

Parent Manual

BEFORE AND AFTER SCHOOL



**Grandview Family YMCA**

**ymcamontgomery.org**

* PARENT MANUAL

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PROGRAM OVERVIEW

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PROGRAM OVERVIEW

The Grandview Family YMCA After School Program is a year-round program for Elementary and Junior High school students grades K-8th. Designed with the Y's basic philosophy, program components may include but are not limited to recreation, health enhancement, arts and humanities, nutritional snacks, service learning, character development, and homework assistance.

OUR STAFF

We take a great deal of pride in the quality of our staff. All Y staff members participate in a series of comprehensive training sessions and maintain current First Aid and CPR certifications. For additional questions or concerns regarding the Grandview Family YMCA Before and After School Program, please contact the main office at 334.290.9622.

[AFTER SCHOOL RATES](mailto:rjoiner@ymcamontgomery.org)

Registration Fee: $50.00

Members: $60.00

Non-Members: $75.00

BEFORE SCHOOL RATES

Registration Fee: $50.00

Members: $24.00

Non-Members: $34.00

BEFORE & AFTER SCHOOL RATES

Members: $75.00

Non-Members: $100.00

\*Multiple child discount: $5.00

* PARENT MANUAL

DAYS AND HOURS OF PROGRAM Hours of Operation Late Pick-Up Fees

Holidays/Severe Weather/Early Dismissal

MISCELLANEOUS SITE INFORMATION Reporting Absences

Sign-In and Out Procedures

Authorized Pick-Up

MEDICAL INFORMATION

Administering Medication

Medical Emergency

Health and Safety

HOURS OF OPERATION

Before School Program: The Before School Program operates Monday - Friday with drop-off at the YMCA starting at 6:30 a.m., and the bus leaves promptly at 7 a.m. to transport children to school.

Bus Drop off Locations: Coosada, Airport Road Intermediate, Millbrook Middle, Victory, PCA

After School Program: The After School Program operates from school dismissal until 6 p.m., Monday - Friday. The program will follow the Elmore County school calendar and adjust for holidays and early release days based on that calendar. Pick-Up Locations: Coosada, Airport Road Intermediate, Millbrook Middle, Victory, PCA

LATE PICK-UP FEES

Please call the program director or main office if an emergency will cause you to be late picking up your child. There is a $1.00 per minute charge per child who are not picked up by the program’s closing time. If it becomes a continuous problem, your child may be dismissed from the program

HOLIDAYS/EARLY DISMISSAL/SEVERE WEATHER

PRE-REGISTRATION is required for child care during days out. The program will operate as a full day with lunch and an afternoon snack provided. Days out registration forms are available at the Grandview Family YMCA front desk.

Severe Weather

When Elmore County Schools close early due to severe weather the YMCA After School Program will do the same.

Early Dismissal/School Holidays/Private Schools

The YMCA child care program follows the Elmore County School system calendar. On days in which Elmore County Schools are not in session and local private schools are in session, transportation for afterschool care will not be provided for private schools. Likewise, all day care will not be available to private school students when Elmore County Schools are in session.

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REPORTING ABSENCES

Please notify the Program Director if your child will be absent. The Grandview Family YMCA does not credit for days missed unless the following criteria is met:

* Child is absent for 5 continuous days or more with a doctor’s note provided.
  + Written notification is provided one week prior to vacation absence.

SIGN IN AND OUT PROCEDURES / AUTHORIZED PICK-UP

Before School Check In: You must sign-in your child at the lodge no earlier than 6:30 a.m.

Afterschool Check Out: You must sign the check-out roster during pick-up by 6:00 p.m.

Photo ID will be required for the release of your child.

The child will only be released to his/her parent and/or those adults that the parent(s) specifically designate on the authorized pick-up form.

If a parent is not allowed to pick up a child, the center must have a copy of the court order signed by a judge. Without this documentation, we are obligated to release a child to either parent. The Y will only follow what the court order states.

PERSONAL BELONGINGS

During the Grandview After School Program children will participate in a wide variety of activities inside and outdoors. Please make sure all personal items are clearly labeled. The Grandview Family YMCA is not responsible for any items brought onto the property. Lost and found items are collected daily and placed on the back porch of the lodge. Once a month all unclaimed items are donated to Goodwill.

MEDICAL INFORMATION

Administering Medication For any medication administered on-site, please complete a medication form. This form requires you to note the specific dosage your child is to be given. All medications must be accompanied by prescription or written permission from the child’s parent and must be in the original container with your child’s name and all labels intact.

Medical Emergency

In the case of a medical emergency, we will call 911 and contact the child’s parents/ guardians. Responding emergency medical personnel will make any determinations as to if the child should be transported to a hospital.

