



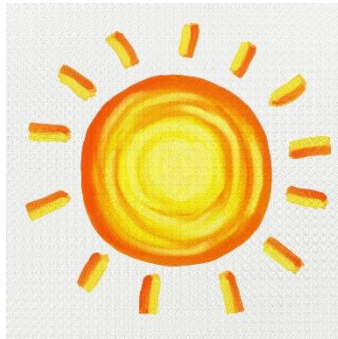
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# OAKFIELD SUMMER PARK REC.



## 2023 PARTICIPANT FORMS

FOR RESIDENTS OF OAKFIELD-ALABAMA CENTRAL SCHOOL DISTRICT

\*PUBLIC SCHOOL ATTENDEES AND HOME SCHOOL CHILDREN WELCOME\*

MONDAY JULY 10<sup>TH</sup> – FRIDAY AUGUST 11<sup>TH</sup>

9:00AM – 1:00PM

### TO COMPLETE YOUR REGISTRATION:

- ONE REGISTRATION FORM PER CHILD
- REGISTRATION WILL KICK OFF (IN PERSON) ON SATURDAY, APRIL 29<sup>TH</sup> FROM 11AM-1PM AT THE GLOW YMCA IN BATAVIA. AFTER APRIL 29<sup>TH</sup>, RETURN COMPLETED REGISTRATION INTO THE FRONT DESK OF THE YMCA
- REGISTRATION CANNOT BE DONE ONLINE OR OVER THE PHONE
- A \$5.00/WEEK/CHILD FEE IS REQUIRED AT THE TIME OF REGISTRATION
- INCOMPLETE REGISTRATIONS WILL NOT BE ACCEPTED
- SPOTS ARE LIMITED AND WILL BE RESERVED AT THE TIME OF REGISTRATION ON A FIRST COME/FIRST SERVED BASIS

# OAKFIELD PARK REC 2023

REC IS FOR CHILDREN ENTERING KINDERGARTEN UP TO AGE 12 AND RESIDE IN THE OAKFIELD-ALABAMA  
CENTRAL SCHOOL DISTRICT

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

GRADE CHILD IS ENTERING IN SEPT 2023 \_\_\_\_\_

CURRENT AGE: \_\_\_\_\_

PLEASE CIRCLE THE WEEKS YOUR CHILD WILL ATTEND

\*COST IS \$5/CHILD/WEEK.

WEEK 1 JULY 10- JULY 14	WEEK 2 JULY 17- JULY 21	WEEK 3 JULY 24- JULY 28	WEEK 4 JULY 31- AUGUST 4	WEEK 5 AUGUST 7-AUGUST 11
THEME: ALOHA SUMMER	THEME: SMALL TOWN USA	THEME: SPLISH, SPLASH	THEME: ARTS AND SPORTS	THEME: OLD SCHOOL OLYMPICS
9AM-1PM	9AM-1PM	9AM-1PM	9AM-1PM	9AM-1PM

TOTAL # OF WEEKS SIGNED UP \_\_\_\_\_

TOTAL AMOUNT DUE \$ \_\_\_\_\_

OFFICE USE ONLY:	YMCA STAFF INITIALS:
DATE RECEIVED _____	_____
PAID IN FULL _____	
REGISTRATION FORM FULLY FILLED OUT _____	

## **LUNCH**

LUNCH WILL BE PROVIDED TO CHILDREN BY OACS DAILY. CHILDREN WILL BE PROVIDED WITH A MENU, BUT MAY ALSO PACK A LUNCH IF THEY WOULD LIKE. BREAKFAST WILL NOT BE SERVED AT REC AND SHOULD BE EATEN AT HOME PRIOR TO ARRIVAL.

## **WEDNESDAYS PARK REC WILL BE HELD AT OACS HIGH SCHOOL:**

EVERY WEDNESDAY PARK REC WILL BE HELD AT THE OACS HIGH SCHOOL SO THAT CHILDREN MAY SWIM AND PLAY IN THE GYM. DROP OFF AND PICK UP WILL BE AT THE WELLNESS CENTER DOOR. THERE WILL BE NO DROP OFF OR PICK UP AT THE TOWN PARK ON WEDNESDAYS.

## **SIGN IN AND SIGN OUT POLICIES:**

CHILDREN 8 YEARS OF AGE AND YOUNGER MUST BE SIGNED IN AND SIGNED OUT BY SOMEONE 16 YEARS OF AGE OR OLDER. CHILDREN 8 YEARS OF AGE AND YOUNGER WILL NOT BE RELEASED FROM PARK REC TO WALK OR BIKE HOME ALONE. CHILDREN 9-12 MAY WALK TO/FROM REC. INDEPENDENTLY WITH PRIOR WRITTEN PARENT CONSENT.

## **TOWN PARK USAGE AGREEMENT:**

THE YMCA HAS RESERVED THE TOWN PARK DURING THESE 5 WEEKS FROM 9AM-1PM. THE TOWN PARK WILL EXCLUSIVELY BE OCCUPIED BY PARK REC. PARTICIPANTS. UNLESS REGISTERED, YOU WILL NOT BE ALLOWED INSIDE THE PARK DURING THOSE DATES AND TIMES.

## **FIELD TRIPS:**

BUSSED AND/OR WALKING FIELD TRIPS WILL BE DETERMINED AT A LATER DATE. PARENTS WILL BE NOTIFIED PRIOR TO LEAVING THE GROUNDS WITH CHILDREN.

