



Office Use Only

Date Received:

Time Received:

Initials:

# GLOW YMCA YORK SUMMER REC PROGRAM 2025 PARTICIPANT FORMS

FREE TO RESIDENTS OF THE TOWN OF YORK, THE YORK CENTRAL SCHOOL DISTRICT & VISITING FAMILIES OF RESIDENTS

**MONDAY JULY 7<sup>TH</sup> – FRIDAY AUGUST 8<sup>TH</sup>**  
**MONDAY – THURSDAY'S 9:00AM – 12:00PM**  
**& FRIDAY'S 10AM – 1PM**

**\*CHILD(REN) MUST HAVE COMPLETED KINDERGARTEN TO REGISTER\***  
**PLEASE CIRCLE THE DATES YOU WOULD LIKE YOUR CHILD(REN) TO ATTEND**

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

WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5
JULY 7 – JULY 11	JULY 14 – JULY 18	JULY 21 – JULY 25	JULY 28 – AUG. 1	AUG. 4 – AUG. 8

**ADDITIONAL CHILD:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5
JULY 7 – JULY 11	JULY 14 – JULY 18	JULY 21 – JULY 25	JULY 28 – AUG. 1	AUG. 4 – AUG. 8

**ADDITIONAL CHILD:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5
JULY 7 – JULY 11	JULY 14 – JULY 18	JULY 21 – JULY 25	JULY 28 – AUG. 1	AUG. 4 – AUG. 8

PLEASE USE THE QR CODE TO DOWNLOAD THE BAND COMMUNICATION APP TO STAY UP TO DATE ON SPECIAL EVENTS, CHANGES, CONTACT STAFF, OR JUST CHECK OUT THE FUN WE ARE HAVING EACH DAY!



## **TO COMPLETE YOUR REGISTRATION:**

- PLEASE EMAIL THE COMPLETED FORMS TO JAY CISCO: [JCISCO@GLOWYMCA.ORG](mailto:JCISCO@GLOWYMCA.ORG)

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

## PROGRAM PARTICIPANT PROFILE – SUMMER 2025

### CHILD AND FAMILY / HEALTH INFORMATION

Child's Name:		Date of Birth:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary Preferred Pronouns:	Grade in Fall:
Additional Child's Name:		Date of Birth:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary Preferred Pronouns:	Grade in Fall:
Additional Child's Name:		Date of Birth:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary Preferred Pronouns:	Grade in Fall:
Child(ren)'s Address:		Email Address:			
Guardian's Name:	Primary Phone:	Date of Birth:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization	
Guardian's Name:	Primary Phone:	Date of Birth:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization	
Emergency Contact Name:	Primary Phone:	Date of Birth:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization	
Emergency Contact Name:	Primary Phone:	Date of Birth:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization	
Emergency Contact Name:	Primary Phone:	Date of Birth:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization	

## SWIMMING (OPTIONAL)

YOUR CHILD WILL HAVE THE OPPORTUNITY TO SWIM IN THE SCHOOL POOL THROUGHOUT THE SUMMER! SWIMMING WILL BE PROVIDED ON TUESDAYS & THURSDAYS BETWEEN 9:30AM AM – 11:30AM, WEEKS TWO THROUGH FIVE OF SUMMER REC.

THE DATES YOUR CHILD SWIMS WILL BE SCHEDULED BASED ON AVAILABILITY.

**DO YOU GIVE PERMISSION FOR YOUR CHILD(REN) TO SWIM?**

CHILDS NAME	YES	NO

**PLEASE LIST ALL ALLERGIES/HEALTH CONCERNS**

CHILD'S NAME	ALLERGY/HEALTH CONCERN

CHILD'S NAME	PRESCRIPTION MEDICATION	DOSAGE
		Inhaler <input type="checkbox"/> and/or EPI Pen <input type="checkbox"/>
		Inhaler <input type="checkbox"/> and/or EPI Pen <input type="checkbox"/>
		Inhaler <input type="checkbox"/> and/or EPI Pen <input type="checkbox"/>

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

**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 baby-sit 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 of the Village 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 Village 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:**

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

# 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.

Participant Name:	Date of Birth:
Guardian Signature:	Date: