

Medical Information:

Allergies or intolerance to food, medication, or any other substance: _____

If an allergic reaction occurs, please list steps to relieve reaction: _____

Chronic physical problems, pertinent developmental information, any special accommodations needed: _____

For special accommodations, or to share important information about your camper, please schedule a meeting with the Camp Director.

Does your child take medications or vitamins on doctor's orders? _____

Please specify: _____

Registrants must submit a physical examination or a Youth Camp Exam Record Form completed by the camper's physician by June 1, 2020.

Physician Name: _____ Physician's Phone: _____

Emergency Medical Authorization:

I give The Stamford Family YMCA permission to provide my child cardiopulmonary resuscitation (CPR) and first aid treatment by a certified staff member. I also give permission to transport my child by ambulance, staff vehicle, or YMCA vehicle to an emergency center for treatment. I authorize the Stamford Family YMCA to obtain immediate medical care and give consent to the hospitalization and performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to my child or ward if an emergency occurs and I cannot be located immediately. It is also understood that this agreement may only cover those situations which are true emergencies. I understand that the provider will make every effort to contact me and/or my designated emergency contacts.

I/we will be responsible for payment of medical expenses. Medical treatment costs are covered by:

Medical Insurance Provider: _____ Policy#: _____

Parental Agreements:

I give permission for my child, _____, to attend The Stamford Family YMCA's summer camp and to participate in all activities and field trips. I authorize the camp program to use photographs and videos of my child (ren) for the purpose of telling the program story and promoting the message of the program. I understand that the program is not responsible for the personal property of the participant (s). In case of an emergency, I understand that every effort will be made to reach the parent (s) or guardian (s) of the participant (s).

Cancellation Policy:

If fees have been paid and cancellation is made two weeks before the start of camp session, the balance camp session, the balance will be returned less the deposit. If fees have been paid out but cancellation is made less than two weeks before the start of the camp session, no refund will be issued.

Swimming Assessment: Non-Swimmer (unable to swim/no swim instruction) Beginner (some limited swim instruction) Intermediate (average swimming ability) Advanced (skilled swimmer)

All information on this form is true and complete to the best of my knowledge. I understand and agree to the Emergency Medical Authorization, Parental Agreements, and Cancellation Policy outlined above.

Parent/Guardian Signature: _____ Date: _____

STOP! If you are completing an online registration, please sign the participant waiver form, submit required additional forms & STOP HERE.

GO! If you are completing an in-person, mailed, e-mailed, or faxed registration, please CONTINUE TO THE NEXT PAGE as well as submit required additional forms.

2020 CAMP SELECTION & FEES

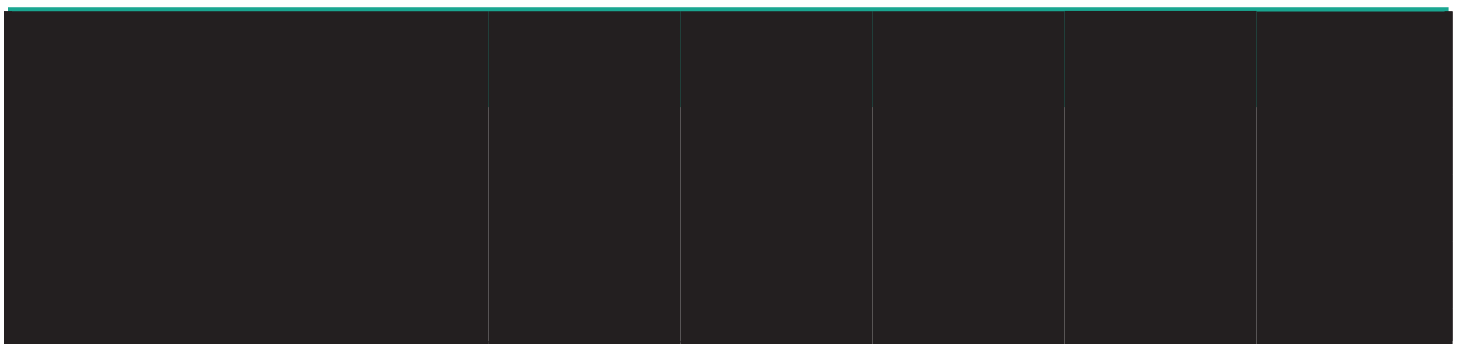
Please fill out one form for each camper

