FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

INDIAN VALLEY FAMILY YMCA
11 Pinney Street, Ellington, CT 06029
IndianValleyFamilyYMCA.org
860-871-0008

ELLINGTON PROGRAMS

Dear YMCA Family,

Thank you for choosing the Indian Valley Family YMCA for your before and/or after school enrichment needs. We are excited to welcome you and your family to our program and look forward to a great year and beyond!

The Y's focus is on youth development, healthy living, and social responsibility. At the YMCA of Greater Hartford our child development programs aim to nurture young people by providing a safe place to learn foundational skills, develop healthy, trusting relationships, and build self-confidence. While doing so, our programs follow the State of Connecticut requirements and regulations for child development programs, and collaborate with local and state organizations to offer the highest quality enrichment experiences for your child.

Please review this registration packet carefully. Complete and accurate information helps us to provide the best possible care for your child throughout the year and in the event of an emergency. If you have questions or need any additional information now or throughout the year, please feel free to call or email any of us with the contact information below.

In order to complete your registration, a 25% deposit is required. Due to the current economic situation, the deposit will not be scheduled until August 1, 2020. Our goal is for you to be able to hold your spot now for what will be a great 2020-2021 school year! Financial Assistance is available for all YMCA programs.

The Indian Valley Family YMCA is excited to offer all our childcare families a new benefit as our thanks for being part of our Y family. Effective September 1, 2020 all families enrolled in full-day childcare will receive a full 2-parent family membership. Families enrolled in before and afterschool programs will receive a Y-Kids membership and a weekend-only 2-parent family membership. **Contact our member services desk for details!**

Sincerely,

Linda Hunter-Williams
Child Development Regional Director

Students Name:_____

Students DOB:_____

Please check which site your child will attend:

◯ Windermere School ◯ Crystal Lake School ◯ Center School

Please check what options you are requesting for child care:

Before School	☐ Monday	☐ Tuesday		☐ Thursday	☐ Friday	
After School	☐ Monday	☐ Tuesday		☐ Thursday	☐ Friday	

Rates (Per month)

Before School:	After School:	Before and After School:
2 Days: $132	2 Days: $222	2 Days: $266
~~3 Days: $177~~	~~3 Days: $269~~	~~3 Days: $301~~
~~5 Days: $279~~	~~5 Days: $374~~	~~5 Days: $465~~

Contacts

Registration & Payment information should be directed to the Registrar:

Kristin Naismith
Program Registrar
860-871-0008 X105
Kristin.Naismith@ghymca.org

Justin Hicks
Youth Development Director
860-871-0008 X121
Justin.Hicks@ghymca.org

- Families with more than one child enrolled in a YMCA School Aged Childcare program are given a 5% discount on the lower program (for the 2nd and each additional child).
- Before school programs open at 7 AM, and after school programs close at 6 PM, unless noted otherwise.
- A Health Assessment Record (physical) and immunization record will also be required, and must be up to date per school timeline. Depending on your child's health information, additional paperwork may be needed.
- For tax purposes, our Tax ID number is # 06-0881325.

CHILD DEVELOPMENT PROGRAMS POLICIES

At each of our Y's, we are still working diligently to confirm what the specifics of each of these programs will look like. We understand families will have difficult decisions to make this Fall, and we will be here to support throughout the way.

While we do not have all of the details yet, we can promise the following:

- The safety of the children in our care of any age, as well as our staff is and will remain a priority in all programs that we are running.

For our in person programs:

- Before children enter the space, and at least every hour all program areas will be sanitized. Space will also be sanitized after closing each day.
- All members of our staff teams will be wearing masks, and we will follow the Center for Disease Control and State of CT guidance on children wearing masks. Specific guidelines of each branch's Board of Education plans will be followed.
- Program spaces will be limited to only materials that can be sanitized.
- All Y staff must wash/sanitize their hands upon entering the YMCA, and all PPE will be provided as appropriate.
- Staff and children/families will be screened for symptoms of COVID-19.
- Group sizes will be limited based on Office of Early Childhood guidance.
- You will also see changes in our snack/meal policies, as well as our pickup/drop off procedures.

