



# Mankato Family YMCA

## 2021-2022 School-Age Youth Participant Form

Date Rec'd _____
Staff Initial _____

When filling out the School-Age Youth Participant Form, please download and save this PDF to your device. After you fill out the information within the fillable PDF, save the file again to your device. Please add the youth's last name to the file name when saving. Then email the updated file to [kolmanson@mankatoymca.org](mailto:kolmanson@mankatoymca.org)

TODAY'S DATE \_\_\_\_\_

**PLEASE SELECT WHICH YOUTH PROGRAM REGISTRATION IS FOR:**

- After School Adventures (ASA)     Non-School Day Camps (NSDC)
- Non-School Day Sports Camps     Non-School Day Chesley Skateboarding Clinics
- Chesley Skate Team
- STRIDE     STRIDE TOO

CHILD'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

AGE \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE IN FALL \_\_\_\_\_ GENDER:   M     F  

MOTHER/GUARDIAN NAME: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

FATHER/GUARDIAN NAME: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE #'s \_\_\_\_\_

**Please list below individuals whom you give your permission to pick up your child on any given day without prior notification: Names & Relationship:** \_\_\_\_\_

Is there anyone whom you do not wish to pick up your child under any circumstances? Check One:   Y     N  

If you have a court order prohibiting contact by a parent, include a copy with your paperwork

Name & Explanation: \_\_\_\_\_

### Y of the USA Demographic Survey

This information is used for statistical purposes only.

**Gender of Child:**    Male    Female

**Ethnicity of Child:**    White    African American    Native American    Asian/Pacific Islander    Hispanic

Additional Category, List \_\_\_\_\_

**Monthly Gross Income of Child's Family:**

\$0-\$500    \$501-\$1000    \$1001-\$1597    \$1598-\$2000    \$2001-\$2500    \$2501-\$4021    \$4022+

**Household status:**    Single parent    Dual parent    Number of people in household \_\_\_\_\_

**1. MEDICATION**

Will youth need medication during the hours of programming? Check One: YES NO

**A. PARENT/GUARDIAN AUTHORIZATION FOR PRESCRIPTION MEDICATION :**

If child is to receive prescription medication during programming, please complete the following and sign:

Prescribing Physician \_\_\_\_\_ Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Medication \_\_\_\_\_ Dosage & Time: \_\_\_\_\_

Instructions for giving medication \_\_\_\_\_

Diagnosis/Medical reason for medication \_\_\_\_\_

**B. PARENT/GUARDIAN AUTHORIZATION FOR NON-PRESCRIPTION MEDICATION**

If non-prescription medication is being sent with child please complete and sign:

Medication \_\_\_\_\_ Purpose for giving medication: \_\_\_\_\_

Amount to be given \_\_\_\_\_ Frequency \_\_\_\_\_

**2. HEALTH**

Does child suffer from any allergies (medication, food, insect stings, other)? Check One: YES NO

Please list and describe the reaction and management. \_\_\_\_\_

Has child ever been stung by a bee? Check One: YES NO

If Yes, explain reaction: \_\_\_\_\_

Has child had a recent illness or been exposed to a contagious illness? Check One: YES NO

If Yes, explain reaction: \_\_\_\_\_

Are child's immunizations up to date as required by the State Health Dept? Check One: YES NO

If not, please indicate reason: \_\_\_\_\_

Is child well enough to take part in all activities? Check One: YES NO

If no, explain: \_\_\_\_\_

Does child have any physical disabilities? Check One: YES NO

If yes, please describe: \_\_\_\_\_

Does child have any mental or emotional difficulties which staff should be aware of? YES NO

If yes, please describe the main issues and any solutions: \_\_\_\_\_

**3. SWIMMING SAFETY**

Students will periodically participate in Free Swim (not swim lessons) at the Mankato Family YMCA. It will be helpful to our staff to know more about your child's swimming ability so that we can make the swimming experience as safe as possible for all involved. Please take a moment to complete this survey.

I consider my child to be a (check one) S/he can (check all that apply)

Beginner Swimmer

Intermediate Swimmer

Advanced Swimmer

Swim under water

Swim length of the pool

Tread water for 1 minute or more

My child is participating in Chesley Skate Programs and is exempt from swimming portion.