Health and Safety

In order to protect the health of all children in our care, please keep your child at home if you notice that he/she begins to show signs of an illness or contagious disease.

Please let us know as soon as possible if your child has a communicable illness or infection. This will allow us to notify the parents of children attending our program. Children with communicable conditions may not return to care without a note from their physician.

* PARENT MANUAL

BUSINESS OFFICE

Payment Options

Withdrawal From

Program

PROGRAM PARTICIPANT EXPECTATIONS Discipline

Parent Involvement

PAYMENT OPTIONS

Payments are due on Friday of each week for the following week. An initial payment is due at the time of enrollment and is non- refundable. When withdrawing from the program a written one-week notice, prior to your draft date, must be turned in to the Y. No refunds will be issued to anyone withdrawing after the Friday of each week.

Automatic Draft

Automatic draft is the only method of payment for the program. Your payment will be drafted from your account on FRIDAY for the following week. Drafting is available through major credit cards. Automatic draft must be set-up to register your child for the Before and After School Program.

Late Payments

An additional fee of $30.00 will be added to all late payments. If your payment is returned, the Y will continue to charge your account until all fees (including return fees) are collected.

Financial Assistance

Financial assistance is available to those who qualify. The Y has a limited amount of scholarship dollars that are allocated for child care fee assistance. More information is available at your branch's main office

\* Holidays and teacher in-service days require an additional fee.

WITHDRAWL FROM PROGRAM

Please provide written notice one week in advance to the Program Director or in-person at the main office.

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DISCIPLINE

All children are entitled to a pleasant and safe environment while participating in this program. The four Y core values of caring, honesty, respect, and responsibility will be used in the before and after school program.

The Y cannot serve children who display unacceptable behavior. Children that exhibit any type of behavior which is thought to be unacceptable or unsafe by a counselor and the program director will be warned to correct their behavior and a telephone call will be made to their parent or guardian. There are no refunds for suspension or termination.

Unacceptable Behavior (includes but is not limited to)

* Fighting
* Foul language
* Disrespect towards another child or counselor
* Ignoring or disobeying rules
* Public or inappropriate displays of affection
* Defacing property or vandalism
* Stealing
* Bullying (in any form)
* Tobacco, alcohol, drugs, or paraphernalia



School Problems

Any trouble your child may have in school will probably affect behavior while in the Grandview After School Program. Please keep us informed of such problems so we can accommodate to your child's needs.

PARENT INVOLVEMENT

Parent involvement with the Grandview Family YMCA program is encouraged and welcome. Cooperation with all policies and procedures is essential. Take every opportunity to talk with a YMCA supervisor should you have any questions or concerns. We always want your child to feel safe and secure while at the Grandview Family YMCA.

Parent Conferences

Should you want a parent conference, you may schedule that through the office or supervisor.

The format may be formal or informal.

GRANDVIEW FAMILY YMCA

After School Program

2020-2021 Registration Form

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YMCA Member: Yes or No

Main Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Schedule: | Before School | After School | Both |  |  |
| Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |  |
| Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |
| D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age as of | | August 2020\_\_\_\_\_\_\_\_\_ | Male or Female | Ethnicity\_\_\_\_\_\_\_\_\_\_ | Race\_\_\_\_\_\_\_\_\_\_ |
| Grade 2020-2021\_\_\_\_\_\_\_\_\_ | | Participant’s Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |
| Father/ |  |  | Mother/ |  |  |
| Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Cell# (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Cell# (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Business Name: | |  | Business Name: |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Wk# (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Wk# (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

If parents are divorced, which parent has custody? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following individuals may pick up your child or be contacted in case of an emergency. Children will be released only to those names listed.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | Home # | Work # |
| 1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Medical Conditions/Instructions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor's Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Doctor's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give authority to any hospital, doctor or paramedics to render immediate aid as might be required, at the time, for my child’s health and safety. I understand any expense for this service will be accepted by me.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YMCA of Greater Montgomery

Credit/Debit Card Authorization

Credit/Debit Card Account

Name (as it appears on card) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Type:

Master Card

Visa

American Express

Discover

Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Security Code \_\_\_\_\_\_\_\_\_\_\_\_

Billing Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Before School $ \_\_\_\_\_\_\_\_\_\_\_\_ After School $ \_\_\_\_\_\_\_\_\_\_\_\_\_ Weekly Total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I request and authorize the YMCA of Greater Montgomery to charge the debit/credit account listed below for program fees. I further authorize the program to debit these fees if my payment method returns until the fee is paid in full. I understand that these charges are continuous and ongoing until the end of the program, or the Y receives the proper cancellation notice of one week written notice.



