



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

**SANTA CLARITA VALLEY YMCA**  
**AROUND THE WORLD SUMMER CAMP 2019**

Child's Name: \_\_\_\_\_ Grade in Aug 2019: \_\_\_\_\_

Parent Email: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

**SITE:** \_\_\_\_\_ MEADOWS \_\_\_\_\_ VALLEY VIEW \_\_\_\_\_ WILEY CANYON

CHECK	WEEK	WEEKLY THEME	Y MEMBERSHIP RATE	NON MEMBER RATE
<input type="checkbox"/>	1 JUNE 17 <sup>TH</sup> -JUNE 21 <sup>ST</sup>	AUSTRALIA: Placerita Nature Center	<input type="checkbox"/> \$149	<input type="checkbox"/> \$199
<input type="checkbox"/>	2 JUNE 24 <sup>TH</sup> -JUNE 28 <sup>TH</sup>	GREECE: El Capitan: Toy Story 4	<input type="checkbox"/> \$149	<input type="checkbox"/> \$199
<input type="checkbox"/>	3 JULY 1 <sup>ST</sup> -JULY 5 <sup>TH</sup>	MEXICO: Olvera St.	<input type="checkbox"/> \$149	<input type="checkbox"/> \$199
<input type="checkbox"/>	4 JULY 8 <sup>TH</sup> -JULY 12 <sup>TH</sup>	USA: Valencia Lanes Bowling	<input type="checkbox"/> \$149	<input type="checkbox"/> \$199
<input type="checkbox"/>	5 JULY 15 <sup>TH</sup> -JULY 19 <sup>TH</sup>	EUROPE: Sparks Game	<input type="checkbox"/> \$149	<input type="checkbox"/> \$199
<input type="checkbox"/>	6 JULY 22 <sup>ND</sup> -JULY 26 <sup>TH</sup>	HAWAII: Aquatic Center	<input type="checkbox"/> \$149	<input type="checkbox"/> \$199
<input type="checkbox"/>	7 JULY 29 <sup>TH</sup> -AUGUST 2 <sup>ND</sup>	AFRICA: Santa Barbara Zoo	<input type="checkbox"/> \$149	<input type="checkbox"/> \$199
<input type="checkbox"/>	8 AUGUST 5 <sup>TH</sup> -AUGUST 9 <sup>TH</sup>	ASIA: Moonlight Rollerway	<input type="checkbox"/> \$149	<input type="checkbox"/> \$199

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**Santa Clarita Valley YMCA  
Summer Day Camp 2019**

**Payment Authorization Form**

Legal First Name:	M.	Legal Last Name:
Address:		City:
State:	Zip Code:	Phone Number:

Payment Authorization	
Weeks 1 – 4	Weeks 5 – 8
Draft Date: June 1st	Draft Date: July 1st
<p>Check all weeks that apply</p> <p><input type="radio"/> Week 1                      <input type="radio"/> Week 3</p> <p><input type="radio"/> Week 2                      <input type="radio"/> Week 4</p>	<p>Check all weeks that apply</p> <p><input type="radio"/> Week 5                      <input type="radio"/> Week 7</p> <p><input type="radio"/> Week 6                      <input type="radio"/> Week 8</p>

Payment Information	
Credit/Debit Card	Checking Account (Include Voided Check)
Name as it appears on card (please print)	Name on account (please print)
Credit Card Number:	Routing Number:
Expiration Date:                      CVV#:	Account Number:
<p>I hereby authorize the YMCA to charge my credit card for payments indicated above. When my financial institution honors such debits by charging my account this shall constitute my receipt for payment.</p> <p>_____ Payee Initial</p>	<p>I hereby authorize my financial institution to honor pre authorization debit entries by the YMCA on my account for day camp payments and when my financial institution honors such debits by charging my account this shall constitute my receipt for payment.</p> <p>_____ Payee Initial</p>



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**Santa Clarita Valley YMCA Financial Policies**

**I further stipulate the following conditions (please read and sign at the bottom)**

- I understand that the YMCA programs are continuous and that the charges or debits, indicated above will continue until I give written notice to terminate the program.
- I understand that I must submit a written cancellation notice 2 weeks prior to enrolled week to receive a refund. Failure to do so will make the subsequent draft non-refundable. Any outstanding balances will be due at the time of cancellation. I am liable for any fees that the YMCA may incur in its effort to collect any remaining balances.
- I understand that I must inform the YMCA 15 days in advance of any changes to my name, address, telephone number, or payment information. Failure to provide the YMCA with current information may result in non-refundable fees and that I am personally responsible for any payments not processed by my financial institution and/or YMCA.
- I understand that it is my responsibility to bring any billing discrepancies to the YMCA's attention within 60 days after they first appear on my financial statements. After 60 days, I waive my right to dispute such discrepancies.
- I understand and authorize that a \$25.00 NSF or collection of fees will be charged to me for any declined or returned fees. Such non-sufficient fees will be the maximum amount by law and will include applicable taxes.