Camper Name: _____ Date: _____

STAMFORD FAMILY YMCA SUMMER CAMPS

(8:00am -4:00pm)

REGISTRATION FORM Please check all that apply	FULL SEASON June 22 - Aug 14	SESSION 1 June 22 - July 3	SESSION 2 July 6 - July 17	SESSION 3 July 20 - July 31	SESSION 4 Aug 3 - Aug 14
CAMP MINI (Kindergarten)					
Member	<input type="checkbox"/> \$1,800	<input type="checkbox"/> \$450	<input type="checkbox"/> \$450	<input type="checkbox"/> \$450	<input type="checkbox"/> \$450
Non-Member	<input type="checkbox"/> \$2,180	<input type="checkbox"/> \$545	<input type="checkbox"/> \$545	<input type="checkbox"/> \$545	<input type="checkbox"/> \$545
CAMP WOW (First Grade - Fifth Grade)					
Member	<input type="checkbox"/> \$1,800	<input type="checkbox"/> \$450	<input type="checkbox"/> \$450	<input type="checkbox"/> \$450	<input type="checkbox"/> \$450
Non-Member	<input type="checkbox"/> \$2,180	<input type="checkbox"/> \$545	<input type="checkbox"/> \$545	<input type="checkbox"/> \$545	<input type="checkbox"/> \$545
TEEN ADVENTURE CAMP (Sixth Grade - Eighth Grade)					
Member	<input type="checkbox"/> \$1,880	<input type="checkbox"/> \$470	<input type="checkbox"/> \$470	<input type="checkbox"/> \$470	<input type="checkbox"/> \$470
Non-Member	<input type="checkbox"/> \$2,256	<input type="checkbox"/> \$564	<input type="checkbox"/> \$564	<input type="checkbox"/> \$564	<input type="checkbox"/> \$564



<p>CAMP T-SHIRT INFORMATION Size:</p> <p><input type="checkbox"/> Youth XS <input type="checkbox"/> Youth S <input type="checkbox"/> Youth M <input type="checkbox"/> Youth L <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL</p> <p>Camp Shirts are required on every field trip and beach day!</p> <p>Each camper receives 1 camp shirt with registration</p> <p>Additional camp shirts are \$10 each. Would you like to order camp shirts? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How Many? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p>	TOTAL CAMP FEE:	
	ADDITIONAL CAMP SHIRT(S):	
	GRAND TOTAL:	
	TOTAL FEES PAID AT THIS TIME:	
	REMAINING BALANCE DUE:	

CAMP PAYMENT OPTIONS

YMCA Financial Assistance participants must be authorized BEFORE REGISTERING. For more information call 203-357-7000 x 1170 or email melody@stamfordymca.org **BEFORE** registering.

CAMP FEES: Camp fees must be paid in full prior to Monday June 8, 2020. Participant must be an active member to receive member rates (M) or non-member (NM) rates will apply.

CANCELLATIONS: If fees have been paid and cancellation is made two weeks before the start of camp session, the balance will be returned less the deposit. If fees have been paid out but cancellation is made less than two weeks before the start of the camp session no refund will be issued.

ADDS: Additional camp sessions can be added after initial registration by submitting a new camper registration form. However, we cannot guarantee availability.

PAYMENT OPTIONS: A \$250.00 **non-refundable deposit fee** per camper is due upon registration. Camp fees may be paid in full upon registration or remaining balance will be automatically drafted per fee schedule below. For drafted balances **YOU MUST:**

- 1) Pay the **\$250.00 non-refundable deposit fee**
- 2) List the dates and amounts you want your remaining camp balance drafted
- 3) Provide an approved debit or credit card for scheduled balance payment;
- 4) Recieve signed approval from **ONLY** the Camp Director or Operations Director.

Connecticut Care 4 Kids: If you receive Connecticut Care 4 Kids you **MUST** pay half of your total camp balance prior to June 15, 2020.

\$ _____ Total Camp Fees \$ _____ Total Fees Paid At This Time \$ _____ Balance Due

Payment Method

I have enclosed a check for \$ _____ Check# _____ OR Credit/Debit (check one) VISA MC AMEX DISC

Name on Card: _____ Card# _____

Exp. _____ VCODE _____ Signature _____ Date _____

Fee Schedule: By providing my signature below, I authorize the Stamford Family YMCA to charge my credit card on the following dates:

Payment 1: \$ _____ on _____ Payment 5: \$ _____ on _____

Payment 2: \$ _____ on _____ Payment 6: \$ _____ on _____

Payment 3: \$ _____ on _____ Payment 7: \$ _____ on _____

Payment 4: \$ _____ on _____ Payment 8: \$ _____ on _____

Total balance remaining balance of \$ _____ paid in full on _____

I/We understand and agree to the above payment terms. I/We understand that completion of all required summer camp forms is a required condition of participation in summer camp programs.

