THE Get Outside *And Play* PLACE

Summer Rec offers more than summer activities; it fosters friendships, confidence, and belonging for kids. With support from trained staff, participants are encouraged to try new things, celebrate successes, and enjoy being kids.

- Swimming, sports, and outdoor play
- Creative art and STEM projects
- Field trips
- And so much more!

GLOW YMCA - GENESEO SUMMER PARK REC

585-344-1664 ▶ GLOWYMCA.org

SIGN UP TODAY

IMPORTANT INFORMATION

This page provides essential information about our Summer Rec program, including daily routines, policies, and reminders for a safe and positive experience. Families are encouraged to review and keep this information for a smooth and enjoyable summer for campers and families alike.

ELIGIBILITY REQUIREMENTS

Geneseo Park Rec is open to children who reside within the Geneseo Central School District and are entering First Grade through age 17 at a weekly rate of $15 per child. The YMCA reserves the right to determine whether the program is an appropriate fit if a child's needs exceed what staff can safely accommodate. Non-Residents are welcome to attend at the full weekly rate of $85 per child.

REC HOURS & ATTENDANCE

Geneseo Park Rec operates Monday–Friday from 9:00 AM–1:00 PM. Participants must be dropped off and picked up promptly during these hours. For the health and safety of all participants, children showing signs of illness (including fever, vomiting, or diarrhea) should remain home until they are symptom-free for at least 24 hours.

COMMUNICATION & UPDATES (BAND APP)

Families will receive important program updates, reminders, and announcements through the Band App once the program begins. Parents and guardians are required to download the app and join their child's designated group to stay informed. Please check the Band App regularly to ensure you don't miss important information.

Download the App

DROP-OFF & PICK-UP PROCEDURES

Children who are entering 5th grade and younger must be physically signed in and out each day by an authorized individual 16 years or older at the designated sign-in table. These students will not be released to walk or bike home independently.

Children entering 6th grade or older may walk to and from Park Rec with prior written parent permission. Once signed in, all students are expected to remain on site until their program day concludes unless prior arrangements have been approved by a parent or guardian.

At drop-off, a parent or guardian must sign their child in with a staff member. At pick-up, notify the sign-out attendant who you are picking up and have valid ID ready. Staff may vary, and ID is always required. Only individuals listed on the child's registration or YMCA account may pick up. To authorize someone new, provide written consent at drop-off.

MEALS & SNACKS

Please be sure to send your child with enough snacks and/or lunch and a water bottle. Lunch is not provided but a fountain is available to refill water bottles throughout the day.

SWIMMING

In partnership with the Geneseo CSD, we do offer two sessions of swim lessons at an additional cost of $45 per session. Registered students will be bussed from Highland Park, to the school, and back to park. Counselors will accompany students on the bus to ensure student safety. It is not required but highly recommended that students wear their swimsuits to rec on their scheduled days so that they can get as much time in the pool as possible.

FIELD TRIPS

Geneseo Rec will take at least three big field trips over the summer that they will be bussed to and from. Permission slips will be handed out at rec prior to each field trip with a departure time, associated cost, and return time. You are not required to sign your kiddos up for the trips but regular rec does not run on most scheduled offsite field trip days. Whether or not a normal rec option will be available that day, will be communicated to parents prior to trip day.

GLOW YMCA GENESEO PARK REC REGISTRATION

Child's Name:

Date of Birth: / / Age During Program: Grade in Fall:

Gender: ☐ Male ☐ Female ☐ Non-Binary Shirt Size: SM M LG X ☐ Youth ☐ Adult

Address: Township you reside in:

City: State: Zip:

Valid Email (required):

Name of Email Owner: Child Lives With:

PRIMARY GUARDIAN (REQUIRED)

Name:

DOB:

Relationship to Child:

Primary Phone: ( )

☑ Emergency Contact

☑ Pick-Up Authorization

Guardian Address (if different):

SECONDARY/EMERGENCY CONTACT

Name:

DOB:

Relationship to Child:

Primary Phone: ( )

☐ Emergency Contact

☐ Pick-Up Authorization

☐ Authorized to Make Account Changes

Address (if different):

☐ RESIDENT - $15 PER WEEK ☐ NON-RESIDENT - $85 PER WEEK			**SWIM LESSONS** $45 per session	**ADVANCED** Tues & Thurs 10AM – 10:50 AM	**BEGINNER** Tues & Thurs 11AM – 11:50 AM
WEEK 1:	**JUNE 29 – JULY 3**	☐			
WEEK 2:	**JULY 6 – 10**	☐	**SESSION 1:** JULY 7 - 16	☐	☐
WEEK 3:	**JULY 13 – 17**	☐			
WEEK 4:	**JULY 20 – 24**	☐	**SESSION 2:** JULY 21 – 30	☐	☐
WEEK 5:	**JULY 27 – 31**	☐			
WEEK 6:	**AUGUST 3 – 7**	☐			