**Payee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**DAY CAMP 2019 REGISTRATION FORM  
YMCA OF METROPOLITAN LOS ANGELES**

BASIC INFORMATION		
CHILD'S NAME (last Name, First Name)	SEX	BIRTHDATE (MONTH/DATE/YEAR)
HOME ADDRESS (INCLUDE CITY AND ZIP CODE)		TELEPHONE
SCHOOL ATTENDED	GRADE COMPLETED	AGE ON FIRST DAY OF CAMP
1 <sup>st</sup> ADULT'S NAME	HOME PHONE	MOBILE NUMBER
HOME ADDRESS (If Different From Child)		WORK NUMBER
E-MAIL ADDRESS		
2 <sup>nd</sup> ADULT'S NAME	HOME PHONE	MOBILE NUMBER
HOME ADDRESS (If Different From Child)		WORK NUMBER
E-MAIL ADDRESS		

SIGN IN / OUT – EMERGENCY CONTACT INFORMATION					
<b>SIGN IN AND OUT AUTHORIZATION:</b> The following individuals have my unrestricted permission to sign the above named child out from the YMCA program and should be contacted in an emergency when I cannot be reached. Please notify day camp director in advance in writing if an individual not listed will be picking up your child. (minimum of two names required)					
ADDITIONAL PERSONS WHO MAY BE CALLED IN EMERGENCY					
NAME	PHONE# 1	PHONE #2	Relationship to child	Pick-Up	Emergency
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Restricted PICK-UP : The Following individuals are RESTRICTED from signing out my child due to a court-issued restraining order (A certified copy of the official documentation must be kept in the child's YMCA file)	
Name	Name
Name	Name

CCIS/Cal-Works families MUST provide:	
Case #:	
Name of Case Manager:	Telephone number:

Parent /Guardian Signature:	Date
-----------------------------	------

**DAY CAMP 2019 CHILDS HEALTH HISTORY FORM  
YMCA OF METROPOLITAN LOS ANGELES**

CHILD'S NAME		SEX	BIRTHDATE				
1 <sup>st</sup> ADULT'S NAME		PREFERRED PHONE					
2 <sup>nd</sup> ADULT'S NAME		PREFERRED PHONE					
ADDITIONAL CONTACT NAME	RELATIONSHIP	PREFERRED PHONE					
<b>Medical Information</b>							
Is or was your child under regular supervision of physician? <input type="checkbox"/>		If Yes, Name of Physician:		Date of Last Exam / Physical:			
Does your child take Prescribed Medications? <input type="checkbox"/> <i>(If yes, a permission to medicate form is required) (Original pharmacy containers with labels only with prescription)</i>		If yes, what kind? / Side Effects:					
<b>Child's Medical History (Does your child have any of the following)</b>							
Diabetes		Epilepsy		Hay Fever		Asthma	
<b>Child's immunization History (please have a copy on file at school) Please mark yes for all immunizations that are current</b>							
Chicken Pox		Rheumatic Fever		Whooping Cough		Mumps	
Poliomyelitis		10- Day Measels (Rubeola)		3-Day Measels (Rubella)		Tetanus	DATE
Restrictions <input type="checkbox"/> I have reviewed the program activities of the camp and feel the camper can participate without restriction <input type="checkbox"/> I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations (please describe below)							
Any camp activities from which your child should be exempted or limited in for health reasons							
Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement Has the camper: 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? 2. Ever been treated for emotional or behavioral difficulties or an eating disorder? 3. During the past 12 months, seen a professional to address mental/emotional health concerns? 4. Had a significant life event that continues to affect the camper's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) Please explain "Yes" answers in the space below. The camp may contact you for additional information.							
List ALLERGIES staff should be aware of (Food, medications, environmental, etc.)							
Describe the ALLERGIC REACTION:							
Does child have allergic reaction to sunscreen?				If yes, what kind?			
Does child have any special device(s)?				If yes, what kind?			
Does child have any special device(s) at home?				If yes, what kind?			
Does your child have any special needs?				If yes, please explain?			
What have we forgotten to ask? Any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program.							