PARENT/LEGAL GUARDIAN Print Name: _____ Signature: _____ Date: _____

CAMP DIRECTOR APPROVAL Print Name: _____ Signature: _____ Date: _____

Summer Camp Registration Checklist:

- ___ Completed and signed camp registration form
- ___ Signed payment plan form (if applicable)
- ___ \$250 non-refundable deposit made upon registration
- ___ A physical examination or a Youth Camp Exam Record Form completed by campers physician
- ___ Administration of Medication Form or Self Administration Form (must be signed by parent and physician) or you will not be able to leave medicine at the YMCA

*** All Summer Camp fees must be paid by Monday, June 8, 2020. If your child receives Connecticut Care 4 Kids, you must pay your total family fees by Friday, June 12, 2020.**

FOR OFFICE USE ONLY:

Accepted By: _____ Date: _____ Processed By: _____ Date: _____

Group Placement: _____



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, licensed pursuant to chapter 378, a physi-

cian assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base 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"/> Black, not of Hispanic origin
Primary Care Provider	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> White, not of Hispanic origin
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian/Pacific Islander
		<input type="checkbox"/> Other
Health Insurance Company/Number* or Medicaid/Number*		
Does your child have health insurance?	Y N	If your child does not have health insurance, call 1-877-CT-HUSKY
Does your child have dental insurance?	Y N	

* 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 Room 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

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			*Postural <input type="checkbox"/> No spinal abnormality <input type="checkbox"/> Spine abnormality: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Referral made		
Genitalia/ hernia					
Skin					

Screenings

*Vision Screening			*Auditory Screening			History of Lead level ≥ 5µg/dL <input type="checkbox"/> No <input type="checkbox"/> Yes	Date
Type:	<u>Right</u>	<u>Left</u>	Type:	<u>Right</u>	<u>Left</u>	*HCT/HGB:	
With glasses	20/	20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass			
Without glasses	20/	20/	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	*Speech (school entry only)		
<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
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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	*				Required 7th-12th grade	
IPV/OPV	*	*	*			
MMR	*	*			Required K-12th grade	
Measles	*	*			Required K-12th grade	
Mumps	*	*			Required K-12th grade	
Rubella	*	*			Required K-12th grade	
HIB	*				PK and K (Students under age 5)	
Hep A	*	*			See below for specific grade requirement	
Hep B	*	*	*		Required PK-12th grade	
Varicella	*	*			Required K-12th grade	
PCV	*				PK and K (Students under age 5)	
Meningococcal	*				Required 7th-12th grade	
HPV						
Flu	*				PK students 24-59 months old – given annually	
Other						

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

Exemption: Religious _____ **Medical:** Permanent _____ Temporary _____ **Date:** _____
Renew Date: _____

**Religious exemption documentation is required upon school enrollment and then renewed at 7th grade entry.
 Medical exemptions that are temporary in nature must be renewed annually.**

Immunization Requirements for Newly Enrolled Students at Connecticut Schools (as of 8/1/17)

KINDERGARTEN THROUGH GRADE 6

- DTaP: At least 4 doses, with the final dose on or after the 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Pneumococcal: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See “HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES” column at the right for more specific information on grade level and year required.
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.**

GRADES 7 THROUGH 12

- Tdap/Td: 1 dose of Tdap required for students who completed their primary DTaP series; for students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are required, one of which must be Tdap.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Meningococcal: 1 dose
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.**
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See “HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES” column at the right for more specific information on grade level and year required.

HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES

- August 1, 2017: Pre-K through 5th grade
- August 1, 2018: Pre-K through 6th grade
- August 1, 2019: Pre-K through 7th grade
- August 1, 2020: Pre-K through 8th grade
- August 1, 2021: Pre-K through 9th grade
- August 1, 2022: Pre-K through 10th grade
- August 1, 2023: Pre-K through 11th grade
- August 1, 2024: Pre-K through 12th grade

** **Verification of disease:** Confirmation in writing by an MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

Note: The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nationwide shortage of supply for such vaccine.

