



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

BRYAN FAMILY YMCA 501 West Market Street, Greensboro, NC 27401
www.bryanymca.org 336.478.9622

BACK TO SCHOOL AT THE YMCA

HALF DAYS + DETAILS:

Thank you for choosing the Bryan Y for your family's childcare and after-school needs in 2021. The **HALF DAYS +** program runs from 1pm – 6pm, Monday through Friday during selected weeks throughout the Summer & Fall. All Current Kindergarten through 5th graders are eligible to attend the program. Children will have daily access to swimming, open gym, open playground, arts & crafts, & computer lab. Spaces are limited!



SCHOOL DAYS + PRICING INFORMATION

Weekly Camp Rate for YMCA MEMBERS	\$65 per week
Weekly Camp Rate for NON MEMBERS	\$75 per week
Weekly Deposits (due at the time of registration)	\$15 per week

Registration Opens 7/15/21.

The mission of the YMCA of Greensboro is to put Judeo-Christian principles into practice through programs that build a healthy spirit, mind, and body for all.

HALF DAYS + at the BRYAN YMCA Registration

CAMPER INFORMATION

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ Age (at time of registration): _____ Grade (Fall 2021): _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian 1 First Name: _____ Last Name: _____

Email Address: _____

Cell Phone Number: _____ Work Number: _____

Parent/Guardian 2 First Name: _____ Last Name: _____

Email Address: _____

Cell Phone Number: _____ Work Number: _____

Child Lives With (Select One):

One Parent (List Name): _____ Both Parents (Split): _____ Both Parents (Together): _____

DROP OFF INFORMATION

Camper will be dropped off most days by (Select One): **PARENT** **SCHOOL BUS**

If Camper is coming by bus, please indicate Bus Number & Arrival Time: _____

AUTHORIZED PICK UP LIST

Please list up to 5 individuals (including yourself) who are allowed to pick up your child. Individuals must be listed here AND must bring a valid photo ID in order to pick up your camper.

Name: _____ Relation: _____ Phone Number: _____

Name: _____ Relation: _____ Phone Number: _____

Name: _____ Relation: _____ Phone Number: _____

Name: _____ Relation: _____ Phone Number: _____

Name: _____ Relation: _____ Phone Number: _____

MASK / FACE COVERING AGREEMENT

I understand that my child will be required to wear a face mask at various times while enrolled in this program. A tubie-style cloth facemask & 2 disposable masks will be provided by the YMCA on each child's first day of attending. If that mask is lost or damaged, I will be responsible to providing my child with another suitable face covering for use at the YMCA.

Signature of Parent or Legal Guardian: _____ Date: _____

DEVICE AGREEMENT

I understand that my child will be permitted to bring a portable laptop computer or other internet-enabled device in order access their remote learning / learning materials each day of camp. While the YMCA staff will make every effort to assist children with online learning, they cannot be held responsible for faulty equipment or assignments that are not completed.

Signature of Parent or Legal Guardian: _____ Date: _____

HALF DAYS + AT THE YMCA SCHEDULE

Please Circle the Week(s) and Date(s) You Wish Your Camper to Attend. Spaces are limited!

WEEK 1: 8/23-8/27

WEEK 11: 11/1-11/5

WEEK 2: 8/30-9/3

WEEK 12: 11/8-11/12

WEEK 3: 9/7-9/10 *

WEEK 13: 11/15-11/19

WEEK 4: 9/13-9/17

WEEK 14: 11/22-11/23 *

WEEK 5: 9/20-9/24

WEEK 15: 11/29-12/3

WEEK 6: 9/27-10/1

WEEK 16: 12/6-12/10

WEEK 7: 10/4-10/8

WEEK 17: 12/13-12/17

WEEK 8: 10/11-10/15

WEEK 9: 10/18-10/22

WEEK 10: 10/25-10/29

***Week shortened & pro-rated due to holiday**

DAILY SNACKS

The Bryan YMCA will provide an afternoon snack each day. Snacks choices will vary from day to day, and will include a variety of items ranging from fruits to breads, as well as pre-packaged crackers and other treats. Campers who would prefer to bring their own snacks instead of eating the camp-provided snacks are welcome to do so. The YMCA does not provide lunches, and encourage each camper to each lunch prior to check in each day!

MEDICATION ADMINISTRATION AUTHORIZATION

I, _____ authorize the Bryan YMCA to administer the following medications to my child, _____ at the following times and dosages while attending the HALF DAYS + at the YMCA:

Medication: _____ Dosage: _____

Time(s): _____ , _____

Medication: _____ Dosage: _____

Time(s): _____ , _____

Special Instructions: _____

CAMPER ALLERGIES AND / OR SPECIAL MEDICAL INFORMATION:

Please let us know if your child has any special medical information or allergies in the space below.

ADDITIONAL CAMPER INFORMATION

Is there any additional information you would like us to know about your child before the program starts?