**Emergency Medical Information (This information is required)**

**PHYSICIAN OR DENTIST TO BE CALLED IN EMERGENCY**

PHYSICIAN	ADDRESS	MEDICAL PLAN #	PHONE #
DENTIST	ADDRESS	MEDICAL PLAN #	PHONE #

**Medical Insurance Information**  
This camper is covered by family medical/hospital insurance:

Insurance company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Subscriber \_\_\_\_\_ Insurance Company \_\_\_\_\_

**Child's Health Statement:** I, the undersigned, understand that at a YMCA day camp program, physical activity is a regular part of the program. To the best of my knowledge, my child is an excellent physical health and the needs no restrictions (except what is listed below under "special consideration") from strenuous activity. IF I have any questions regarding my child's health, I understand that it is my obligation to seek professional medical advice and to inform the YMCA of any restrictions on my child's activities.

<b>Parent/Guardian Signature:</b>	<b>DATE</b>
-----------------------------------	-------------



**ASSUMPTION OF RISK, RELEASE AND WAIVER  
OF LIABILITY AND INDEMNITY AGREEMENT  
YMCA OF METROPOLITAN LOS ANGELES**

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, on behalf of himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges, agrees and represents that he or she has inspected, or immediately upon entering or participating will inspect, and carefully consider such premises and facilities and/or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, volunteers and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all personal representatives, assigns, heirs, and next of kin of the undersigned for any loss or damage, and any claim or demands on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence, active or passive, of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned expressly and knowingly waives all rights under California Civil Code Section 1542, which provides:

**"A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor."**

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned understands and agrees that YMCA does not provide insurance to cover the undersigned or such children in the event they suffer injury, death, property loss, theft or damage of any sort upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence, active or passive, of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

The parties agree that any and all disputes, claims or controversies arising out of or relating to this ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT shall be submitted to JAMS, or its successor, for one full day of mediation, and if the matter is not resolved through mediation, then it shall be submitted to JAMS for final and binding arbitration. Either party may commence mediation by providing to JAMS or to the other party a written request for mediation, setting forth the subject of the dispute and the relief requested. The parties shall cooperate in selecting a mediator from the JAMS panel of neutrals and in scheduling mediation proceedings. The parties shall participate in the mediation in good faith and shall equally share its costs. Either party may initiate arbitration with respect to the matters submitted to mediation by filing a written demand for arbitration at any time following the initial mediation session or at any time following 45 days from the date of the filing of the request for mediation, whichever first occurs. The arbitration shall be administered by JAMS

pursuant to the California Arbitration Act (Calif. Code of Civil Proc. I 1282 *et seq.*). The parties may file a motion for summary judgment pursuant to California Code of Civil Procedure 1437c, except that the motion shall be scheduled at least 30 days before the arbitration hearing, notice of motion and supporting papers shall be served on the other party to the arbitration at least 30 days before the time appointed for the motion hearing, the opposition to the motion shall be served and filed not less than 14 days preceding the hearing date, and any reply papers shall be served and filed by the moving party not less than 4 days preceding the hearing date. The arbitrator shall issue a signed opinion setting forth the essential findings and conclusions on which the decision to grant or deny the motion is based.

Following the arbitration hearing, the arbitrator shall issue a signed opinion and award setting forth the essential findings and conclusions on which the award is based. The opinion and award shall decide all issues submitted and be final and binding to the fullest extent permitted by law. To the extent not expressly waived in this Agreement, the arbitrator shall only award those remedies in law or equity requested by the parties and that the arbitrator determines are supported by credible and relevant evidence presented.

Each party shall bear its own attorney's fees and costs in any proceeding to enforce or interpret this Agreement. If the initiating party does not pay its share of the arbitration fees and costs within 3 months of receiving notice that payment is due, the arbitration will be dismissed, with prejudice. The prevailing party in any arbitration and in any court proceeding to confirm or modify an arbitration award shall be entitled to recovery of actual and reasonable costs of suit, including attorney's fees.

No arbitration shall be brought and no cause of action shall be asserted against releases, or any of them, after the expiration of one year from the date of accrual of such cause of action, and any claim or cause of action against releases, or any of them, shall be extinguished and deemed released unless asserted by the timely filing of a written demand for mediation with JAMS and then arbitration with JAMS within such one-year period.

