				
Guardian's Street Address (If different than above):						
Alternate Emergency Contact Name required:		Primary Phone: ()		Date of Birth: / /	Relationship to child:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization
		Secondary Phone: ()				
Alternate Emergency Contact Name required:		Primary Phone: ()		Date of Birth: / /	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" provide a copy prior to the start of camp to help make your child's experience more positive.	
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	
Is there any other information you think is important for us to know about your child?	
Child is allergic to: Inhaler <input type="checkbox"/> and/or EPI Pen <input type="checkbox"/> (labeled & kept in backpack or at camp)	

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 camp rules and regulations. Failure to abide by the rules and regulations may result in suspension and/or expulsion from the program.
- ✓ My child is expected to be able to toilet independently, no physical assistance will be provided with hygiene. No diapers.
- ✓ 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 assist my child in applying parent supplied sunscreen and bug repellent as appropriate.
- ✓ My child has permission and is encouraged 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.
- ✓ 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.
- ✓ If your child has an IEP/504, we require you to contact us prior to camp to have a discussion in order to help your child transition into the camp environment smoothly and successfully! Additionally, please provide a copy of the IEP/504.
- ✓ I, the undersigned, hereby hold harmless, waive and release GLOW YMCA, their childcare workers, officers, representatives, agents, organizers and successors from liability as a result of exposure and or contraction of COVID-19 and all other illnesses while the above child/children is/are in their care at camp. 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.

Guardian Signature:	Today's Date: / /
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Payment/Subsidy Agreement

- ✓ I am responsible to make timely payment for my child(ren)'s camp.
- ✓ Camp deposits are non-refundable. Cancellation will result in the loss of deposit. Camp deposits will be used towards the payment of each week of camp.
- ✓ Full payments will be made in advance or drafted the Friday before each week of camp.
- ✓ I understand that by reading this I have been made aware of the YMCA Financial Aide opportunity and will complete the appropriate application prior to submitting my camp packet (must renew annually).
- ✓ Payment is due via automatic draft by the following:

WEEK 1 JUNE 26 - JUNE 30	DUE BY: JUNE 23	WEEK 6 JULY 31 - AUGUST 4	DUE BY: JULY 28
WEEK 2 JULY 3 - JULY 7	DUE BY: JUNE 30	WEEK 7 AUGUST 7 - AUGUST 11	DUE BY: AUGUST 4
WEEK 3 JULY 10 - JULY 14	DUE BY: JULY 7	WEEK 8 AUGUST 14 - AUGUST 18	DUE BY: AUGUST 11
WEEK 4 JULY 17 - JULY 21	DUE BY: JULY 14	WEEK 9 AUGUST 21 - AUGUST 25	DUE BY: AUGUST 18
WEEK 5 JULY 24 - JULY 28	DUE BY: JULY 21	WEEK 10 AUGUST 28 - SEPTEMBER 1	DUE BY: AUGUST 25
- ✓ I understand that if I receive assistance through a third-party such as the department of social services, it is my responsibility to file the appropriate paperwork to that agency and will inform the YMCA of my subsidy plan. A copy of the approval letter must be submitted as well.
- ✓ I understand that my subsidy plan may be based on the number of hours attended through care. If I do not meet the required number of hours in attendance, I as the legal guardian will be responsible to make the remainder of the payment owed.
- ✓ If my child has attended program and my subsidy care plan expires or is not approved, I will be responsible to pay the amount owed for the time that my child attended care.

Guardian Signature:	Today's Date: / /
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CHILD'S NAME: _____

Immunization Agreement

- ✓ I will provide a copy of my child(ren)'s most recent immunization records delivered within 7 days of registering OR by the 1st day of camp (whichever comes first.) If applicable, new immunization will be faxed within 1 week of an appointment.
- ✓ All those who are attending camp are required to have age appropriate vaccines on file as recommended by the American Academy of Pediatrics (AAP), and the Center for Disease Control (CDC)
 - **DTaP, DT, Td, or Tdap** (Diphtheria, Tetanus and Pertussis), **IPV** (Poliovirus), **HIB** (Haemophilus influenza type b bacteria), **PCV 13** (Pneumococcal) vaccine, **Hepatitis B**, **MMR** (Measles, Mumps, Rubella) or serologic evidence of immunity, **Varicella** (Varivax – for Chicken Pox), or serologic or historical evidence of immunity, **Menactra** (Meningococcal disease / Meningitis) – required for those age 11 and older
- ✓ Exceptions: We recognize that individuals who have had a documented allergy or severe adverse reaction to a particular vaccine may not be able to complete the immunization schedule outlined above. Additionally, individuals with medical conditions such as congenital immunodeficiency or HIV, cancer and who are receiving chemotherapy, transplant patients, and persons receiving immunosuppressive drugs and chronic steroids also may not be able to receive certain vaccines. In these extremely rare circumstances, current documentation from a Physician (MD or DO), or a Pediatric/Family Practice Advanced Practice Nurse (ARNP or PNP), describing the reason for exemption from immunization must be furnished to GLOW YMCA. We are happy to discuss case by case management of the extremely rare circumstance of medical contraindication to partial or complete vaccination.
- ✓ This policy will be enforced in accordance with all applicable local, state, and federal laws. In no way should this policy be interpreted to violate the laws of the State of New York or regulations affecting licensed Day Camps within the state.

Guardian Signature: _____	Today's Date: / /
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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 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.

Guardian Signature: _____	Today's Date: / /
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