Payment Method

Name On Card/Account: ☐ Visa ☐ Mastercard

Address:

Card Number:

3-Digit/VIN: Expiration Date:

(OR) Bank Account Number:

Bank Routing Number:

HEALTH & INFORMATION FORM – TO BE COMPLETED BY GUARDIAN

Has your child been exposed to an infectious disease or had any major illness in the last month? ☐ **Yes** ☐ **No**
If yes, what illness/disease: **Symptoms:**
Is the child covered by a hospitalization/medical care policy? ☐ **Yes** ☐ **No**
Insurance Company:
Card Holder: **Policy/Group #:**
How does your child express anger/frustration?
Does your child have any fears?
Child is allergic to:
Please list all medications your child is currently taking:
Child keeps an: ☐ **Inhaler** ☐ **EPI Pen |** ☐ **Kept in backpack *MUST BE LABELED***
Special dietary needs or restrictions?
Any activity restrictions for your child? Please explain in detail:
My child has an IEP/504 plan ☐ **No** ☐ **Yes** ***if you answered yes provide a copy prior to program to make your child's experience positive.**
My child is fully toilet trained and can independently use the toilet: ☐ **No** ☐ **Yes** ***All participants are expected to be able to toilet independently. No physical assistant will be provided with wiping or cleaning children up if they have an accident. No diapers/pull ups. If you answered no contact program director before registration.***
My child's swimming ability: ☐ **Afraid of water** ☐ **Some lessons** ☐ **Confident in deep water**
Is there any other information you think is important for us to know about your child?

Participant Health History - Please check all that apply:

☐ Asthma
☐ Convulsions
☐ Diabetes
☐ Emotional Disorder
☐ Heart Defect/Disease
☐ Bleeding/Clotting Disorder
☐ Hearing Problems
☐ Vison Problems
☐ Frequent Ear Infections
☐ Neurological Disorders
☐ ADD/ADHD
☐ Allergies: _____
☐ Illness: _____
☐ Dental: _____
☐ Other: _____

Health Care Provider Name:		**Primary Care Physician:**	
Address:	**City:**	**State:**	**Zip:**
Phone:	**Fax:**		
Guardian's Signature			**Date:**

GLOW YMCA SUMMER REC & CAMP REGISTRATION AGREEMENT

This Agreement applies to **all GLOW YMCA summer recreation and camp programs**, including but not limited to park recreation programs, municipal recreation partnerships, day camps, extended care, swim programs, specialty activities, inflatables, Kid's Gym, and off-site or partner-location programming.
By enrolling my child(ren) in any GLOW YMCA Summer Program, I acknowledge that I have read, understand, and agree to the following terms:

1. Emergency Medical Authorization

In the event of an accident, illness, or medical emergency, the GLOW YMCA will make every reasonable effort to contact the parent/guardian or emergency contacts listed on file. If I cannot be reached, I authorize the GLOW YMCA and its representatives to act according to their best judgment in securing emergency medical treatment for my child, including hospitalization, medical procedures, injections, anesthesia, or surgery as deemed necessary by a licensed medical provider. I understand and agree that I am financially responsible for all medical treatment and related expenses.

2. Medical Fitness, Disclosure & Health Information

I certify that my child is physically and mentally able to safely participate in YMCA programs and activities. I agree to fully disclose all medical conditions, allergies, injuries, behavioral needs, developmental considerations, limitations, and special accommodations required for my child's participation. I understand that complete and accurate health information is required and that I must promptly notify the YMCA of any changes. I agree to discuss any regular, emergency, or situational medications with YMCA staff prior to participation, as applicable. I further acknowledge that the YMCA may rely on physician-completed health forms, immunization records, and individualized standing orders when required by program or regulation.

3. Medication Administration, Personal Care Products & Health Precautions

I understand that medication administration policies vary by program and location. I agree to inform YMCA staff if I have administered fever-reducing medication to my child within four (4) hours prior to program attendance. Where permitted, emergency medications such as inhalers or EpiPens may be supervised or assisted in accordance with YMCA policy and any required physician orders.

Personal Care Products Permission
I understand that YMCA staff are **not permitted to apply personal care products** to my child. I give permission for YMCA staff to **supervise my child while they independently apply** only the personal care products that I provide and approve below:

- ☐ **Sunscreen Spray**
- ☐ **Insect Repellent**
- ☐ **Lip Balm**

I understand that **only the items selected above may be used**. If no items are selected, I acknowledge that my child will **not use any personal care products** while participating in YMCA programs.