the YMCA

FOR YOUTH DEVELOPMENT®
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FOR SOCIAL RESPONSIBILITY

20-08-011

FOR YOUTH DEVELOPMENT®
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OFFICE USE ONLY
Enroll Date: _____
Start Date: _____
Approved by: _____
Withdraw Date: _____
Reason: _____

2020-2021 APPLICATION FOR ENROLLMENT

(Please write clearly and complete all spaces provided)

CHILD INFORMATION

Child's Name: _____ DOB _____ Male _____ Female _____ Grade in the Fall _____

Address: _____
Street Town Zip

ENROLLMENT INFORMATION

Name of person(s) responsible for payment and tuition with whom financial information/issues should be discussed:

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

PARENT/GUARDIAN INFORMATION

Parent/Legal Guardian Name: _____ DOB: _____ Relationship to child: _____

Address: _____
Street Town Zip

Employer Name: _____ Dept. _____

Employer's Address: _____
Street Town Zip

Work Phone: (_____) _____ Ext. _____ Cell: (_____) _____

EMAIL: _____ Work Hours: M T W R F _____ to _____

Parent/Legal Guardian Name: _____ DOB: _____ Relationship to child: _____

Address: _____
Street Town Zip

Employer Name: _____ Dept. _____

Employer's Address: _____
Street Town Zip

Work Phone: (_____) _____ Ext. _____ Cell: (_____) _____

EMAIL: _____ Work Hours: M T W R F _____ to _____

I agree that the above information is current and accurate _____
(parent/guardian signature)

CHILD'S HEALTH INFORMATION

INSURANCE: Husky #: _____ Private Insurance _____ Medicaid #:_____

Allergies: Yes ☑ No ☐ (if yes, list type)_____

Asthma: Yes ☐ No ☐ Medications required: _____

Dietary Restrictions (other than food allergies): Yes ☐ No ☐

If yes, explain:_____

Special Needs: Yes ☐ No ☐ (if yes, explain) _____

Is your child on any routine or emergency medications? Yes ☐ No ☐ (if yes, please provide info below)

Type: _____ Frequency:_____

Reason for medication: _____

Child's Physician's Name: _____ Phone: (____)_____

Child's Dentist's Name: _____ Phone: (____)_____

EMERGENCY CONTACTS/ALTERNATE PICK-UP

I give my permission to the Greater Hartford YMCA Staff to contact and release my child to one of the following individuals listed. Please notify the center if emergency contact people will pick-up your child on any given day.

Name _____ **Relationship:** _____ **DOB:**_____

Work Phone: (_____) _____ Cell: (_____)_____ Home: (____) _____

Name _____ **Relationship:** _____ **DOB:**_____

Work Phone: (_____) _____ Cell: (_____)_____ Home: (____) _____

Name _____ **Relationship:** _____ **DOB:**_____

Work Phone: (_____) _____ Cell: (_____)_____ Home: (____) _____

Custody: Yes ☐ No ☐
Is there a court order or restraining order in effect which limits access to your child by a parent, family member or other individual? (If yes, note that a copy of the order should be provided to the center for your child's file in order for the order to be enforced.)

Handbook: _____ I acknowledge that I have received and carefully read the Greater Hartford YMCA Parent Handbook

Behavior Management: _____ I have been provided with the opportunity to review, discuss and ask questions regarding the YMCA's Behavior Management Plan/Policy with the staff (in Parent Handbook).

ADDITIONAL PERMISSIONS

- To take my child for walks on the grounds of YMCA location and to participate in child development related activities and events held in the YMCA facility/on YMCA grounds or facilities including transportation in YMCA van;
- To include my child in vision, hearing, & developmental screening and assessments conducted by the staff and shared with child's pediatrician;
- To transport my child via ambulance to the nearest medical facility;
- For my child to be treated by emergency medical personnel in the event of an emergency;
- For staff that hold the appropriate certifications to administer first aid and CPR as needed;
- For staff that hold the appropriate certifications to administer non-prescription medication, topical medications, lotions and creams as per my written consent.
- To allow my child to eat all of the snack and food provided from YMCA according to USDA food guidelines; unless documented food restriction and care plan.
- To provide the following individuals and/or agencies access to my child's enrollment, health, and other information in my child's file on an as needed basis (office/classroom staff, consultants, public school personnel, emergency medical personnel, OEC, NAEYC, & DCF.)

