



CAMP WOW

APPLICATION

JUNE 20 – AUGUST 12, 2022

FOR MORE INFORMATION CONTACT

MELODY LAING (SCHOOL AGED CHILD CARE DIRECTOR)

(203) 357-7000 EXT. 9991

MELODY@STAMFORDYMCA.ORG

THE STAMFORD FAMILY YMCA | 10 BELL STREET, STAMFORD, CT 06901 | (203) 357-7000

WWW.STAMFORDYMCA.ORG

SUMMER CAMP MINI, CAMP WOW & TEEN ADVENTURE PROTOCOLS, POLICIES & PROCEDURES

AS OF JANUARY 18, 2021

We are currently developing our full protocols drawing on resources from the Office of Early Childhood, the American Camp Association, and the CDC. The following details are preliminary and subject to change. More information will be available soon. As we continue to monitor all local, state and federal guidelines, as well as best practices for camps, protocols will evolve and are subject to change

CAMP DATES/SESSIONS: JUNE 20, 2022 – AUGUST 12, 2022

- Session 1 June 20 – July 1
- Session 2 July 5 – July 15
- Session 3 July 18 – July 29
- Session 4 August 1 – August 12

CAMP HOURS: 8 AM – 4 PM

There will be a staggered drop-off and pickup schedule with a designated window for each family. Parents and others dropping off/picking up will need to stay in their vehicle.

AFTER CARE HOURS: 4 PM – 6 PM (Additional Fee)

ACCESS TO CAMP:

This summer our facility will be closed to parents during the camp day.

OUR PROGRAM:

This summer we will run a traditional Camp program only. There will be no afternoon electives or offsite trips.

SPECIALITY CAMPS:

Our Palace theatre classes are canceled for 2021 season. We do have a few special guests who will visit from museums.

GROUP SIZE:

Campers will be in small groups (no more than 10) with two counselors. We are designing our spaces to ensure that wherever possible we provide the traditional camp experience in a physically distant environment.

ACTIVITIES:

Most camp activities will be indoors with limited outings to Mill River Park Nature Walk, all outdoor activities will consist of only one group at any one activity at a time.

HEALTH SCREENING:

Everyone (campers and staff) will be screened for temperature and symptoms before being allowed into camp on a daily basis. Any campers or staff members with a temperature over 100 degrees Fahrenheit will not be permitted to attend camp. Parents and/or caregivers will be required to submit a daily attestation of their child being healthy and symptom-free

ILLNESS AT CAMP:

If anyone exhibits common symptoms of COVID-19 after arriving at camp for the day, they will be moved to our designated sick-room (separate and apart from the camp health center) while they await a prompt pick-up from their family. If someone is suspected of or becomes ill with COVID-19, we will immediately report to both state and local health departments. Under the direction of the health officials, we will communicate with camp families and staff immediately.

CAMP CLEANLINESS:

The camp will be continuously cleaned and disinfected during the day. The Stamford YMCA maintenance and all staff will be cleaning bathrooms and other areas through camp constantly. Program areas and equipment will be disinfected after each use.

HYGIENE:

There will be hand sanitizer throughout the camp. Counselors will assist campers in cleaning their hands regularly and will wear gloves if physical contact is needed.

SWIM:

Swim is the fun part of the YMCA, but so is safety. Where there are YMCA day campers and pools, there are YMCA lifeguards and counselors. Lifeguards are on the pool deck, and YMCA counselors are in the pools swimming, splashing and playing games with the campers. Campers will swim twice a week, they must bring their own towels and goggles. On swim days we suggest campers wear their bathing suit under clothes to facilitate changing and allow more time in the pool. (The Y will not be providing towel service at this time.)

FOOD:

All Counselors and Campers must wash their hand before and after eating. Groups will be spread out in their classroom for lunch and snacks. At this time all campers should bring in their own bagged lunches, until further notice, no drop off will be permitted.

OUR STAFF:

All camp and staff (directors, counselors, specialists, directors) will wear masks at all times. Gloves will be used when serving water, helping campers with their lunch, and when assisting in with activities.

STAYING FLEXIBLE:

This is still an evolving situation and we will continue to modify and refine our plans leading up to and possibly during camp. We pledge to proactively communicate with you as changes to our camp program are made.

CAMP CALENDARS:

The fun dress-up days and special events will continue! The updated Calendars will be available soon.

