



# YMCA of Clifton Springs

## Free Village Rec Program

Monday-Friday: 12pm to 3pm @ GW Lisk Park

### Registration Form

Child's Full Name: Nickname:	Date of Birth: / /	Gender:
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Parent/ Guardian Name:	Date of Birth: / /	
Phone Number: ( ) -	Email Address:	

Does your child(ren) have allergies or take any medications? Yes or No

If Yes, please explain \_\_\_\_\_

Is there anything we should know about your child(ren)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### CONSENT & WAIVER

- I give permission for my child(ren), named above, to participate in the Summer Rec program. ***I am aware this is a "drop in" program which means my child(ren) may come and go by signing themselves in and out.*** I also understand that if my child(ren) decides to leave during hours of operation, he/she will not be able to return to program until the next day and the YMCA is not responsible for the behaviors or actions of my child(ren).
- I authorize the YMCA staff to seek medical attention for my child in the unlikely event of an accident or illness if I can not be reached. I understand and acknowledge that my child may be injured while participating in the Summer Rec program. I will not hold the YMCA Summer Rec program or representatives responsible for any injury my child may sustain while participating in this program. I further agree to be legally and financially responsible. My health and accident insurance will cover my child.
- The YMCA staff may take photos and videos during program and post them on the organization's social media sites or use them in brochures or other YMCA material. I authorize the YMCA staff to take and post photos or use videos of my child for the use of this program.

PARENT/ GUARDIAN SIGNATURE:

DATE:

/ /