# Mankato Family YMCA Program Behavior Expectation, Policy Guidelines and Participant Agreement

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read the following carefully and in entirety. By signing this agreement, you have read and agree to follow all Mankato Family YMCA and Chesley Skate Park policies and guidelines and you have read and fully understand the Liability Agreement. You agree to 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 YMCA Programs, now or any time in the future.

## Policies & Guidelines

1. I authorize the YMCA to obtain emergency medical treatment for my child in case of sudden illness or accident. I give permission to the medical personnel selected by the YMCA to order x-rays, routine tests, and to secure and administer treatment, including hospitalization; releasing any records necessary for insurance purposes; and to provide or arrange necessary transportation for my child.
2. If non-prescription/prescribed medication is to be given during YMCA program I hereby authorize the YMCA staff to administer this medication. I release YMCA personnel from any liability in relation to the administration of this medication and understand I must provide this medication in the original, properly labeled bottle/container with enough to last the duration of the program session.
3. I agree to the stated Behavior Expectation Policy and understand that I will not receive a refund if my child is suspended or dismissed.
4. I authorize the reproduction, publication, and use by the YMCA for promotion, public relations, or social media use of any picture or video footage of my child taken in this program. (Program Guide, Flyers, Ads, YMCA Website, Facebook, Instagram).

If no, explain: \_\_\_\_\_

## Behavior Expectation:

The Mankato Family YMCA staff works proactively with your camper to follow the mission of the YMCA of the USA: "To put Christian principles into practice through programs and services that build healthy spirit, mind and body for all" as well as apply the five core values of Caring, Honesty, Respect, Responsibility and Faith. We expect all campers to treat others with these principles and values in mind. If a camper's behavior deems unsuitable for camp, we will respond with those same principles.

The YMCA does not tolerate physical fighting, inappropriate language and/or touch, disruptive behavior, profanity, blatant disrespect, violation of rules or illegal activity. If this should occur, parents will be notified and may be asked to pick up their child, dependent on the circumstances. If behaviors continue or escalate, the child may be suspended from the program depending on the severity and/or frequency of behavior. Our goal is to provide positive growth opportunities for all in a safe, healthy, nurturing environment. Refunds will not be given if a child is sent home because of a behavioral problem.

## Chesley Skate Park

1. I acknowledge that my participation in skateboarding, in-line skating, BMX bicycling, scooters, or other activities or sports known as dangerous but not mentioned above entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: Collision with other participants, the walls, or other fixed objects; falling down; my own equipment failure or the failure of others' equipment; my own or others' negligence; and objects or conditions on the surface that may cause me to fall; broken bones, sprains, head and back injuries, abrasions, and bruises. Furthermore, YMCA Chesley Skate Park employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give inadequate warnings or instructions, and the equipment being used might malfunction.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks. I expressly agree and promise to wear a helmet at all times during any activity I participate in at the YMCA Chesley Skate Park.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless YMCA Chesley Skate Park from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of YMCA Chesley Skate Park equipment or facilities, including any such claims which allege negligent acts or omissions of YMCA Chesley Skate Park.
4. Should YMCA Chesley Skate Park 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.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. 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.

In consideration of participant being permitted by YMCA to participate in its activities and to use its equipment and facilities I hereby certify and agree to all of the terms of the above Release and Assumption of Risk provisions on behalf of said minor and myself. I further agree to indemnify and hold harmless Mankato Family YMCA from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by said minor. I have read, understand and agree to the policy, guidelines and participation agreement statements above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Today's Date

# Mankato Family YMCA Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING MANKATO FAMILY YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

## Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of Mankato Family YMCA facilities, services, equipment and premises ("Facilities") and any participation in Mankato Family YMCA programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

## Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Mankato Family YMCA its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

\_\_\_\_\_  
Participant Name (Print Clearly)

\_\_\_\_\_  
Participant Birthdate

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (Print Clearly)

\_\_\_\_\_  
Parent/Guardian Phone Number