



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



**YMCA AND ELLINGTON  
PUBLIC SCHOOLS  
CORPORATE  
PARTNERSHIP**

**FULL-DAY CHILD CARE  
PROGRAM AT THE VERNON  
CHILD CARE CENTER**

**375 Hartford Turnpike  
860-872-7329  
IndianValleyFamilyYMCA.org**

We will be supporting distanced learning while providing a safe, clean program. There will be physical activities indoors and outdoors, arts and crafts, STEM activities, and many more fun things for the kids to do.

**Hours:** 8 am to 4 pm  
Before Care: 7-8 am  
After Care: 4-6 pm

**Grades:** PreK- 6

**Contact Justin Hicks  
for more information!**  
**[justin.hicks@ghymca.org](mailto:justin.hicks@ghymca.org)**  
**860.871.0008 Ext. 121**

**EPS Faculty and Staff get a 10% Discount**  
(DISCOUNT ARE OFF OF BELOW FEES)

**Fees:**

	5 Days	3 Days	2 Days
Full Day	\$250	\$150	\$100
Before Care	\$30	\$18	\$12
After Care	\$60	\$36	\$24



**OTHER BENEFITS FOR JOINING THE Y:**

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 plus a weekend-only 2-parent family membership. Contact our member services desk for details!

# 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.



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## INDIAN VALLEY FAMILY YMCA

11 Pinney Street, Ellington, CT 06029  
IndianValleyFamilyYMCA.org  
860-871-0008

# YMCA Full Day Distanced Learning Program at Vernon Child Care Center

Dear YMCA Family,

Thank you for choosing the Indian Valley Family YMCA for your extended day 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: \_\_\_\_\_

- ☐ I am an Ellington Public  
School Faculty or Staff

### Please check what options you are requesting for child care:

Full Day ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday  
Before Care ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday  
After Care ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

### Rates (per-week)

Full Day- 8 am-4 pm:	Before Care- 7-8 am:	After Care- 4-6 pm:
2 Days: \$100	2 Days: \$12	2 Days: \$24
3 Days: \$150	3 Days: \$18	3 Days: \$36
5 Days: \$250	5 Days: \$30	5 Days: \$60

### Contacts

Registration & Payment information should be directed to the Registrar	
Kristin Naismith	Justin Hicks
Program Registrar	Youth Development Director
860-871-0008 X105	860-871-0008 X121
Kristin.Naismith@ghymca.org	Justin.Hicks@ghymca.org

### Please check what weeks you want to sign up for child care:

In service (8/31-9/4):

Week 1 (9/8-9/11):

Week 2 (9/14-9/18):

Week 3 (9/21-9/25):

Week 4 (9/28-10/2):

Week 5 (10/5-10/9):

**\*\*Please Note: If your schedule is going to change weekly please fill out one form for each week or call the YMCA at 860-871-0008\*\***

- 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.

### What to bring

- Label everything!
  - Put your child's first and last name on all items going to camp. I have learned in my 10+ years of Youth Development that kids lose things, and kids like to have the same things. By labeling your items this will help staff reunite the items to the correct Child.
- Backpack.
  - This should be able to fit everything that your child needs during the day. There will be a spot provided for children to store their bags during the day, but sometimes they will need to carry their bags from area to area, make sure it is comfortable and labeled.
- A labeled water bottle.
- Lunch box with a nutritious lunch.
  - Lunches need to be nutritious and help campers refuel at lunch time. Lunch boxes will be stored in an indoor location. We will need the healthy lunches to be stored in an insulated lunch box with an ice pack.
  - Pack a ready to eat lunch as there is no access to a microwave for the children.
- Two snacks.
  - Lunch boxes will only come out during lunch time, it will be essential to store these snacks in the campers backpack (make sure your children know where they are located). **Do not pack snacks that need to be refrigerated or kept cool.**
- Closed toed shoes.
- Everything that is needed to support distanced learning.
  - Computer with charging cord.
  - A folder with all assignments that need to be finished.
    - In your child's folder please provide all passwords and sites that will be needed for your child to complete computer assignments.
  - Pen, pencil, lined paper.



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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: (\_\_\_\_) \_\_\_\_\_

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**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: (\_\_\_\_) \_\_\_\_\_

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**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



# 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	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
School/Grade	Race/Ethnicity <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> 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
<b>Family History</b> Any relative ever have a sudden unexplained death (less than 50 years old) Y N Any immediate family members have high cholesterol Y N				Seizure treatment (past 2 years)	Y N
				Diabetes	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

## Part II — Medical Evaluation

HAR-3 REV. 4/2010

### 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			<b>*Postural</b> <input type="checkbox"/> No spinal abnormality <input type="checkbox"/> Spine abnormality: 			

### Screenings

*Vision Screening			*Auditory Screening			Lead:	Date
Type:	<u>Right</u>	<u>Left</u>	Type:	<u>Right</u>	<u>Left</u>		
With glasses	20/	20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass		<b>*HCT/HGB:</b>	
Without glasses	20/	20/	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail			
<input type="checkbox"/> Referral made			<input type="checkbox"/> Referral made			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.

## 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 \_\_\_\_\_

Page left blank intentionally.

**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 complete 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 # \_\_\_\_\_



## 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](#).<sup>1</sup> 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.

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Signature of Staff or Parent/Guardian

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Printed Name

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Child's Name (if a parent/guardian)

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Date

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<sup>1</sup> 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.

# 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.**

**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.

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)

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**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

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Date of Birth

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