

STERLING-ROCK FALLS FAMILY YMCA SUMMER CAMP WAIVERS

Parent Statement of Understanding The following information is important for the safety and protection of your child. Please read this information and sign below.

- I understand that my child will not be released to any person(s) who seems to be under the influence of drugs or alcohol.
- I understand that I am not to leave my child at the YMCA or program site unless a YMCA Camp staff member is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child in the morning and sign my child out before leaving in the afternoon. Sign-in/Sign-out sheets are available as you arrive at the program area. (See other pick-up provisions in Parent Handbook).
- I understand that my child is NOT able to walk home from the YMCA Summer Camp program.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed on this form or the Camp Coordinator must receive a written note. Authorization by telephone will not be accepted.
- I understand that the YMCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside the YMCA facilities and program. If a violation of this policy is discovered, the YMCA will take immediate disciplinary action toward staff and volunteers.

I have read and understand the statements above regarding YMCA policies and procedures.

Parent/ Guardian Signature: _____ Date: _____

I have received a copy of the YMCA Parent Handbook. Copies are available at the YMCA front desk or online.

Parent/ Guardian Signature: _____ Date: _____

Statement of Authorization

1. My child has permission to be transported by a YMCA vehicle and to participate in all YMCA program activities and related field trips.

2. My child has permission to participate in swimming activities. Assess your child's swimming abilities here:

- () Non-Swimmer-unable to swim/no swim instruction
- () Beginner- some limited swim instruction
- () Intermediate-average swim ability
- () Advanced- skilled swimmer

3. In the case that your child becomes ill during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parents or guardians to arrange for the child to be picked up from the center as soon as possible.

4. In the case that your camper or anyone in the immediate household of the camper develops a reportable communicable disease as defined by the State Board of Health, it is the responsibility of the parent to notify the YMCA within 24 hours or the next business day in order for the YMCA to take proper action, except in the case of life-threatening diseases which must be reported immediately.

5. I give the Sterling-Rock Falls Family YMCA permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a certified staff member of the Sterling-Rock Falls Family YMCA. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I authorize the Sterling-Rock Falls Family YMCA to obtain immediate medical care and give consent to the hospitalization and performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement may only cover those situations which are true emergencies and only when he/she cannot be reached. I understand that the provider will take every effort to contact me and/or my designated emergency contacts. I/we will be responsible for payment of medical expenses.

Medical treatment costs are covered by:

Medical Insurance Provider: _____ Policy #: _____

6. The parent/guardian authorizes the application of sunscreen for his or her child by YMCA staff. (please note any adverse reaction to sunscreen of which you may be aware).

7. The parent/guardian authorizes the application of insect repellent for his or her child by YMCA staff. (please note any adverse reaction to bug spray of which you may be aware)

By signing below, you are authorizing all the above.

Parent/ Guardian Signature: _____ Date: _____

YMCA Annual Scholarship Campaign

Because we need each other.

Every year, members and program participants like you donate to the YMCA Annual Scholarship Campaign to ensure that every child, adult and family in our community has access to quality child care, summer camp, and the opportunity for a healthy lifestyle, regardless of their financial status. Being a part of the YMCA means belonging to a community; consider giving a gift to help us strengthen ours.

YOU CAN MAKE A BIG DIFFERENCE

Give the gift of camp to another child in need.

Every little bit helps!

YES! I want to help by donating \$_____ as a one-time payment.

YES! I want to help by donating \$_____ per week during the summer

By signing below, I give the Sterling-Rock Falls Family YMCA permission to draft the amount checked above.

Printed Name: _____

Signature: _____

Date: _____