My signature below grants the Greater Hartford YMCA staff permission to the above approvals.

_____ _____

Parent Signature Date

YMCA OF GREATER HARTFORD
RELEASE and WAIVER OF LIABILITY and INDEMNITY and PHOTO/TALENT RELEASE AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA 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, for himself or herself, or on behalf of a minor child under age 18, and for any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, inspected and carefully considered, or will immediately upon entering and/or participating, inspect and carefully consider, such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA constitutes an acknowledgement that that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

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 OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, **THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING ON HIS OR HER BEHALF AND/OR BEHALF OF HIS/HER CHILDREN OR GUESTS** (herein referred to as "the undersigned"):

1. MEMBER CONDUCT I agree to abide by all rules and regulations of the YMCA of Metropolitan Hartford (hereafter "YMCA"), and I understand that failure to act in accordance with the rules may result in expulsion from the YMCA and cancellation of membership.
2. INSURANCE I understand that the YMCA does not provide any accident or health insurance for its members or participants and it is my responsibility to provide such coverage.
3. PROPERTY LOSS I understand that the YMCA is not responsible for personal property lost, damaged, or stolen while using YMCA facilities or participating in YMCA programs.
4. ASSUME FULL RESPONSIBILITY I hereby assume full responsibility for and risk of bodily injury, death, or property damage 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.
5. PHOTO/TALENT RELEASE I hereby irrevocably release, consent and allow the YMCA and its agents to use my photograph, likeness, voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement for its use. (My initials here revoke photo/talent release_____).
6. RELEASE, WAIVE, DISCHARGES I hereby release, waive, discharge and covenant not to sue the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or loss of property while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
7. INDEMNIFY AND SAVE AND HOLD HARMLESS I hereby agree to indemnify and save and hold harmless the releases from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.
8. MEDICAL RELEASE I authorize the YMCA, as my agent, to give consent to medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician, and I am unable to give such consent. I authorize a qualified YMCA staff member to administer CPR or first aid if necessary. I understand that it may be necessary for me to provide a release form from my physician regarding my current health status.
9. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Connecticut and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
10. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AND PHOTO/TALENT RELEASE AGREEMENT, and further agrees that no oral representations, statement, or inducement apart from the foregoing written agreement have been made. I HAVE READ THIS RELEASE.

Date: _____ Printed Name of Participant _____

Printed Name of Parent/Guardian _____

Signature of Participant or Parent/Guardian _____

YMCA of Greater Hartford Electronic Payment Form

One week of tuition is a required non-refundable deposit at the time of enrollment

Billing Name: _____ Child's Name: _____

Address: _____ Town: _____ State: _____ Zip: _____

Home: (____) _____ Work (____) _____ Cell (____) _____

TERMS AND CONDITIONS

It is my compete understanding that if I terminate my child's enrollment I must submit a letter in writing canceling my Electronic Payment giving the YMCA **TWO (2) weeks written notice** prior to my child's withdrawal date. I understand that paying under the Electronic Payment method, I am subject to fee increases periodically by the Board of Directors, and the YMCA may adjust the monthly rate applicable to my child's enrollment category. I will be notified 30 days in advance of any increases. I understand that the monthly debit to my account is a continual draft for ten (10) months equal to the school calendar. Should any pre-authorized electronic payment not be honored by my financial institution when received, I agree that the payment is to be made by me in the amount of said payment, and I agree that I am responsible for that payment plus a service charge (contact your branch for current fees). This service charge does not include possible fees imposed by my financial institution. I understand that if two electronic payments are rejected my child's enrollment will be terminated.

I, the undersigned, have read and agree to the above Terms and Conditions.

