



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2019-2020 No School Day Registration Packet

Thank you for choosing the Tri-Town YMCA for your child care needs. We are excited to see what the 2019-2020 school year brings. The no school day program offers activities around a daily theme that will include field trips, individual and group activities, challenges aimed to ignite your child's creativity, push their physical endurance and perhaps build their confidence in an activity they may have yet to experience.

No School Days run from 7:00 AM-6:00 PM and are open to all children in grades K-6. Pre-registration is required and space is *first come, first serve*. Fee includes morning and afternoon snack. You will need to provide a nutritious lunch and drink. Children need to bring appropriate outdoor and indoor play clothing. Please use a backpack to help us keep your child's items organized. A minimum of 10 children is needed to hold this program. For more information, call (860) 521-5830.

To register, please complete the following:

Current Tri-Town YMCA Participants:
Registration Check List

New Participants (not enrolled in our child care programs) must complete:

No School Day Registration Checklist
Child care registration forms
Health Forms with immunization record*

*If your child may require medication while in our care, you must provide a care plan from the physician and medication authorization. Medication must be presented to staff the morning of drop off. Children will not be permitted to stay if medication is not provided.

Permission to Participate

Child's Name	Age	Grade
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Special Needs or Allergies

I agree that my child _____ may fully participate in all activities offered in the No School Day program. Also, I agree and understand the No School Day refund/payment policies.

Parent/Guardian (print name): _____

Parent Signature: _____ Date: _____



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Location: Hanmer Elementary School 50 Francis Street, Wethersfield CT 06109

Cost: \$55 per child per day

Payment Options: Payment in full at time of registration

Please check all days that you are registering your child:

- October 14, 2019, Columbus Day**
- November 5, 2019, Professional Development Day**
- November 11th, 2019, Election Day**
- December 26th, 2019, December Vacation**
- December 27, 2019, December Vacation**
- December 30, 2019, December Vacation**
- January 20, 2020, Martin Luther King Day**
- February 14, 2020, February Break**
- February 17, 2020, February Break**
- February 18, 2020, February Break**
- April 13, 2020, April Vacation**
- April 14, 2020, April Vacation**
- April 15, 2020, April Vacation**
- April 16, 2020, April Vacation**
- April 17, 2020, April Vacation**



Tri-Town YMCA Child Care Registration Form 2019-2020

CHILD/FAMILY INFORMATION

Child's Name _____ Gender _____ D.O.B. ____ / ____ / ____ Age _____
 Home Address _____ Town/City _____ State _____ Zip _____
 Home Phone () _____ School child attends _____ Grade in September 2019 _____
 In case of emergency, which parent/guardian listed should we contact first? _____

Parent/Guardian Name _____	Parent/Guardian Name _____
Relationship to Child _____	Relationship to Child _____
Parent/Guardian D.O.B. ____ / ____ / ____	Parent/Guardian D.O.B. ____ / ____ / ____
Address _____	Address _____
Town/City _____ State _____ Zip _____	Town/City _____ State _____ Zip _____
Home Phone () _____ Work () _____	Home Phone () _____ Work () _____
Cell Phone () _____	Cell Phone () _____
Place of Work _____	Place of Work _____
Business Address _____	Business Address _____
Email Address _____	Email Address _____

Unless informed otherwise, the YMCA assumes both parents listed above may pick up the child. If a parent may not pick up the child, legal documentation of that fact is required.

EMERGENCY INFORMATION

In case of emergency, and the YMCA is unable to reach the parents/guardians listed above, the following individuals have permission to make decisions regarding the care of my child, including permission to pick up my child from the YMCA in case of emergency or early dismissal from the YMCA.

Name _____ Relationship to child _____
 Home Phone () _____ Work () _____ Cell () _____
 Address _____

Name _____ Relationship to child _____
 Home Phone () _____ Work () _____ Cell () _____
 Address _____

CHILD PICK UP AUTHORIZATION

*I give permission for my child to be released from the YMCA program to the people listed below at any time.
I understand that YMCA staff requires these people to furnish Photo Identification before releasing my child.*

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
Home Phone () _____	Home Phone () _____	Home Phone () _____
Work Phone () _____	Work Phone () _____	Work Phone () _____
Relationship _____	Relationship _____	Relationship _____

Special Orders for picking up child (Please enclose legal documents if specified people are named). _____

BILLING PARTY INFORMATION

Billing Name _____ Child's Name _____
Address _____ Town _____ State _____ Zip _____
Home Phone (____) _____ - Work Phone (____) _____ - Place of Work _____

ELECTRONIC FUNDS TRANSFER (EFT) OR CREDIT CARD AUTHORIZATION

I authorize the YMCA of Greater Hartford to debit my account as indicated below upon registration. Should any preauthorized EFT or Credit Card payment not be honored by my financial institution at the time of the draft, I understand and agree to the YMCA re-submitting, at their discretion, the request for payment.

CREDIT/DEBIT CARD

Card Type: Visa MasterCard AMEX Discover Expiration Date: _____

Name on Card (print) _____ Card Number _____

I agree the payment amount debited will be \$_____ and will draft upon registration.

