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Initials:

# GLOW YMCA YORK SUMMER REC PROGRAM 2023 PARTICIPANT FORMS

Free to all families within the York Central School District (Spaces are limited)

**MONDAY JULY 10<sup>TH</sup> – FRIDAY AUGUST 11<sup>TH</sup>  
9:00AM – 12:00PM**

Join the BAND Communication App to directly contact  
staff and stay up to date on any Rec changes!



York Summer Recreation 2023

**TO COMPLETE YOUR REGISTRATION:**

**EMAIL COMPLETED PACKETS TO JAY CISCO  
JCISCO@GLOWYMCA.ORG**

**PLEASE KEEP A COPY OF THE COMPLETED FORMS FOR YOUR RECORDS**

# GLOW YMCA YORK REC 2023

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

PLEASE CHECK THE WEEKS YOUR CHILD WILL ATTEND

CHOOSE ONE:

REC (6 - 13YRS.): \_\_\_\_\_

CIT (14 - 17YRS.): \_\_\_\_\_

| WEEK 1                   | WEEK 2                   | WEEK 3                   | WEEK 4                    | WEEK 5                      |
|--------------------------|--------------------------|--------------------------|---------------------------|-----------------------------|
| 9AM-12PM                 | 9AM-12PM                 | 9AM-12PM                 | 9AM-12PM                  | 9AM-12PM                    |
| JULY 10<br>TO<br>JULY 14 | JULY 17<br>TO<br>JULY 21 | JULY 24<br>TO<br>JULY 28 | JULY 31<br>TO<br>AUGUST 4 | AUGUST 7<br>TO<br>AUGUST 11 |

REC IS FOR CHILDREN WHO HAVE COMPLETED KINDERGARTEN UP TO CHILDREN OF AGE 13.

COUNSELOR IN TRAINING (CIT) IS FOR AGES- 14-17 YRS.

## SWIMMING (OPTIONAL)

YOUR CHILD WILL HAVE THE OPPORTUNITY TO SWIM IN THE POOL THROUGHOUT THE SUMMER!  
SWIMMING WILL BE PROVIDED ON TUESDAYS & THURSDAYS BETWEEN 10 AM – 11:40AM. THE  
DATES/TIME YOUR CHILD SWIMS WILL BE SCHEDULED BASED ON AVAILABILITY.

***\*CHECK THE DAYS YOUR CHILD WISHES TO SWIM\****

***PLEASE REMEMBER THAT YOUR CHILD MAY NOT GET TO SWIM EVERY DAY THAT IS SELECTED, WE WILL DO OUR BEST TO GET EACH CHILD IN THE POOL AT LEAST ONCE PER WEEK.***

### TUESDAY

JULY 18<sup>TH</sup>

JULY 25<sup>TH</sup>

AUGUST 1<sup>ST</sup>

AUGUST 8<sup>TH</sup>

### THURSDAY

JULY 20<sup>TH</sup>

JULY 27<sup>TH</sup>

AUGUST 3<sup>RD</sup>

AUGUST 10<sup>TH</sup>

**PROGRAM PARTICIPANT PROFILE – SUMMER 2023**  
**CHILD AND FAMILY INFORMATION**

|                         |                                    |                   |               |  |                |
|-------------------------|------------------------------------|-------------------|---------------|--|----------------|
| Child's Name:           |                                    | Date of Birth:    | Age:          | Gender:<br><input type="checkbox"/> Male <input type="checkbox"/> Female<br><input type="checkbox"/> Non-binary<br>Preferred Pronouns: | Grade in Fall: |
| Child's Address:        |                                    | Child lives with: |               |  | Email Address: |
| Guardian's Name:        | Primary Phone:<br>Secondary Phone: | Date of Birth:    | Relationship: | <input type="checkbox"/> Emergency Contact<br><input type="checkbox"/> Pick Up Authorization   |                |
| Guardian's Name:        | Primary Phone:<br>Secondary Phone: | Date of Birth:    | Relationship: | <input type="checkbox"/> Emergency Contact<br><input type="checkbox"/> Pick Up Authorization   |                |
| Emergency Contact Name: | Primary Phone:<br>Secondary Phone: | Date of Birth:    | Relationship: | <input type="checkbox"/> Emergency Contact<br><input type="checkbox"/> Pick Up Authorization   |                |
| Emergency Contact Name: | Primary Phone:<br>Secondary Phone: | Date of Birth:    | Relationship: | <input type="checkbox"/> Emergency Contact<br><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 (bus) 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.
- ✓ 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 undersigned agrees to hold harmless, waive, and release the Town of York 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 York and the GLOW YMCA, 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 the York Summer Rec. program. I understand that my child is incurring a greater risk by participating in summer recreation with other participants and staff but that measures will be taken by staff and administration to help minimize the risk.
- ✓ 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> |
|                       |                            |              |

# GENESEE COUNTY YMCA YORK 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>          |

# GENESEE COUNTY YMCA YORK REC SUMMER 2023

## PARTICIPANT HEALTH FORM – TO BE COMPLETED BY GUARDIAN

NOT ALL YMCA SUMMER PROGRAMS ADMINISTER MEDICATION, HOWEVER, IN THE EVENT OF AN EMERGENCY WE ASK THAT FAMILIES PROVIDE US THIS INFORMATION SO THAT WE CAN BEST CARE FOR YOUR CHILD.

|   |      |                 |         |
|---|------|-----------------|---------|
| Child Name:   | Age: | Height:         | Weight: |
| 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 #: |         |

|   |
|---|
| Child is looking forward to YMCA Program with?      Enthusiasm      Acceptance      Caution      Anxiety  |
| Has your child been away from home before? Explain.   |
| 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?   |
| Things I would like my child to accomplish at the YMCA Summer Rec. program are:   |
| 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: _____     |

### ADMINISTRATION OF PRESCRIPTION MEDICATIONS TO CHILD

| MEDICATION NAME | ROUTE<br>(PLEASE INDICATE PREFERRED FORMULATION) | DOSAGE | SCHEDULE & INDICATIONS<br>(PLEASE CIRCLE ALL THAT APPLY) | HEALTHCARE PROVIDER ORDER<br>(PLEASE CIRCLE ONE) |
|-----------------|--|--------|--|--|
|                 |  |        |  |  |
|                 |  |        |  |  |
|                 |  |        |  |  |

|                            |        |                         |  |
|----------------------------|--------|-------------------------|--|
| Health Care Provider Name: |        | Primary Care Physician: |  |
| Address:                   |        |                         |  |
| City:                      | State: | Zip:                    |  |
| Phone:                     | Fax:   |                         |  |

**GUARDIAN'S SIGNATURE:**

**DATE:**