

# Middle School Engagement Program Participation Permission/Waivers

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



Child Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Please initial each item to indicate your acknowledgement of the policy and your consent for your child to attend Waynesboro Area YMCA MSE Program and participate in the provided**

Initials **Participation Agreement:** I give permission for my child to participate in the Waynesboro Area YMCA MSE Program. I agree that my child will abide by all rules and regulations adopted and published by the Waynesboro Area YMCA relating to the operation and conduct of the program and the use of the facilities provided for the program. I understand the failure of my child to observe these rules and regulations may result in their expulsion from the program and forfeiture of all registration and program fees paid.

Initials **First Aid and Emergency Agreement:** I understand that program activities carry a risk of injury. I further understand that the staff is trained in basic first aid response. I give permission to certified staff to provide routine first aid and CPR, to acquire emergency medical treatment, and/or to arrange related transportation for my child, as necessary. I understand I am responsible for any costs (ambulance, emergency room treatment) that are incurred in the case emergency medical treatment is obtained. I agree to hold the Waynesboro Area YMCA and its agents harmless for any loss, damage or injury to person or property that may arise from my child's participation in this program. In the event of serious injury, I will be contacted immediately. If the injury is minor in nature, I will be informed at pick up time.

Initials **Behavior Agreement:** I understand that the Waynesboro Area YMCA MSE Program strives to create a safe, fun, and supportive environment. Participants are introduced to the basic rules of behavior on the first day they attend. These rules stress the importance of treating all participants and staff with respect. I understand that if a situation should arise in which my child is unable to follow the rules, acts in a manner that prevents the group from functioning normally, or displays behavior that jeopardizes the health and safety of an individual or the program as a whole may result in their expulsion from the program and forfeiture of all registration and program fees paid. I understand the following behaviors may result in the immediate expulsion of my child from the program: leaving or running away from the program or staff without permission; behavior that disrupts the program; incidences or behaviors that threaten the immediate health and safety of my child, other children and/or adults; stealing or damaging program or personal property; using profanity, vulgarity, obscenity, or acting in a lewd manner, not following the behavior guidelines or program rules.

Initials **Electronic Device Agreement:** I understand that all personal electronic devices, including, but not limited to, cell phones, laptops, tablets, gaming devices, and digital cameras, that are brought to program by the participant may be used only when permission is granted by program staff. Devices with the ability to capture, transmit, or store images or recordings may never be accessed, turned on, or operated in restrooms, changing rooms, or other areas where there is a reasonable expectation of privacy. The Waynesboro Area YMCA is not responsible for any loss, theft, damage, or destruction of a personal electronic device or its contents.

**Waynesboro Area YMCA 810 E Main St, Waynesboro, PA 17268 (717)762-6012**

Initials

**Handbook Receipt Acknowledgment:** I have received the Waynesboro Area YMCA Youth Development Family Handbook and any current addendums to the Handbook. I am responsible for reading and abiding by the policies and procedures as set forth by the Waynesboro Area YMCA. I also understand that I forfeit the privilege of child care if all policies are not followed as outlined in the Handbook or addendum.

Initials

**Termination of Enrollment:** I am aware the Waynesboro Area YMCA may immediately terminate my child's enrollment for any of the following reasons, including but not limited to:

- Incorrect emergency contact names and phone numbers or the inability to make family contact while the child is in the care of the Waynesboro Area YMCA.
  - Failure to pick up an ill child within the allotted amount of time after being contacted by staff.
  - Child or family member behavior that is continually disruptive, dangerous to others, themselves, or staff, or destructive to property.
  - Late child pick up (after the program closes) on multiple occasions or a single excessive occasion.
- or disruptive to those in the program.  
Non-payment, late-payment, or NSF payment of program fees.  
Failure to adhere to the program sign-in or sign-out procedures.

Initials

**Photo Permission: Choose 1 of the following.**

- Any single incident (child or family member) that is deemed by the Program Director to be dangerous, harmful,
- I hereby give permission for my child to have their photo taken while in childcare at the Waynesboro Area YMCA. Photos taken of my child can be used for **both** marketing and promotional purposes (Facebook, website, informational flyers, etc.) **and** classroom use (crafts and projects and photos to be displayed in the classroom only or sent home).
  - I hereby give permission for my child to have their photo taken while in childcare at the Waynesboro Area YMCA. Photos taken of my child can be used **only** for classroom use (crafts and projects and photos to be displayed in the classroom only or sent home).
  - I do not give permission for my child to have their photo taken while in childcare at the Waynesboro Area YMCA for any purpose.

### Release of Liability

I give permission for my child to attend and participate in the Waynesboro Area YMCA Middle School Engagement program and related activities.

I understand that although the participants will be supervised by YMCA employees, I assume the risk in my child's participation in MSE program. I acknowledge that I will not seek to have the Waynesboro Area YMCA held liable in the event of accident, injury, loss of property or any other circumstance or incident that occurs during or as a result of my child's participation in MSE program.

This release of liability includes accident, injury, loss, or damages to my child, as well as, to other individuals or property which may result from my child's participation in MSE program. I hereby release and agree to hold harmless the Waynesboro Area YMCA, its officials, agents and employees, from any claims arising from my child's participation in MSE program.

I have read, understand, and accept all of the above statements and accept full responsibility as described.

---

Legal Guardian Signature

---

Date

---

Legal Guardian Printed Name

---

Contact Phone Number

---

Child Name

---

Date of Birth