CAMPER / PARENT EXPECTATIONS & AGREEMENT

(please sign by each item below)

By signing, I _____ the parent/guardian of _____
acknowledge that I understand each of the following policies & expectations for the duration of the program:

1. All Campers are expected to cooperate and show respect to all staff and fellow campers. This includes:

- Using appropriate language at all times
- Following the directions of counselors and other YMCA staff
- Respecting all Equipment and Materials
- Staying with a counselor / staff member / group at all times
- Wear a face mask where required or requested
- Keeping physical distance from others where required or requested

_____ (signature)

2. If a Camper is unable to comply with behavioral expectations, he or she may be asked to leave the program. Behaviors which may result in dismissal from the program include – but are not limited to – the following:

- Fighting / Biting
- Possession of any and all types of weapons
- Vandalism or destruction of property
- Attempting to run away / leave a camp group
- Making verbal or written threats, insults, abusive jokes, or name-calling

_____ (signature)

3. The YMCA staff cannot be held responsible for lost / missing / damaged personal items that campers bring from home. While certain small personal & electronic items will be permitted for use at selected designated times, the use & storage of these items will be the responsibility of each individual camper. The YMCA staff will not handle a camper's cash or personal belongings, unless asked to do so by a parent or guardian directly. While every effort will be made to keep children's personal belongings safe and cared for, the YMCA cannot be held responsible for lost or missing money / personal items.

_____ (signature)

4. Cell phone usage is not permitted at Half Days +. Counselor staff will have access to radio / walkie-talkies whenever in the facility – and will have limited cell use while on trips and/or off-site with the campers. Cell phone use by campers is strictly prohibited. Campers who need to make urgent phone calls will be permitted to do so from the YMCA hard-line phones when in the facility – or from a counselor / administrator's phone while off-site. Cell phones seen in use by campers (or counselors) while in the facility will be confiscated and returned at pick-up.

_____ (signature)

PAYMENT AGREEMENT

1. I understand that when I register I will pay a \$ 15.00 non-refundable deposit for each week my child is attending to hold my child's spot in camp. This \$15.00 deposit will go towards my weekly fee of \$65.00 for members / \$75.00 for non-members. _____ (initial here)
3. I understand that payment for each week of camp is due no later than the Monday of the week before my child attends a particular week of camp. If I do not pay for camp by the Monday before that week starts, I will pay a \$ 10.00 late fee for that week of camp. _____ (initial here)
4. I understand that if I am late with my weekly camp payment, in addition to the above mentioned \$10.00 late fee, my child will not be able to attend camp until I have paid for my balance in full. _____ (initial here)
5. I understand that if I am going to cancel a particular week of Camp for my child, I must clear this request with the Bryan YMCA Camp Office one full week prior to the week I am dropping. Any notice given less than one full week prior will result in my full payment for that week of camp, regardless of whether my child attends or not. _____ (initial here)
6. If I wish to add an additional week of camp after my initial registration I understand that I must contact the Bryan YMCA Camp Office as soon as possible with my request. While we will make every effort to add a child to additional weeks, we cannot guarantee that space will be available after initial registration is complete. Please make your requests early. _____ (initial here)

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and/or on behalf of any minor child, release the YMCA of Greensboro, Inc., its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately. This is important to you and/or any minor children, so do not sign until you have had your questions answered. You provide this Release freely, and without duress under the following terms: 1) **GENERAL RELEASE:** I hereby agree for myself and/or my child and our respective heirs, assigns and legal representatives, to indemnify, defend and hold YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants ("Releases") in the program harmless from any and all claim and causes of action of any nature for any and all personal injury or illness, including death, which may occur to me and/or my child or which may be aggravated during or by any activity during the course of the program in which I have decided to allow myself and/or my child to engage. I further waive any and all claims or causes of action, which I and/or my child may now or hereafter have against Releases which may at any time arise as a result of any act or thing occurring in or arising out of my and/or my child's participation in the program. I further expressly understand and agree the foregoing indemnity, release and waiver is intended to be as broad and inclusive as permitted by the law of the State of North Carolina and that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect. 2) **ASSUMPTION OF RISK:** I, individually and/or on behalf of any minor child, expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my YMCA activities. You assume the risks: I, individually and on behalf of my minor child, understand that YMCA activities are strenuous and dangerous and should be engaged in only by persons in good health. I understand that I should consult a physician before enrolling myself and/or my child in the YMCA program. Once you sign, you are saying that you understand the risks involved and accept all of the risks. 3) **MEDICAL RELEASE:** I, individually and/or on behalf of any minor child, further hereby release YMCA from any claim whatsoever which may arise as a result of any first aid, treatment, or services or assistance provided to me in connection with any injury that arises from activities at YMCA. A) I take full responsibility for my and my child(s) welfare and safety on or at YMCA activities. B) I hereby give permission for emergency medical treatment to be administered as deemed appropriate. 4) **INSURANCE:** YOU ARE EXPECTED TO HAVE YOUR OWN HEALTH INSURANCE. You should understand that the YMCA does not carry insurance to cover injuries and losses that may befall you. 5) **PHOTOGRAPHIC RELEASE:** I consent to be photographed and to allow YMCA's use of any photos of myself and/or my minor child at its sole discretion. **HAVING READ, UNDERSTOOD, AND AGREE WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.**

Parent/Guardian Signature: _____ Date _____

OFFICE USE ONLY: FLEXREG / BRYAN / AFTER SCHOOL



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT EFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING YMCA OF GREENSBORO, INC FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE

Assumption of Risk

I, in my legal capacity as the parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of YMCA of Greensboro, Inc. facilities, services, equipment and premises ("Facilities") and any participation in YMCA of Greensboro, Inc. 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 YMCA of Greensboro, Inc., it's 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 death 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.

Minor 1 Name: _____ D.O.B: _____

Minor 2 Name: _____ D.O.B: _____

Minor 3 Name: _____ D.O.B: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Date: _____ Member ID: _____

Email Address: _____