

YMCA STAFF ONLY:

Member ID#: _____ Weekly Approved Rate: _____ Provided 1040: Staff Initials: _____



YMCA of El Paso - Day Camp Enrollment Form Summer 2021



Please circle which branch your child will be attending camp:

Loya Family YMCA Bowling Family YMCA Westside Family YMCA Snow Sports Complex

Child's Name: _____ M/ F DOB: _____

Mother's Name: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Best Contact Number: _____

Employer: _____ Work #: _____

Emergency Contact? YES NO

Authorized for child pick up? YES NO

Father's Name: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Best Contact Number: _____

Employer: _____ Work #: _____

Emergency Contact? YES NO

Authorized for child pick up? YES NO

EMERGENCY CONTACTS – Authorized Individuals for Child Pick Up (Not Parents)

Name: _____ Relationship to child: _____

Address: _____ City: _____ Zip: _____

Best Contact Number: _____

Name: _____ Relationship to child: _____

Address: _____ City: _____ Zip: _____

Best Contact Number: _____

Authorization For Activity Participation

Please circle whether or not you authorize your child to participate in the following activities while enrolled in YMCA programs:

Yes / No Swimming/ Water Activities

Yes / No Participate in program activities

Yes / No View a PG rated film

Yes / No Photo and video for YMCA publications

Yes / No Archery Activities

Authorization for Medical Care

- **IMMUNIZATION:** I can provide my child's immunization records. All required immunizations and/ or Tuberculosis test are current.
- **AUTHORIZATION:** In case of sickness or accident, I hereby give my permission to the medical personnel selected by the YMCA to order and/ or perform any medical attention deemed necessary. If I am unable to be contacted, I accept financial responsibility if such treatment is necessary. I further understand that neither the YMCA nor its staff members can be held responsible in the event of accident or accidental death.

Physician: _____ Address: _____

Phone number: _____ Currently do not have a doctor, use closes available: _____

Dentist: _____ Address: _____

Phone number: _____ Currently do not have a doctor, use closes available: _____

Current medications: _____

Dietary modifications: _____

Operations/ serious injuries: _____

Disability/ Chronic/ Recurring Illnesses/ Allergies: _____

Parent and Participant Statement of Agreement

Please initial next to each statement indicating that you understand the following:

____ I understand that I may not leave my child at the YMCA unless there is a YMCA staff member present.

____ I understand that my child will not be allowed to leave the program with an unauthorized person or staff member.

Only adults with a valid photo ID and are over the age of 18 can be authorized for child pick up.

____ I understand that the YMCA is mandated by Texas law to report any suspected cases of child abuse or neglect.

____ I understand that I will be charged a late fee if I fail to pick up my child on time.

____ I understand that YMCA staff may not baby sit, transport, or care for children other during YMCA program hours.

____ I understand that my child may be removed from the YMCA for any of the following reasons:

- Failure to pay program fees by designated deadlines.
- Inappropriate behaviors of a child/parent that endangers self or others involved with the YMCA
- Failure to observe any of the conditions listed in the seasonal parent handbook

NOTE: FAILURE TO SIGN THIS FORM DOES NOT NULLIFY PARENTAL AGREEMENT FOR PROGRAM PARTICIPATION

I understand and acknowledge that the YMCA of El Paso does not offer any medical insurance to protect against injuries, makes no claim to do so and has no responsibility for any medical expenses incurred. I understand that each participant must assume the risk and any related financial responsibility that could result from participation in any of these activities. I agree to assume such risks and such financial responsibility.

Parent/ Guardian Signature

Date



YMCA Sunscreen Application Form

Name of Child: _____

As a parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at the YMCA of El Paso to provide sunscreen product of Equate Ultra Protection Sunscreen Lotion SPF 50 when he/she will be playing outside between daily times of 10:00 AM and 4:00 PM. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose and bare shoulders, arms and legs.

I have checked all applicable information regarding the type and use of sunscreen for my child:

_____ I do not know any allergies my child has to sunscreen

_____ Staff may use the sunscreen listed above following the direction/recommendations printed on the bottle.

_____ For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

_____ My child is allergic to some sunscreen. I have provided the following brand/ type of sunscreen for use on my child. *(Due to the risk of inhalation, we do not encourage spray sunscreen):*

Parent/ Guardian Printed Name: _____

Parent/ Guardian Signature: _____ Date: ____/____/____



YMCA Child Care Behavioral Expectations Policy

Children participating in any YMCA childcare program including after-school and summer day camp are expected to behave in an age-appropriate manner, to be respectful of themselves and others, and demonstrate a pattern that promotes a positive and safe environment for all. Normal and expected standards include, but are not limited to:

- Respect for counselors, recreation staff, and other adults who are responsible for the safety and well-being of all the children
- Respect for peers and other child, displaying of appropriate interactions with others, demonstrating tolerance for and appreciation of individual differences, and resolving conflicts using non-aggressive methods
- Respect for physical property, regardless of owner.