Draft and Attendance Agreement

1. I agree to pay the YMCA $\_\_\_\_\_\_\_\_\_\_\_ per week for my child/children to participate in the Grandview Before/After School Program.
2. This draft agreement is only for the 2020-2021 Before and After School Program. Any additional programs must be signed up and paid for by their registration date.
3. I understand that this draft will remain in effect for the 2020-2021 Before and After School program until I cancel in writing one (1) week in advance of the weekly Friday Before and After School draft. If I do not provide one week’s notice in writing, I am required to pay for that week’s fee.
4. I understand that the 2020-2021 Before and After School Program will draft on the Friday due dates.
5. I understand there is an additional fee of $30.00 for any late or returned Before and After School program payment.
6. I understand weekly fees are not prorated and missed days will not be deducted from the weekly fee.
7. Pickup after 6:00 p.m. will result in late fee of $1.00 per minute per child. If a child is picked up late 3 times without prior notice, the child will not be allowed to continue in the program.
8. I understand I must provide written notice to the Member Services staff of any changes related to payment information. Should my payment, for any reason, not honor my 2020-2021 Before and After School Program draft, I am responsible for that payment and any late fees or service charges that may apply.
9. I hereby authorize the YMCA of Greater Montgomery to charge the credit/debit card listed on this form for the amount(s) indicated above on each due date.
10. I understand that if my draft is returned for any reason the YMCA has permission to recharge my account, including any late fees, until those fees are collected.
11. I certify that I have received and read the parent manual, that all the above information is true and that I will notify the YMCA staff of any changes. I understand that I am responsible for the registration and miscellaneous fees when applicable.

SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(PARENT/GUARDIAN SIGNATURE)

Staff use only:

Branch \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Staff Initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Draft Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Updated draft information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THE YMCA OF GREATER MONTGOMERY

PARTICIPATION AGREEMENT

In consideration for my child or ward being permitted to utilize the facilities, services and programs of The Young Men’s Christian Association of Montgomery, Inc. (“YMCA”), I, on behalf of myself and my child or ward, and his or her heirs, personal representatives, assigns and next-of-kin, do hereby agree to the following:

1. I understand that the activities that my child or ward will be engaging in while he or she is in or upon the premises of the YMCA, using any of its facilities, services or equipment, or participating in any YMCA program or activity are inherently risky and potentially hazardous and I, for and on behalf of my child or ward, hereby accept full responsibility for, and risk of, any injury to my child or ward or loss or damage to his or her property that may occur as a result thereof.
2. I hereby release, waive and covenant not to sue the YMCA, its successors and assigns, and its directors, officers, employees, and agents (collectively, the “Releasees”) from all claims, demands, damages, losses and causes of action arising or resulting from any injury to my child or ward or loss or damage to his or her property that may occur while my child or ward is in or upon the premises of the YMCA or using any of its facilities, services or equipment, or participating in any YMCA program or activity.
3. I hereby indemnify and hold harmless the Releasees from all loss, liability, damage, or cost that may incur due to my child’s or ward’s presence in or upon the premises of the YMCA or use of its facilities, services or equipment, or participation in any YMCA program or activity.

In the event of injury, I hereby authorize the Releasees to provide or cause to provide such medical care and treatment to my child or ward as may be necessary and appropriate. I understand that I am solely responsible for all costs incurred for such medical care or treatment.

I further understand that if my child or ward fails to abide by the rules and regulations of the YMCA, he or she is subject to removal from the premises of the YMCA and or removal from participation in YMCA programs and activities without a refund of dues, fees or other amounts paid to the YMCA.

I hereby give my permission to the YMCA to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings which may include my child’s or ward’s image or voice for the purposes of promoting or interpreting YMCA programs and activities.

In accordance with the U.S. Department of Agriculture discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department is prohibited. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Right program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.asci.usda.gov/complaint\_filing\_cust.html,](http://www.asci.usda.gov/complaint_filing_cust.html) or at any USDA office, or call (866)632-9992 to request a form. You may also write a letter containing all of the information requested in the form. Send your completed complaint for or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Ave, SW, Washington, DC 20250-9410, by fax (202)690-7442 or email at [program.intake@usda.gov.](mailto:program.intake@usda.gov)

I, as parent or guardian of the above-named minor, hereby give my permission for my child or ward to use the facilities and services of the YMCA and to participate in the programs and activities offered by the YMCA.

I HAVE READ AND VOLUNTARILY SIGN THIS AGREEMENT AND AGREE, INDIVIDUALLY AND ON BEHALF OF SAID CHILD OR WARD, TO BE BOUND BY ITS TERMS.

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_