Parent/Guardian Signature: _____ Date Signed: _____

ELECTRONIC FUNDS TRANSFER (EFT) OR CREDIT CARD AUTHORIZATION

I authorize the YMCA of Greater Hartford to debit my account as indicated below on a monthly basis. Should any preauthorized EFT or Credit Card payment not be honored by my financial institution at the time of the draft, I understand and agree to the YMCA re-submitting, at their discretion, the request for payment.

CREDIT/DEBIT CARD

Card Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover Expiration Date: _____

Name on Card (print) _____

Card Number _____

I agree the monthly payment amount debited will be $_____ and will draft on the 1st day of each month.
My first draft will begin on _____ (date).

Authorized Signature _____ Date _____

EFT

Financial Institution Name _____

Address _____

Name on Account (print) _____

☐ Checking Account ☐ Savings Account

Routing Number (9 digits) __ __ __ __ __ __ __ __ __ Account Number _____

I agree the monthly payment amount debited will be $_____ and will draft on the 1st day of each month.
My first draft will begin on _____ (date).

Authorized Signature _____ Date _____

Office Use Only: Deposit Payment $ _____ Receipt Number _____

Form Entered by _____ Date Entered _____

System Account # _____

State of Connecticut Department of Education

Health Assessment Record

To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, a physician assistant or the school medical advisor prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

Please print

Student Name (Last, First, Middle)	Birth Date	☐ Male ☐ Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
School/Grade	Race/Ethnicity ❑ American Indian/ Alaskan Native ❑ Hispanic/Latino	❑ Black, not of Hispanic origin ❑ White, not of Hispanic origin ❑ Asian/Pacific Islander ❑ Other
Primary Care Provider		
Health Insurance Company/Number* or Medicaid/Number*		
Does your child have health insurance? ☐Y ☐N Does your child have dental insurance? ☐Y ☐N	If your child does not have health insurance, call **1-877-CT-HUSKY**	

* If applicable

Part I — To be completed by parent/guardian.
Please answer these health history questions about your child before the physical examination.

Please circle **Y** if "yes" or **N** if "no." Explain all "yes" answers in the space provided below.

Any health concerns	☐Y ☐N	Hospitalization or Emergency Rm visit	☐Y ☐N	Concussion	☐Y ☐N
Allergies to food or bee stings	☐Y ☐N	Any broken bones or dislocations	☐Y ☐N	Fainting or blacking out	☐Y ☐N
Allergies to medication	☐Y ☐N	Any muscle or joint injuries	☐Y ☐N	Chest pain	☐Y ☐N
Any other allergies	☐Y ☐N	Any neck or back injuries	☐Y ☐N	Heart problems	☐Y ☐N
Any daily medications	☐Y ☐N	Problems running	☐Y ☐N	High blood pressure	☐Y ☐N
Any problems with vision	☐Y ☐N	"Mono" (past 1 year)	☐Y ☐N	Bleeding more than expected	☐Y ☐N
Uses contacts or glasses	☐Y ☐N	Has only 1 kidney or testicle	☐Y ☐N	Problems breathing or coughing	☐Y ☐N
Any problems hearing	☐Y ☐N	Excessive weight gain/loss	☐Y ☐N	Any smoking	☐Y ☐N
Any problems with speech	☐Y ☐N	Dental braces, caps, or bridges	☐Y ☐N	Asthma treatment (past 3 years)	☐Y ☐N
Family History				Seizure treatment (past 2 years)	☐Y ☐N
Any relative ever have a sudden unexplained death (less than 50 years old)	☐Y ☐N			Diabetes	☐Y ☐N
Any immediate family members have high cholesterol	☐Y ☐N			ADHD/ADD	☐Y ☐N

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? ☐Y ☐N If yes, explain:

Please list any **medications** your child will need to take **in** school:

*All medications taken in school require a separate **Medication Authorization Form** signed by a health care provider and parent/guardian.*

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian Date

To be maintained in the student's Cumulative School Health Record

Part II — Medical Evaluation

Health Care Provider must complete and sign the medical evaluation and physical examination

Student Name _____ Birth Date _____ Date of Exam _____

☐ I have reviewed the health history information provided in Part I of this form

Physical Exam

Note: *Mandated Screening/Test to be completed by provider under Connecticut State Law