Parent/Guardian Initials: _____

4. Program Activities & Physical Risk

I understand that YMCA programs may include physically active and recreational activities such as swimming, water play, inflatables, climbing elements, playground use, sports, field games, walking excursions, and specialty activities. I acknowledge that participation involves inherent risks, including the possibility of injury, illness, or accident.
I certify that my child is able to participate safely in all activities offered and agree to notify staff of any limitations that may affect participation.

Continued from previous page

5. Supervision, Transportation & Mandated Reporting

I understand that YMCA staff and volunteers are not permitted to babysit or transport children outside of YMCA-arranged programming. I acknowledge that the YMCA is a mandated reporter and is legally required to report suspected cases of child abuse or neglect to appropriate authorities.

6. Field Trips, Off-Site Activities & Swimming

I give permission for my child to participate in walking field trips, off-site activities, and transportation arranged by the YMCA, including school buses or partner transportation when applicable.
I also give permission for my child to participate in swimming and water activities. I understand that swimming ability will be assessed by YMCA staff and that participation will be limited to areas appropriate for my child's demonstrated skill level.

7. Illness & Communicable Disease Acknowledgment

I acknowledge that participation in group programs carries an inherent risk of exposure to communicable illnesses, including but not limited to COVID-19 and other viral or bacterial infections. I knowingly accept this risk on behalf of my child and agree to hold harmless the GLOW YMCA and its representatives from illness-related claims, except in cases of gross negligence or willful misconduct.

8. Liability Waiver & Assumption of Risk

I knowingly and voluntarily assume all risks, both known and unknown, associated with my child's participation in YMCA programs and activities. I release, waive, and hold harmless the GLOW YMCA, its officers, directors, employees, agents, volunteers, municipal partners, and program hosts from any and all claims arising from participation, including injury, illness, disability, property loss, or death, except where such claims result from gross negligence or willful misconduct.
The YMCA is not responsible for personal property that is lost, stolen, or damaged during participation.

9. Photo & Media Release

The GLOW YMCA may take photographs, video, audio recordings, or other media of participants during programs and activities. These may be used for promotional, educational, or informational purposes without notice or compensation.

☐ **Check here to OPT OUT** of photo and media use for my child and/or myself.

Parent/Guardian Initials: _____

10. Payment, Fees & Electronic Funds Transfer Authorization

I agree to pay all program fees as published. I understand that some programs require payment in full at registration, while others require a deposit with remaining payments scheduled to the payment method on file. I authorize the GLOW YMCA to process payments via EFT where applicable and understand that late or failed payments may result in fees or loss of enrollment. Change or cancellation requests must be submitted at least fourteen (14) days in advance. If I receive third-party assistance (including DSS), I am responsible for required documentation and any balance not covered.

11. Acknowledgment & Signature

By signing below, I certify that I am the parent or legal guardian of the enrolled child(ren) and that I have read, understand, and agree to all terms outlined in this Unified Summer Recreation Agreement. I accept responsibility for my child's participation, conduct, and compliance with all YMCA policies.

Parent/Guardian Name: _____

Signature: _____ Date: _____

PARTICIPANT CHARACTER CODE

At the YMCA, we believe children learn best in an environment that is safe, supportive, and consistent. We partner with families to help children develop positive social skills, emotional regulation, and respect for others. To create that environment, all participants are expected to follow our Participant Character Code.

Participant Character Code
At program, we practice the YMCA core values every day:

*We **CARE** for ourselves and those around us.*
*We earn each other's trust through **HONESTY**.*
*We show **RESPECT** to people and property.*
*We take **RESPONSIBILITY** for our own choices and actions.*

These values guide our behavior expectations and help ensure a positive experience for all participants.

Participants have a responsibility to conduct themselves in a manner that is in the best interests of the program, its participants and staff. Parents/Guardians have a responsibility to go over the Participant Character Code with their child(ren), as we want to make all participant experiences positive ones. The YMCA staff has a responsibility to support your child in the program setting, be a role model and to follow all safety protocols, including behavior management.

All participants must follow the "Site Rules" that have been established by and agreed to between the staff and participants. If any of these rules are broken while the child is under the YMCA's care, the following procedure will be followed. One or more steps of the discipline process may be omitted due to the severity of a behavior violation, to be determined by the Program Director.

1. Reminder/Verbal Warning/Redirection
2. Talk through the problem with the child to dialogue alternative solutions to the problem
3. Cool Down/Break
4. If behavior continues, establish behavior management plan with guardian and child with guardian solutions
5. Write a report, have it signed by the guardian, for unsafe behavioral incidents, the document may also be shared with school administration if appropriate
6. Three behavioral reports may constitute a suspension or expulsion from the program (note in this situation, no refund for the unused days in the month will be issue)

I have reviewed this with my child and will abide by the guidelines the YMCA has set forth.

_____ _____

Parent/Legal Guardian Signature Date