THE UNDERSIGNED further expressly agrees that the foregoing ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS CAREFULLY READ AND VOLUNTARILY SIGNS THE ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND FURTHER AGREES THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT THIS IS AN ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT KNOWING THAT I AM GIVING UP VALUABLE RIGHTS. I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

**THIS AGREEMENT DOES NOT APPLY TO LICENSED CHILD CARE SERVICES.**

I HAVE READ AND UNDERSTAND THE TERMS OF THIS RELEASE.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Applicant/Guardian

\_\_\_\_\_  
Name(s) of Child(ren) in Program and/or YMCA Facility.





**MULTIJURISDICTIONAL AUTHORIZATION AND  
RELEASE FOR MEDICAL AND DENTAL TREATMENT**  
YMCA OF METROPOLITAN LOS ANGELES

**IMPORTANT: This section must be completed for attendance. \***

The undersigned, as the parent or parents, or legal guardian or legal guardians, of the above-named person, a minor (the "minor"), hereby authorize the YMCA of Metropolitan Los Angeles and its authorized directors and leaders (collectively the "YMCA") to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care (collectively "medical care") to be rendered to the minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the laws of the state or other jurisdiction in which medical care is sought, and to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care (collectively "dental care") to be rendered to the minor by a dentist licensed under the laws of the state or other jurisdiction in which dental care is sought. For the purpose of medical care or dental care obtained in the State of California, this authorization is given pursuant to the provisions of Section 25.8 of the California Civil code, as amended. For the purpose of medical care or dental care obtained outside of California, this authorization is given with the intent that any consent given pursuant to this authorization shall be the consent of each of the undersigned.

It is understood that if time and circumstances reasonably permit, the YMCA will endeavor, but is not required, to communicate with at least one of the undersigned prior to the rendering of medical care or dental care for which consent is given pursuant to this authorization. The undersigned understand and agree that YMCA shall not be legally or financially liable for any claim arising from any medical care or dental care provided pursuant to this authorization. The undersigned hereby agree to indemnify and to hold YMCA harmless from any claim made by or on behalf of said minor arising out of any medical care or dental care provided pursuant to this authorization.

This authorization is given to the YMCA for use in conjunction with any event operated by the YMCA, and shall be valid until revoked in writing by the undersigned or any of them.

PARENT NAME (PRINTED) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MEDICAL INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ EXPIRES \_\_\_\_\_

\* If for religious reasons you cannot sign this, a legal waiver which must be signed for attendance.



**PHOTO & VIDEO/AUDIO  
RECORDING RELEASE  
YMCA OF METROPOLITAN LOS ANGELES**

PLEASE PRINT

**I** \_\_\_\_\_ **am eighteen years of age or older**, and if not, then my Mother/Father/Legal Guardian has also signed below under my signature.

With regard to my participation in activities sponsored by or related to any activity in which I participate in any way sponsored by the National Council of Young Men’s Christian Associations of the United States of America, and to any YMCA of the USA Association, including the Young Men’s Christian Association of Metropolitan Los Angeles (collectively, “YMCA”), I hereby give my permission and consent, now and for all time (without any further compensation, claim or demand by me) to the YMCA, and to advertising agencies, agents, entities and third parties collaborating with the YMCA and their representatives, if any, (the “Organizations”) to make, reproduce, edit, broadcast or rebroadcast any video, film, or digital footage and other sound track recordings, or photo reproductions of my image or voice in any form, and my narrative account of my experience with YMCA activities (“Materials”) for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any further compensation to me. I may or may not be identified by name in such reproductions. However, I shall not be stated by name to have endorsed any particular commercial products or commercial services without my express written permission.

I further agree to the following:

- Any Materials created subject to this Release shall belong to the YMCA as its property, with full right of disposition of them without my oral or written permission.
- The Materials will not be subject to any obligation of confidentiality and may be shared with and used by the Organizations, as well as with any third parties as the YMCA may elect.
- The YMCA shall not be liable for any claim arising from the use or disclosure to a third party of any of the Materials.
- The YMCA shall exclusively own all known or later existing rights to the Materials worldwide and shall be entitled to the unrestricted use of the Materials for any purpose without compensation to me or the provider of the Materials.