Initial/Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped <i>Provider</i> Name and Phone Number
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YOUTH CAMP HEALTH EXAM/RECORD

FOR CAMPER AND STAFF

Physical Exams Are Valid For 3 Years

From Date of Last Examination

Camper

Staff

Please Return Completed Form to the Camp

Name _____ Date of Birth _____ Phone _____

Guardian _____ Address _____

Emergency Contact _____ Telephone _____

Date of Arrival at Camp: _____ Departure Date: _____

TO BE COMPLETED BY THE HEALTH CARE PROVIDER

Date of Exam ____/____/____

May participate in all camp activities YES NO

May participate except for: _____

Does the individual have any known medical or emotional illness or disorder that poses a risk to other children or which affects the individual's functional ability to participate safely in a youth camp? YES NO

If yes, please explain _____

Are there any prescription or over the counter medication(s) this individual needs to take while at camp? YES NO

If yes, indicate names of medication(s): _____

NOTE: A written authorization and parent permission for the administration of medication at camp are required.

Does the individual have any disabilities or special health care needs such as allergies, special dietary needs? YES NO

If yes, please explain _____

NOTE: If the camper has a special health care need or disability that requires special care be taken or provided during the time the individual is at camp, an individual plan of care shall be developed with the parent and health care provider and updated as necessary. The plan shall include appropriate care of the camper in the event of a medical or other emergency and signed by the parent and staff responsible for the care of the camper.

If camper/staff is school aged or younger, have they been immunized in accordance with the schedule adopted by the Commissioner of Public Health pursuant to section 19a-7f of the Connecticut General Statutes? YES NO

Additional Comments:

Printed Name of Health Care Provider: _____

Address: _____ Phone: _____

Signature of Physician, PA, APRN or RN _____ Date Form Signed: _____



THE STAMFORD FAMILY YMCA

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY and PHOTO/TALENT RELEASE AGREEMENT

In consideration for 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 program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

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 PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, 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"):

- MEMBER CONDUCT** The undersigned agrees to abide by all rules and regulations of the Stamford Family YMCA (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.
- PROPERTY LOSS** The undersigned understands that the YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities or participating in YMCA programs.
- PHOTO/TALENT RELEASE** The undersigned irrevocably releases, 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 _____).
- INSURANCE** The undersigned understands 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.
- MEDICAL RELEASE** The undersigned authorizes 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.
- THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE** the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, his or hers, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise 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, without respect to location.
- THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the releasees and each of them 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 whether caused by the negligence of the releasees or otherwise.
- THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE** due to negligence of releasees or otherwise 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.

THE UNDERSIGNED further expressly agrees that the forgoing 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.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

I HAVE READ THIS RELEASE

_____/_____/_____
date

participant's signature

_____/_____/_____
date

parent's or guardian's signature
(if participant is legally a minor)



STAMFORD

MINOR 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 and the named minor's 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 the named minor's participation in the Stamford Family YMCA Programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in Summer Camp Mini, Camp Wow and/or Teen Adventure activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with Summer Camp Mini, Camp Wow and/or Teen Adventure 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 Summer Camp Mini, Camp Wow and/or Teen Adventure 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 the Stamford Family YMCA programs or accessing the Stamford Family YMCA facilities could increase the risk of contracting COVID-19.** The Stamford Family YMCA in no way warrants that COVID-19 infection will not occur through participation in the Stamford Family YMCA programs of accessing Stamford Family YMCA facilities.

Initial

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in the Stamford Family YMCA's Summer Camp Mini, Camp Wow and/or Teen Adventure, I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, **HEREBY DO RELEASE** the Stamford Family YMCA, 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, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the Stamford Family 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 the Stamford Family YMCA facilities/equipment or participation in the Stamford Family YMCA programs whether that participation is supervised or unsupervised,

Initial

however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor’s participation in Summer Camp Mini, Camp Wow and/or Teen Adventure, I, the undersigned parent/guardian of the named minor, 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 the named minor’s Summer Camp Mini, Camp Wow and/or Teen Adventure participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in Summer Camp Mini, Camp Wow and/or Teen Adventure participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in Summer Camp Mini, Camp Wow and/or Teen Adventure and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in Summer Camp Mini, Camp Wow and/or Teen Adventure.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. 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.

Participant Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)