Children are encouraged and free to discuss any specific rules with their teachers or activity leaders.

Should a child choose not to adhere to these basic standards, the following steps will be taken:

- The child will be removed from any situation that may result in an unsafe environment
- The adult supervisor may explain why the child is being separated from the other children and engage in a discussion with the child; the discussion will not include yelling, inappropriate language, or other disrespectful behavior.
- The child may be asked to play or work separately from other children if deemed necessary or advisable by the adult supervisor.

If the inappropriate behavior is isolated, the child may be allowed to rejoin the group if the adult supervisor had reason to believe that the behavior will not be repeated. Should the inappropriate behavior be repeated, the child will remain separate from the other children and the child's parent or guardian will be contacted.

If, despite the efforts of parents and adult supervisors, the child's behavior continues to jeopardize either his or her own safety and well-being, or that of any other person involved with the YMCA program:

- The child will be suspended from the program for one week. If upon return, the behavior continues to jeopardize his or her's wellbeing, or the well-being of other children or YMCA staff, the child will be permanently dismissed from the program.

The child's legal parent or guardian may request a meeting with the Child Care Director and/or Summer Camp Coordinator. Please refer to the Parent Handbook provided to you for additional information. A copy of the YMCA Parent Handbook is also available at www.elpasoyymca.org

By signing below, you acknowledge that you have received a physical copy of the YMCA Parent Handbook as well as read and agree to the terms of the YMCA Child Care Behavior Expectations Policy stated above.

Name of Participant

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian



YMCA Archery Release and Waiver of Liability

For and in consideration of the YMCA of El Paso allowing my child, _____, to participate as a member or volunteer in any Archery sanctioned activities (“Event” or “Events”);

I, the legal parent and/or guardian, on behalf of my children and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representations pursuant to this Agreement (the “Agreement”):

- A. **RULES AND REGULATIONS:** My child hereby agree to follow and observe all applicable provisions of the rules, codes, regulations, policies and procedures, and any other applicable governing documents of The El Paso YMCA.
- B. **STATEMENT OF HEALTH AND SAFETY:** I understand that archery is a physically demanding sport and hereby certify that my child is in good health and in proper physical condition. They do not have any mental or physical conditions or impairments which would prevent their ability to safely participate in such activities.
- C. **ACKNOWLEDGMENT OF RISK:** I knowingly, willingly and voluntarily acknowledge the inherent risks associated with participation in the sport of archery and understand that my child’s participation in any Event involves risks and dangers including, without limitation, the potential for serious bodily injury, sickness and disease (including communicable diseases, virus or bacteria), trauma, pain & suffering, permanent disability, paralysis and death; loss of or damage to personal property; exposure to extreme conditions and circumstances; facilities or premises issues, including hazards resulting in slips, trips and falls; accidents involving other participants, event staff, volunteers, spectators or the general public; contact or exposure to other participants, including participants of varying skill levels; adverse weather conditions; travel risks; equipment failure, including protective equipment; inadequate safety measures; situations beyond the immediate control of the Event or Events organizers; and other undefined, not readily foreseeable and presently unknown risks and dangers (“Risks”).
- D. **WAIVER AND RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNITY:** In conjunction with my participation in any Events, I hereby release, waive and covenant not to sue, and further agree to indemnify, defend and hold harmless the following parties: YMCA of El Paso, all local branches, employees, event participants (including registered athletes, coaches, trainers, officials and other personnel), the owner, organizer, promoters, sponsors or advertisers of any Event or Events; and all directors, officers, agents, administrators, contractors, employees or volunteers of any of the aforementioned parties with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs and reasonable attorney fees) of any kind or nature (“Liability”) which may arise out of, result from, or relate in any way to my child’s participation in any Archery event, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties. If, despite this Agreement, I, or anyone on my child’s behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities which any may be incurred as the result of such claim.
- E. **COMPLETE AGREEMENT AND SEVERABILITY CLAUSE:** This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

Participant Consent

By signing below, I warrant that I have read this Agreement carefully, understand its terms and conditions, acknowledge that I will be giving up substantial legal rights by signing it (including the rights of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns), and intend for my signature to serve as confirmation of my complete and unconditional acceptance of this Agreement.

NAME OF PARTICIPANT (PRINT): _____ AGE: _____ DATE OF BIRTH: ____/____/____

X _____
Signature of Participant

_____/_____/_____
Date Signed

Parental Consent (Required if the Participant is less than 18 years of age)

As the Parent or Legal Guardian of the minor shown above, I hereby accept and agree to the terms and conditions of this Agreement.

NAME OF PARENT/ LEGAL GAURDIAN (PRINT): _____

X _____
Signature of Parent/Legal Guardian

_____/_____/_____
Date Signed