***Height** _____ in. / _____% ***Weight** _____ lbs. / _____% **BMI** _____ / _____% **Pulse** _____ ***Blood Pressure** _____ / _____

	Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen					
Genitalia/ hernia					
Skin					

***Postural** ❑ No spinal abnormality ❑ Spine abnormality: ❑ Mild ❑ Moderate ❑ Marked ❑ Referral made

Screenings

***Vision Screening**

Type:	Right	Left
With glasses	20/	20/
Without glasses	20/	20/

☐ Referral made

***Auditory Screening**

Type:	Right	Left
	☐ Pass ☐ Fail	☐ Pass ☐ Fail

❑ Referral made

	Date
Lead:	
***HCT/HGB:**	
Other:	

TB: High-risk group? ❑ No ❑ Yes PPD date read: Results: Treatment:

*IMMUNIZATIONS

☐ Up to Date or ❑ Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

***Chronic Disease Assessment:**

Asthma ❑ No ❑ Yes: ❑ Intermittent ❑ Mild Persistent ❑ Moderate Persistent ❑ Severe Persistent ❑ Exercise induced
*If yes, please provide a copy of the **Asthma Action Plan** to School*

Anaphylaxis ❑ No ❑ Yes: ❑ Food ❑ Insects ❑ Latex ❑ Unknown source

Allergies *If yes, please provide a copy of the **Emergency Allergy Plan** to School*
History of Anaphylaxis ❑ No ❑ Yes Epi Pen required ❑ No ❑ Yes

Diabetes ❑ No ❑ Yes: ❑ Type I ❑ Type II **Other Chronic Disease:**

Seizures ❑ No ❑ Yes, type:

☐ This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.
Explain: _____

Daily Medications (*specify*): _____

This student may: ❑ **participate fully in the school program**
❑ participate in the school program with the following restriction/adaptation: _____

This student may: ❑ **participate fully in athletic activities and competitive sports**
❑ participate in athletic activities and competitive sports with the following restriction/adaptation: _____

❑ Yes ❑ No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.
Is this the student's medical home? ❑ Yes ❑ No ❑ I would like to discuss information in this report with the school nurse.

_____

Signature of health care provider MD / DO / APRN / PA Date Signed Printed/Stamped ***Provider*** Name and Phone Number

Immunization Record

To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) Note: *Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP	*	*	*	*		
DT/Td						
Tdap						
IPV/OPV	*	*	*			
MMR						
Measles	*	*				
Mumps	*					
Rubella	*					
HIB	*				Students under age 5	
Hep A						
Hep B	*	*	*			
Varicella	*					
PCV					Pneumococcal conjugate vaccine	
Meningococcal						
HPV						
Flu						
Other						

Disease Hx of above _____ (Specify) _____ (Date) _____ (Confirmed by)

Exemption

Religious _____ Medical: Permanent _____ Temporary _____ Date _____

Recertify Date _____ Recertify Date _____ Recertify Date _____

Immunization Requirements for Newly Enrolled Students at Connecticut Schools

KINDERGARTEN
DTaP: At least 4 doses. The last dose must be given on or after 4th birthday
Polio: At least 3 doses. The last dose must be given on or after 4th birthday
MMR: 1 dose on or after the 1st birthday
Measles: Second dose of measles vaccine (or MMR), given at least 4 weeks after the first dose
Hib: Children less than 5 yrs of age need 1 dose at 12 months or older Children 5 and older do not need proof of Hib vaccination
Hep B: 3 doses
Varicella: 1 dose on or after the 1st birthday or verification of disease

GRADES 1-6
DTaP /Td/Tdap: At least 4 doses. The last dose must be given on or after 4th birthday
Students who start the series at age 7 or older only need a total of 3 doses
Polio: At least 3 doses. The last dose must be given on or after 4th birthday
MMR: 1 dose on or after the 1st birthday
Measles: Second dose of measles vaccine (or MMR), given at least 4 weeks after the first dose
Hep B: 3 doses
Varicella: 1 dose on or after the 1st birthday or verification of disease