MORE INFORMATION:

For more information contact Melody Laing, School Aged Child Care Director, melody@stamfordymca.org or (203) 357-7000 ext. 9991

We hope that you will decide to send your child/ children to the Stamford YMCA Summer Camp. Not only does the summer experience help children build self-confidence and independence, children also make new friends, explore and learn new activities. And Although there will be new protocols and restrictions for social distancing to keep our campers and staff healthy and safe, we feel children now, more than ever, need camp.

We look for seeing your child/ children this summer.

DISCRIMINATION POLICY ON THE BASIS OF DISABILITY

Stamford YMCA is committed to making its programs and activities available on a nondiscriminatory basis as required by the Americans with Disabilities Act (ADA).

Stamford YMCA will not discriminate against any individual on the basis of disability with regard to the full and equal enjoyment of its goods, services, privileges, advantages and accommodations. Stamford YMCA will make reasonable modifications to its programs for children with disabilities, both new applicants and those already enrolled, to permit them to participate in its after school programs in the most integrated setting possible, unless Stamford YMCA can demonstrate that making the modifications would fundamentally alter the nature of its goods and services.

Individualized Assessment and Reasonable Modification

When informed that a child with a disability has applied to participate in one of Stamford YMCA programs, Stamford YMCA will provide the parent/guardian of that child with a copy of this Policy. Stamford YMCA will also provide a written copy of this Policy upon request.

When a request for a modification is made, Stamford YMCA will individually assess the needs of the child on whose behalf the request is made and will address each request for a modification on a case-by-case basis. Stamford YMCA will work with families to provide reasonable modifications in accordance with this Policy and applicable laws and may, to that end, request certain documentation concerning the child's needs. Absent extenuating circumstances, Stamford YMCA will provide the parent/guardian with a decision on the request for a reasonable modification within five (5) business days of the request having been made.

If an agreement cannot be reached for Stamford YMCA to provide reasonable modifications, Stamford YMCA will notify the parent/guardian, in writing, of the modifications Stamford YMCA will provide (if any) and which modifications it will not provide. Pursuant to the ADA, Stamford YMCA may choose not to provide a modification if that modification would fundamentally alter the nature of its service, program, or activity.

Point of Contact

If you have any questions about this Policy, please contact Shawn Patch at The Stamford YMCA; shawn@stamfordymca.org



For office use only

Group Name: _____

Today's Date: _____
Please print information on form.

CAMP REGISTRATION FORM 2022

Child's Information:

Last Name: _____ First Name: _____ MI: _____
 Nickname: _____ Gender: Female Male Birth Date: _____ Age: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Primary Phone #: _____ Stamford YMCA Member: Yes No

List Previous Child Care Center/School: _____ Member #: _____
 School Attending: _____ School Phone #: _____ Grade during the 2019-2020 Academic Year: _____

Parent(s)/Guardian(s) Information:

Parent/Guardian: _____ Birth Date: _____ Relationship: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Place of Employment: _____ Business Address: _____
 Primary E-mail: _____
 (To receive program updates)

Parent/Guardian: _____ Birth Date: _____ Relationship: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Place of Employment: _____ Business Address: _____
 Primary E-mail: _____
 (To receive program updates)

Person or agency having legal custody: _____
 Address if different from above: _____

EMERGENCY CONTACT INFORMATION: (Must list 2; local and other than Parent(s)/Guardian(s) listed above)

First Emergency Contact: _____ Relationship: _____
 Home Phone: _____ Work Phone: _____ Company Name: _____
 Cell Phone: _____ Alternate Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

Second Emergency Contact: _____ Relationship: _____
 Home Phone: _____ Work Phone: _____ Company Name: _____
 Cell Phone: _____ Alternate Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

Person(s) authorized to PICK-UP your child: _____ Relationship: _____
 Person(s) authorized to PICK-UP your child: _____ Relationship: _____
 Person(s) NOT authorized to PICK-UP your child: _____ Relationship: _____
 Person(s) NOT authorized to PICK-UP your child: _____ Relationship: _____

Please note: Appropriate paperwork, such as custody papers, must be attached if the custodial parent requests not to release the child to the other parent.

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.