**AGREEMENT AND CONSENT**

I have read and understood the contents of this Release. I agree that my consent to this Release is irrevocable. I hereby voluntarily release and discharge the YMCA and the Organizations and their representatives from any and all claims arising out of or relating to or in connection with the uses and reproductions of my image and voice and my narrative account as described herein. I understand that the term “YMCA” in this Release specifically includes the YMCA of Metropolitan Los Angeles.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

**I am the Mother/Father/Legal Guardian of** \_\_\_\_\_ **PLEASE PRINT**. I have read and understand the contents of this Release and hereby voluntarily consent to this Release on behalf of my minor child.

Signature of Mother / Father / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_



**FOR YOUTH DEVELOPMENT<sup>®</sup>  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## **Participant Transportation Policy Santa Clarita Valley YMCA**

---

*All children will take part in field trips during this year. All transportation rules and policies apply for both situations.*

The following section from REGULATIONS AND LAWS RELATING TO PUPIL TRANSPORTATION IN CALIFORNIA is quoted to point out to you the authority and responsibility of the driver of our vans.

**"Section 1089. AUTHORITY OF DRIVER. Pupils transported in a school bus shall be under the authority of, and responsible directly to, the driver of the bus, and the driver shall be held responsible for the orderly conduct of the pupils while they are on the bus or being escorted across a street, highway or road. Continued disorderly conduct or persistent refusal to submit to the authority of the driver shall be sufficient reason for a pupil to be denied transportation..."**

At the Santa Clarita Valley YMCA, it is our goal while transporting children to keep them safe at all times. In order for us to do this, the basic safety rules listed below must be followed:

1. Stay seated at all times while in the vehicle
2. Properly wear seat belts as all times when equipped
3. Refrain from eating and or drinking while in the vehicle
4. Use a low voice while in the vehicle
5. Keep all body parts inside the vehicle at all times
6. Adhere to driver's directions

In the event that a child endangers himself or others by not adhering to one or more of the above stated rules, the following consequences will result, determined by the Center Director and Program Director.

1. Parent Conference
2. Suspension from transportation the following day
3. Suspension from transportation for one (1) week
4. Transportation privilege terminated

Your signature below indicates that you and your child have read, understand and agree to the Participant Transportation Policy. Thank you for your cooperation.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



**FOR YOUTH DEVELOPMENT<sup>®</sup>  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**Activity Release and Permission  
Santa Clarita Valley YMCA**

---

My Child, \_\_\_\_\_, has my permission to participate in all activities which are part of the YMCA Childcare Programs/Camps. These activities include water play, use of playground and tumbling apparatus, woodworking, cooking, animal care, messy craft activities, adult supervised walks in the immediate neighborhood of the YMCA, field trips and other active play experiences typical in a Childcare Program/Camp.

I, the undersigned, hereby release and discharge the YMCA, officers, employees, agents and servants (Herein collectively referred to as the YMCA). For the purpose of this agreement, liability means all claims, demands, losses, courses, of action, suits or judgement of any kind that I, my heir, executors, administrators or assignees may have against the YMCA because of any loss or damage to property that results from any cause other than the negligence of the YMCA.

I have no objection to my child being included in photographs, slides, or movies taken in the YMCA which might be used for the purposes of interpreting the Childcare Program/Camp. I understand that college students may be making observations at the YMCA as part of class assignments and that any photography or observations will be done only under the supervision of the director.

I understand that the discipline methods used with my child shall include warnings, time outs, denial of privileges and logical consequences.

I have read, understand, and agree to the stipulations and policies in the Childcare registration packet and policy handbook and realize that abuse of the policies may lead to the termination of my child's enrollment.

I have read and agree to all the statements in this document

---

Parent Signature

---

Date

## Sunscreen Permission Insert

### SUNSCREEN UTILIZATION PERMISSION FORM

The YMCA requires written approval or instructions from parents prior to administering nonprescription medication to youth in youth camps. **Sunscreen is considered a nonprescription medication.** As the parent or guardian of the above youth, I give permission for the staff at the YMCA programs, to provide a sunscreen product of SPF 30 or higher, especially during the months of April-September.

**Check one:**

In the event that I forget to send sunscreen with my child on a particular day, I approve of the YMCA to provide my child with sunscreen of SPF 30 or higher.

I will provide a specific type of sunscreen to be utilized for my child. Please do not apply other sunscreen products.

I do not want my child to use any applied sunscreen products.

The YMCA has a limited supply of sunscreen available at the child care site to provide to children on days when they may forget their personal sunscreen bottles. Parents/Guardians are required to send sunscreen each day with their child.

---