



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**2021 BROWN COUNTY COMMUNITY YMCA**  
**SUMMER CHILD CARE REGISTRATION**  
**FORM**

**1. General Information**

Participant's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please check which phone number to call first: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please check which phone number to call first: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell

**2. Emergency Contact Information (other than Parent/Guardian)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please check which phone number to call first: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell

**3. Authorized Check-In and Check-Out Information**

In addition to the parents'/guardians' names listed above, the following people are 18 years of age or older and are authorized to drop-off and pick-up my participant from the day camp program. I understand that my child will be allowed to leave only with these individuals\*:

Authorized Person's Name:	Relationship to Participant:	Phone Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

\*Upon pick-up, YMCA and camp staff have the right to request positive identification verification from any individual picking-up a child(ren). For the safety of all campers, please have your ID with you.

Name(s) of persons not allowed to pick up my child: \_\_\_\_\_



#### 4. Allergy Information

Medical Allergies (List):

Describe reaction and management of the reaction:

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Food Allergies (List):

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Other Allergies (Include insect stings, hay fever, animal dander, etc.) (List):

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#### 5. Medical Information

Please list all medication taken routinely, including over-the-counter and non-prescription drugs:

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Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child have any physical, mental or emotional conditions which would limit participation in recreational activities?  Yes  No

If yes, please explain: \_\_\_\_\_

Is your child subject to seizures?  Yes  No

If yes, please explain: \_\_\_\_\_

#### 6. Medication Policy and Severe-Allergy Medication Policy

The Brown County Community YMCA has established a Medication Policy for parents/guardians, participants, and staff to follow when a participant needs to take medication during day camp. This policy is for participants that are able to administer his/her own medication. A Severe-Allergy Medication Policy has been established for participants with severe allergies. A severe allergy is defined as an allergy that would pose a life-threatening danger without immediate medical assistance. Immediate is defined as the need for assistance in less time that it would take for paramedics to arrive. These policies are included in the Day-Camp Parent/Guardian and Participant Handbook. Medication Forms and Emergency-Care Authorization Forms for Participants with Severe Allergies are available at the front desk of the YMCA. These forms, if applicable, must be submitted PRIOR to the participant's first day in the day camp.

#### 7. Consent for Emergency Medical Treatment

Parent/Guardian Consent for Emergency Medical Treatment: In the event of an accident and/or injury to my child, I give permission to the staff of the Brown County Community YMCA to obtain and/or administer



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medical aid or assistance as might be required for the care of my child. It is further understood that such permission will include the administration of such medicines or treatment as might be ordered or administered by a duly licensed medical doctor. In no event will the Brown County Community YMCA and/or its employees be held liable for any first aid rendered, treatment or surgical procedures performed, or drugs or medicine administered pursuant to this consent.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**8. Excursion Waiver Form/Permission Slip**

I, (parent/guardian name) \_\_\_\_\_ hereby permit (participant’s full name) \_\_\_\_\_ to participate in, various excursions at various locations from 06/1/21 to 07/31/21 with departure and return times during program hours. We hereby release and discharge the Brown County Community YMCA and each and all of their agents and employees from any liability whatsoever, resulting from or in any manner arising out of any injury or damage which may be sustained on account of his/her participation in said activity or the transportation in connection therewith.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**9. Photo-Release Agreement**

I hereby grant the Brown County Community YMCA permission to take and publish photos of my child for the purpose of promoting and/or marketing the Brown County Community YMCA’s programs.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**10. Additional Information**

We encourage daily application of sunscreen prior to arrival at Summer Child Care Program. Do you authorize the staff to assist your child with the application of sunscreen? Yes No

Do you authorize the staff to assist your child with the application of bug spray? Yes No

Participant’s Swimming Level (check one):

\_\_\_\_\_None \_\_\_\_\_Beginner \_\_\_\_\_Intermediate \_\_\_\_\_Advanced

Please use this space to provide any additional information about the participant’s behavior, physical, emotional, or mental health which employees should be aware of:

\_\_\_\_\_  
\_\_\_\_\_



### 11. Child Care Payment

\$10 One-Time Non-Refundable Registration Fee per Family

Fees are due weekly on the Thursday prior to receive weekly rate.

If you qualify for Free or reduced lunch, please attach confirmation from the School district.

#### Summer Child Care Weekly Fees:

Regular Rate First Child:	\$95 per child/week
(First Week 6/1-6-4:	\$76)
Regular Rate Each Additional Child:	\$85 per child/ week
(First Week 6/1-6-4:	\$66)
Reduced Rate First Child:	\$80 per child/week
(First Week 6/1-6-4:	\$64)
Reduced Rate Each Additional Child:	\$70 per child/ week
(First Week 6/1-6-4:	\$54)

#### Amount Due:

\$ \_\_\_\_\_ = First Week's payment

\$ \_\_\_\_\_ = \$10 Non-Refundable Registration Fee

\$ \_\_\_\_\_ = TOTAL

#### Payment Method (check one):

\_\_\_\_\_ Cash

\_\_\_\_\_ Check (Check # \_\_\_\_\_)

\_\_\_\_\_ Credit Card

### 12. Additional Agreements

I, \_\_\_\_\_, the parent/guardian of, \_\_\_\_\_, understand that if I arrive late for pick up I may be charged up to \$1 per minute. I understand that the Summer Child Care Program has limited space, if my payment is not made by pick up time the Thursday prior, my child is not guaranteed space.

Signed: \_\_\_\_\_

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

#### Please include the following at the time of registration:

\_\_\_\_\_ Registration Form and Waiver

\_\_\_\_\_ Medication Information

\_\_\_\_\_ Emergency-Care Card

\_\_\_\_\_ Registration Payment

Brown County Community YMCA



### RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in Brown County Community YMCA activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence Brown Co. Comm. YMCA and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in YMCA activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Date \_\_\_\_\_

### PARENT OR GUARDIAN ADDITIONAL AGREEMENT

(Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



**Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Brown County Community YMCA Childcare has put in place preventative measures to reduce the spread of COVID-19; however, we **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Brown County Community YMCA Childcare has made an informed decision about preventative measures from such bodies as the CDC, State and local government, and amongst other agencies, the Indiana State Department of Education. That being said, all of our preventative measures which include but are not limited to hand washing requirements, sanitation requirements, mask wearing in certain circumstances, and other such measures cannot be exhaustively listed in this document but Brown County Community YMCA Childcare is making its best effort to protect all individuals involved from risk of contracting COVID-19. Should you have further questions about specific measures that Brown County Community YMCA Childcare has put in place, please contact us at your convenience. Further, **attending the Brown County Community YMCA Childcare could increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Brown County Community YMCA Childcare and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Brown County Community YMCA Childcare may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Brown County Community YMCA employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Brown County Community YMCA Childcare or participation in Brown County Community YMCA Childcare programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Brown County Community YMCA its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Brown County Community YMCA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Brown County Community YMCA program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Participant(s)