



School-Aged Care Permission/Waivers (Before & After School Care, School's Out Club)

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 School-Aged Care and participate in the provided activities.

- Initials **Participation Agreement:** I give permission for my child to participate in the Waynesboro Area YMCA School-Aged Care 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 school-aged care 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 strives to create a safe, fun, and supportive environment. Children are introduced to the basic rules of behavior at school-aged care on the first day they attend. These rules stress the importance of treating all children 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 YMCA, school, 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 absolutely **NO** personal electronic devices, including, but not limited to, cell phones, laptops, tablets, gaming devices, and digital cameras, may be brought to BASC by my child. If a device is found to be in the possession of my child during BASC hours, it will be collected and kept safe by YMCA staff until it can be given to the parent. The Waynesboro Area YMCA is not responsible for any loss, theft, damage, or destruction of a personal electronic device or its contents if an electronic device is inappropriately brought to BASC and/or during the time it is held by YMCA staff.
- Initials **Swimming Consent (School's Out Club Only):** I give consent for my child to participate in swimming activities provided by the Waynesboro Area YMCA. I understand that all swimming activities will be conducted under a certified lifeguard's supervision.
- 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 childcare if all policies are not followed as outlined in the Handbook or addendum.



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- 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.
 - Late child pick up (after the program closes) on multiple occasions or a single excessive occasion.
 - Failure to pick up an ill child within the allotted amount of time after being contacted by staff.
 - Non-payment, late-payment, or NSF payment of program fees.
 - Failure to adhere to the program sign-in or sign-out procedures.
 - Child or family member behavior that is continually disruptive, dangerous to others, themselves, or staff, or destructive to property.
 - Any single incident (child or family member) that is deemed by the Program Director to be dangerous, harmful, or disruptive to those in the program.

- Initials **Photo Permission:** Choose 1 of the following.
- ☐ 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 School-Aged Care program and related activities, including swimming during School's Out Club.

I understand that although the children will be supervised by YMCA employees, I assume the risk in my child's participation in School-Aged Care. 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 School-Aged Care.

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 School-Aged Care. 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 School-Aged Care.

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



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