GRADES 7-12
Td/Tdap: At least 3 doses. The last dose must be given on or after 4th birthday. Students who start the series at age 7 or older only need a total of 3 doses
Polio: At least 3 doses. The last dose must be given on or after 4th birthday
MMR: 1 dose on or after the 1st birthday
Measles: Second dose of measles vaccine (or MMR), given at least 4 weeks after the first dose
Hep B: 3 doses
Varicella: 1 dose on or after first birthday or verification of disease:
VARICELLA VACCINE: For students <13 years of age, 1 dose given on or after the 1st birthday. For students 13 years of age or older, 2 doses given at least 4 weeks apart
VERIFICATION OF DISEASE: Confirmation in writing by a MD, PA, or APRN that the child has a previous history of disease, based on family or medical history

Initial/Signature of health care provider MD / DO / APRN / PA | Date Signed | Printed/Stamped ***Provider*** Name and Phone Number

Page left blank intentionally.

Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation in the YMCA of Greater Hartford (YMCA) Programs, now or at any time in the future.

Acknowledgment of Risk

I hereby acknowledge and agree that participation in any YMCA activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with any YMCA participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with YMCA participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death.**

_____
Initial

Participating in YMCA programs or accessing YMCA facilities could increase the risk of contracting COVID-19. The YMCA in no way warrants that COVID-19 infection will not occur through participation in YMCA programs or accessing YMCA facilities.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation in YMCA programs, I,

_____, the undersigned participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the YMCA of Greater Hartford, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against YMCA of Greater Hartford on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of YMCA of Greater Hartford facilities/equipment or participation in YMCA of Greater Hartford programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

_____
Initial

In consideration of my participation in any YMCA program, I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my participation.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating and that by signing this agreement I HEREBY RELEASE Releasees from all liability for such loss, damage, or death.

I further certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation.

I further certify that I am therefore of lawful age and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

IN WITNESS WHEREOF, this instrument is duly executed this day _____/_____/_____ .
mm/dd/yyyy

_____ _____

Participant Signature Participant Name (Print Clearly)

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

This Minor Waiver incorporates the same language from above for the Acknowledgment of Risk, COVID-19 Warning & Disclaimer, and Waiver, Release, Indemnification & Covenant Not to Sue

I, in my legal capacity as the parent/guardian of the minor(s) named below, do hereby acknowledge and agree that participation in YMCA activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with any YMCA participation. Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. The YMCA in no way warrants that COVID-19 infection will not occur through participation in YMCA programs or accessing YMCA facilities.

In consideration of the minor(s) named below participation in YMCA programs, I,

_____, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE YMCA's employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of YMCA facilities/equipment or participation in YMCA Hartford programs

_____ _____

Printed Name Date of Birth

_____ _____

Printed Name Date of Birth

_____ _____

Printed Name Date of Birth

_____ _____

Printed Name Date of Birth

_____ _____

Printed Name Date of Birth

INFORMED CONSENT

(this form may be used for staff and parents of children enrolled at a youth camp during the COVID-19 declared emergency)

I hereby attest that I have been informed of the following pertaining to the coronavirus:

- People who are 65 years and older and people of any age who have serious underlying medical conditions or are at higher risk for severe illness from COVID-19 are recommended to stay at home. A list of medical conditions associated with a higher risk for severe illness from COVID-19 can be found in CDC's guidance.[1] Individuals and families should consult their healthcare provider to determine whether they have medical conditions that place them at risk.

- Staff and children living in households with individuals who are 65 years and older OR have higher risk for severe illness from COVID-19 are recommended to stay home.

_____ _____

Signature of Staff or Parent/Guardian Printed Name

_____ _____

Child's Name (if a parent/guardian) Date

[1] Includes chronic lung disease or moderate to severe asthma, serious heart conditions, immunocompromised (cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications), severe obesity (body mass index [BMI] of 40 or higher), diabetes, chronic kidney disease undergoing dialysis and liver disease. Individuals should consult their healthcare provide to determine whether they have medical conditions that place them at increased risk for severe illness from COVID-19.