

Mankato Family YMCA STRIDE and STRIDE TOO Participant Registration



February 24, 2020 – May 7, 2020

Participant Name: _____ Birth Date: _____ Grade: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ School: _____

T-Shirt Size: Youth M (size 10/12) Youth L (size 14/16) Adult S Adult M Adult L Adult XL Adult XXL

Parent/Guardian Information

Name: _____ Email address*: _____

Work phone: _____ Cell phone: _____ Home phone: _____

Name: _____ Email address*: _____

Work phone: _____ Cell phone: _____ Home phone: _____

***E-mail addresses will be used for weekly communication from STRIDE Director & Coaches and other YMCA messages.**

| Check One | Location | Start Date | Session Days | Times | Transportation |
|-----------|--|------------|--------------|--------------------------------------|---|
| | Mankato YMCA 1401 S. Riverfront Drive Grades 3-5 | 2/24-5/6 | Mon/Wed | Afterschool-3:15 Pickup: 4:45-5pm | Walking escort will be provided from Roosevelt. Bussing available from Jefferson, Washington, Immanuel, and Rosa Parks. |
| | Mankato YMCA 1401 S. Riverfront Drive Grades 3-5 | 2/25-5/7 | Tue/Thurs | Afterschool-3:15 Pickup: 4:45-5pm | Walking escort will be provided from Roosevelt. Bussing available from Jefferson, Washington, Immanuel, and Rosa Parks. |
| | Saint Peter Com. Center 600 South 5 th St, St. Peter Grades 3-5 | 2/24-5/6 | Mon/Wed | Afterschool-3:20 Pickup: 4:50-5pm | Transportation available to the Community Center. |
| | Epiphany Lutheran Church 605 Parkway Ave, Eagle Lake Grades 3-5 | 2/24-5/6 | Mon/Wed | Afterschool-3:15 Pickup: 4:45-5pm | Walking escort from Eagle Lake Elementary |
| | Belgrade Ave United Methodist Church 325 Sherman St. North Mankato Grades 3-5 | 2/25-5/7 | Tues/Thurs | Afterschool-3:15 Pickup: 4:45-5pm | Walking escort from Monroe/Bridges |

When program is released, how will your child be picked up?:

___ Parent pick-up or ___ Walk/bike home

***YMCA Groups:**

Coaches will remain with the YMCA STRIDE boys only until 5pm. Your son is allowed to be picked up between 5 and 6pm in the Pepsi Rec Room with the understanding that they are no longer under direct staff supervision. After 5pm, the boys are responsible for following YMCA expectations on their own.

STRIDE Fees & Information:

Program Fee: \$125.00

- This fee covers the entire cost of the 10 week program including: a snack for each session, program shirt, STRIDE water bottle, and participant entry in the end of season 5K walk/run event.
- Reduced Fee/Financial Assistance is available. For information please contact:
Noah Micke @ (507) 387-8255 Ext. 233 or nmicke@mankatoymca.org.

Transportation:

- YES, I need bus transport to STRIDE (Included for some schools to YMCA ****Transportation is not guaranteed, bussing is on a first come first serve basis and based on spots available. Fee of \$3/ride.****)
- NO, my child will walk (with coach/escort) to STRIDE or I will provide my own transportation.

End of Season 5k Run/Walk:

- Date: Saturday May 2nd
- Time: 10 am
- Location: Spring Lake Park North Mankato
- We ask that each boy has a running buddy or "STRIDER" to participate alongside him for this event
 - NO, my son WILL NOT need a STRIDER assigned to him. His STRIDER will be: _____
 - YES, My son WILL need a STRIDER assigned to him.

please notify me if this changes (507) 387-8255 Ext. 233 or nmicke@mankatoymca.org.

Emergency and Health Information:

IN CASE OF ACCIDENT OR ILLNESS, NOTIFY (**Parents will be notified first; please list alternative contact**):

Name (other than parent): _____

Relationship: _____ Phone/cell: _____

Allergies (please list all allergies participant has experienced):

Medications (please list any all medications participant is currently taking, and see last page if medication needs to be administered during program):

Special Health Needs/Concerns:



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FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MANKATO FAMILY YMCA

Release and Waiver of Liability and Indemnity Agreement

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in STRIDE and/or the STRIDEK, and for other good and valuable consideration, I hereby agree to **release and discharge from liability** arising from the negligence of the Mankato Family YMCA and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, spouse, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in STRIDE and/or the STRIDEK activities involve known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. I understand such risks simply cannot be eliminated, without jeopardizing the essential qualities of the activity.
2. **I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees.** My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. **I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity arising from negligence. This release does not apply to claims arising from intentional conduct.** Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am injured, killed, or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I further grant the Released Parties the right to photograph and/or videotape me and/or my child or ward and further to display in all media, whether now known or hereafter devised (including, without limitation, in online web casts, television, videos, newspapers, and magazines) and in all forms including, without limitation, digitized images, whether for advertising, publicity, or promotional purposes, including, without limitation, publication of Event results and standings, without compensation, reservation or limitation.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

Signature _____ Print Name _____

Address _____ City _____ State _____ Zip _____

Telephone () _____ Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's name) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian _____ Print Name _____ Date _____

(If notarization is necessary, please sign & stamp this side of form.)



CONSENT FORM FOR ADMINISTRATION OF MEDICATION DURING A YMCA PROGRAM

❖❖❖ Before any medication is administered by YMCA personnel, this form must be completed and on file ❖❖❖

Child's Name _____ Birth Date _____
Home Address _____ School _____ Grade _____

PHYSICIAN'S ORDER

I have prescribed the following medication for this child and request the dosages given during program hours be administered by YMCA personnel.

Medication: _____

Dosage and Time: _____

Instructions for giving medication: _____

Possible side effects: _____

Diagnosis/Medical reason for medication: _____

Inhaler or Epl-Pens: has child received instruction and permission for self-administration: ___ Yes ___ No

PHYSICIAN'S SIGNATURE: _____ DATE _____

PRINT NAME: _____

Office Address: _____ Phone: _____

PARENT/GUARDIAN AUTHORIZATION

FOR PRESCRIPTION MEDICATION:

I request this medication be given as prescribed and give permission for the YMCA Staff and Physician to exchange information regarding this medication and the diagnosis for which it is prescribed.

I release YMCA personnel from any liability in relation to the administration of this medication at the YMCA.

I will provide this medication in the original, properly labeled pharmacy bottle.

I will provide a medication discontinuation order from the physician if medication is stopped.

PARENT/GUARDIAN _____ DATE _____

FOR NON-PRESCRIPTION MEDICATION:

Medication: _____ Purpose for giving medication: _____

Amount to be given: _____ Frequency: _____

I release YMCA personnel from any liability in relation to the administration of this medication at the YMCA.

I understand I must provide this medication in the original, properly labeled bottle/container.

PARENT/GUARDIAN _____ DATE _____