Please fill out one form for each camper

Camper Name: _____ Date: _____

2022 CAMP SELECTION & FEES

REGISTRATION FORM <small>Please check all that apply</small>	FULL SEASON <small>June 20 – August 12</small>	SESSION 1 <small>June 20 - July 1</small>	SESSION 2 <small>July 5- July 15</small>	SESSION 3 <small>July 18 – July 29</small>	SESSION 4 <small>Aug 1 – Aug 12</small>
CAMP MINI (Kindergarten)					
Member	<input type="checkbox"/> \$1,852.50	<input type="checkbox"/> \$475	<input type="checkbox"/> \$427.50	<input type="checkbox"/> \$475	<input type="checkbox"/> \$475
Non-Member	<input type="checkbox"/> \$2,223	<input type="checkbox"/> \$570	<input type="checkbox"/> \$513	<input type="checkbox"/> \$570	<input type="checkbox"/> \$570
CAMP WOW (First Grade - Fifth Grade)					
Member	<input type="checkbox"/> \$1,852.50	<input type="checkbox"/> \$475	<input type="checkbox"/> \$427.50	<input type="checkbox"/> \$475	<input type="checkbox"/> \$475
Non-Member	<input type="checkbox"/> \$2,223	<input type="checkbox"/> \$570	<input type="checkbox"/> \$513	<input type="checkbox"/> \$570	<input type="checkbox"/> \$570
TEEN ADVENTURE CAMP (Sixth Grade -Eighth Grade)					
Member	<input type="checkbox"/> \$1,852.50	<input type="checkbox"/> \$475	<input type="checkbox"/> \$427.50	<input type="checkbox"/> \$475	<input type="checkbox"/> \$475
Non-Member	<input type="checkbox"/> \$2,223	<input type="checkbox"/> \$570	<input type="checkbox"/> \$513	<input type="checkbox"/> \$570	<input type="checkbox"/> \$570
CIT PROGRAM (Ages 15 - 16)					
Member	<input type="checkbox"/> \$487.50	<input type="checkbox"/> \$125	<input type="checkbox"/> \$112.50	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125
Non-Member	<input type="checkbox"/> \$682.50	<input type="checkbox"/> \$175	<input type="checkbox"/> \$157.50	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175
After Care 4:00 PM - 6:00 PM	<input type="checkbox"/> \$390	<input type="checkbox"/> \$100	<input type="checkbox"/> \$90	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100

<p style="text-align: center;">CAMP T-SHIRT INFORMATION</p> <p>Circle Size:</p> <table style="width: 100%; text-align: center;"> <tr> <td>Youth XS</td> <td>Youth S</td> <td>Youth M</td> <td>Youth L</td> </tr> <tr> <td>Adult S</td> <td>Adult M</td> <td>Adult L</td> <td>Adult XL</td> </tr> </table> <p>Camp Shirts are required on every field trip and beach day! Each camper receives 1 camp shirt with registration</p> <p>Additional camp shirts are \$15 each. Would you like to order camp shirts? Yes No</p> <p>How Many? 1 2 3 4</p>	Youth XS	Youth S	Youth M	Youth L	Adult S	Adult M	Adult L	Adult XL	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #f4a460; text-align: center;">TOTAL CAMP FEE:</td> <td style="width: 50px;"></td> </tr> <tr> <td style="background-color: #00a651; color: white; text-align: center;">EXTENDED HOURS FEE:</td> <td></td> </tr> <tr> <td style="background-color: #0056b3; color: white; text-align: center;">ADDITIONAL CAMP SHIRT(S):</td> <td></td> </tr> <tr> <td style="background-color: #007bff; color: white; text-align: center;">GRAND TOTAL:</td> <td></td> </tr> <tr> <td style="background-color: #6f42c1; color: white; text-align: center;">TOTAL FEES PAID AT THIS TIME:</td> <td></td> </tr> <tr> <td style="background-color: #dc3545; color: white; text-align: center;">REMAINING BALANCE DUE:</td> <td></td> </tr> </table>	TOTAL CAMP FEE:		EXTENDED HOURS FEE:		ADDITIONAL CAMP SHIRT(S):		GRAND TOTAL:		TOTAL FEES PAID AT THIS TIME:		REMAINING BALANCE DUE:	
Youth XS	Youth S	Youth M	Youth L																		
Adult S	Adult M	Adult L	Adult XL																		
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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 6, 2022. 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) Receive signed approval from **ONLY** the Camp Director.

Connecticut Care 4 Kids: If you receive Connecticut Care 4 Kids you **MUST** pay half of your total camp balance prior to June 13, 2022.

\$ _____ 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: _____

FOR OFFICE USE ONLY:

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

Group Placement: _____

**YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS 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"):

1. 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.
2. 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.
3. 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 _____).
4. 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.
5. 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.
6. 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.
7. 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.
8. 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

_____/_____/_____ _____

date participant's signature

I HAVE READ THIS RELEASE

_____/_____/_____ _____

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)