## **REQUIREMENTS TO ATTEND PARK REC:**

- RESIDE IN THE OACS DISTRICT
- MUST BE ENTERING KINDERGARTEN THROUGH AGE 12 (HOME SCHOOLED OR DISTRICT STUDENTS)
- CHILDREN WHO ARE STILL 12 ON JULY 10<sup>TH</sup> MAY ATTEND PARK REC ALL 5 WEEKS. CHILDREN WHO ARE 13 OR OLDER JULY 10<sup>TH</sup> OR PRIOR ARE NOT ELIGIBLE FOR PARK REC.
- CHILDREN MUST BE FULLY POTTY TRAINED
- IF CHILDREN REQUIRE SOCIAL, EMOTIONAL, DEVELOPMENTAL NEEDS BEYOND WHAT OUR STAFF CAN ACCOMMODATE, THE YMCA RESERVES THE RIGHT DISMISS A CHILD FROM THE REC. PROGRAM
- CHILDREN WHO DO NOT CONDUCT THEMSELVES IN A POSITIVE, RESPECTFUL, AND KIND MANNER MAY BE DISMISSED/EXPELLED FROM THE PARK REC PROGRAM. THIS DECISION RESIDES WITH THE YMCA STAFF.

# OAKFIELD PARK REC. PROGRAM PARTICIPANT PROFILE – SUMMER 2023

## CHILD AND FAMILY INFORMATION

Child's Name:		Date of Birth:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade in Fall 2023:
Child's Address:		Child lives with:			Email Address:
Guardian's Name:	Primary Phone: Secondary Phone:	Date of Birth:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization	
Guardian's Name:	Primary Phone: Secondary Phone:	Date of Birth:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization	
Emergency Contact Name:	Primary Phone: Secondary Phone:	Date of Birth:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization	
Emergency Contact Name:	Primary Phone: Secondary Phone:	Date of Birth:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization	

### 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 babysit 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.
- ✓ My child will be expected to follow all Summer Rec rules and regulations. Failure to abide by the Rec rules and regulations 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.
- ✓ I understand and agree that children 8 years of age or younger must be escorted to and from park rec by a person 16 years of age or older.
- ✓ The YMCA has my permission to use photographs of my child in promotional materials such as brochures, ads, YMCA website, social media or newspaper releases. I will not be informed of or reimbursed for such photographs.
- ✓ If your child has an IEP/504, we invite 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! We ask that you please provide us with a copy of the IEP/504. The YMCA reserves the right to determine if the Oakfield Park Rec Program is an appropriate environment to best meet the needs of your child. If the YMCA finds that the Park Rec environment is not an appropriate fit and/or your child's needs cannot be met, the Director will communicate with families accordingly and refunds will be issued.
- ✓ The undersigned agrees to hold harmless, waive, and release the Town of Oakfield and the GLOW YMCA, their childcare workers, officers, representatives, agents, organizers, and successors 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.
- ✓ I the undersigned, hereby hold harmless, waive and release of the Town of Oakfield and the GLOW YMCA, their childcare workers, officers, representatives, agents, organizers and successors from liability as a result of exposure and or contraction of any illnesses while the above child/children is/are in their care at the Oakfield Summer Rec. program.
- ✓ I the undersigned, agree that I will inform the Summer Rec staff if I have administered fever-reducing medication to my child prior to sending them to Rec.

### MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE:

<b>Guardian Name:</b>	<b>Guardian Signature:</b>	<b>Date:</b>

# YMCA OAKFIELD PARK 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"/> Food Allergies   | <input type="checkbox"/> Mental Distress        | <input type="checkbox"/> Pregnancy     | <input type="checkbox"/> Social/Emotional Disorder |
| <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"/> IEP           | <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.

<b>Participant Name:</b>	<b>Date of Birth:</b>
<b>Guardian Signature:</b>	<b>Date:</b>

**YMCA OAKFIELD PARK REC**  
**SUMMER 2023**  
**PARTICIPANT HEALTH FORM – TO BE COMPLETED BY GUARDIAN**

Child Name:	Age:	Height:	Weight:
Is the child covered by any hospitalization/medical care policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Insurance Company:			
Card Holder:		Policy/Group #:	
Has your child participated in Park Rec years prior? ____ Yes ____ No			
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?			
Does your child receive special accommodations or services at school (this will help us to ensure we are able to provide the best possible care)?			
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?			
<b>Is there any other information you think is important for us to know about your child?</b>			

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"/> Social /Emotional Disorder | <input type="checkbox"/> Vision Problems            | <input type="checkbox"/> Illness:                | <input type="checkbox"/> Other: _____     |

**\*THE YMCA WILL NOT ADMINISTER MEDICATION. IF YOUR CHILD REQUIRES AN EPI PEN, BENADRYL, OR AN INHALER, PLEASE INDICATE BELOW AND OUR DIRECTOR WILL REACH OUT TO YOU WITH INSTRUCTIONS.**

\_\_\_\_\_ **MY CHILD DOES NOT HAVE AN EPI PEN, INHALER, OR BENADRYL (TO ACCOMPANY EPI PEN, NOT FOR SEASONAL ALLERGIES)**  
 \_\_\_\_\_ **MY CHILD HAS AN \_\_\_\_\_ EPI PEN \_\_\_\_\_ INHALER \_\_\_\_\_ BENADRYL (TO ACCOMPANY EPI PEN, NOT FOR SEASONAL ALLERGIES)**

Health Care Provider Name:	Primary Care Physician:		
Address:			
City:	State:	Zip:	
Phone:	Fax:		
<b><u>GUARDIAN'S SIGNATURE:</u></b>		<b><u>DATE:</u></b>	