Authorized Signature _____ Date: _____

EFT

Financial Institution Name & Address _____

Name on Account (print) _____ Checking Account Savings Account

Routing Number (9 digits) _____ Account Number _____

I agree the payment amount debited will be \$_____ and will draft upon registration.

Authorized Signature _____ Date _____

HEALTH INFORMATION - Indicate "yes" where it applies and explain as necessary.

HEALTH

Asthma ___	Convulsions ___	Emotional ___	Hay Fever ___
Diabetes ___	Hearing ___	Psychological ___	Poison Ivy ___
Special Diet ___	Vision ___	Learning Disability ___	Insect ___
Physical ___	Illness ___	ADD/ADHD ___	Medication ___
Restraints ___	Injury ___	Operations ___	Food ___
Other ___			

ALLERGIES

Please explain details of above "yes" answers _____

Special health or emotional note _____

Is this child currently taking prescribed or over-the-counter medication? Yes ___ No ___ Why? _____

Are you covered by any hospitalization/medical care policy? Yes ___ No ___ Preferred Hospital _____

Name of Insurance Company _____ Phone () _____

Address _____ Town/City _____ State _____ Zip _____

Policy Holder's Name _____ Policy Holder's D.O.B. / / _____

Policy Number _____

Name of Physician _____ Phone () _____

Name of Dentist _____ Phone () _____

Special Services received through school or another agency: _____

PARENT/GUARDIAN AGREEMENT

I understand:

1. Any registration or deposit fee is non-refundable, non-transferable and for administration purposes only.
2. The YMCA assumes responsibility for my child's well-being during the hours of operation in which my child attends the program.
3. I am responsible for the cost of all medical treatment and care.
4. The information on this form is complete and accurate. I have provided the YMCA with all of the necessary information to properly care for my child's needs.
5. I must notify the YMCA staff in writing immediately of any changes to this form.
6. It is my responsibility to notify the YMCA if my child will be absent from the program.
7. YMCA staff is not allowed to baby-sit or transport children at any time outside of the YMCA program.
8. I have read the YMCA Child Care Handbook and agree to these policies and procedures.

Please check each additional statement with which you agree:

- The YMCA has permission to use photographs of my child in promotional materials such as brochures, ads, televisions/videos, YMCA website, or newspaper releases. I will not be informed or reimbursed for such photographs.
- I give permission to the YMCA staff to administer First Aid in case of injury. In the event my child needs immediate attention and I cannot be contacted I give the YMCA staff permission to authorize medical treatment for my child.
- I give the YMCA permission to transport my child for daily school schedule, in the event of an emergency and for field trips. Prior written notice will be given for all field trips.
- As per State Regulations, we must have a signed consent for the children to participate in activities outside of licensed child care space (i.e.: library, another classroom in the event the school needs the cafeteria) I give permission for my child to participate in activities outside licensed child care space under the supervision of the YMCA Staff.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Parent/Guardian Signature

Date



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		
Does your child have dental insurance? Y N		

If your child does not have health insurance, call **1-877-CT-HUSKY**

* 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)		
Any relative ever have a sudden unexplained death (less than 50 years old)			Y N			Diabetes		
Any immediate family members have high cholesterol			Y N			ADHD/ADD		

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

Part II — Medical Evaluation

HAR-3 REV. 4/2017

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: Right Left	Type: Right Left		
With glasses 20/ 20/	<input type="checkbox"/> Pass <input type="checkbox"/> Pass	*HCT/HGB:	
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.



Child Guidance and Discipline Policies: 2019-2020 School Year

Child Name

Site

It is YMCA procedure to use positive techniques of guidance with all children. Staff will set appropriate expectations and will have guidelines and environments that will minimize the need for discipline. Staff will be aware that all children are different and respond to different disciplinary techniques. The best results are achieved when parents and staff work together. Therefore, staff will communicate any behavior issues to parents promptly and be available for discussion.

Staff will be responsible for managing child behavior using techniques based on developmentally appropriate practice, including positive guidance, redirection, and setting clear limits that encourage children to develop self-control, self-discipline, and positive self-esteem.

The following are YMCA policies of positive guidance and discipline techniques:

1. Staff will divert attention away from any activity that they disapprove of by substituting another toy/game or leading the child to another activity.
2. Staff will offer children choices of activities/games they can participate in.
3. Staff will set limits for children that are consistently enforced and are based on reasons children can understand.
4. Children will be given warnings when they have done something wrong. Warnings are necessary to allow children to know in advance what to expect, reduce resistance and ease transitions.
5. Staff will structure the environment in such a way to help reduce misbehavior and accidents.
6. Staff will redirect behavior. It is necessary at times to move a child away from a behavior by suggesting an alternative acceptable behavior.
7. Staff will model appropriate behaviors for children.
8. Staff will be aware when a conflict between children arises. Staff will engage children in helping to solve the problem by analyzing the situation and all possible solutions, and working with the children to pick one they all agree as the best one.
9. Staff will separate children if they are having difficulty getting along.
10. Staff will remain objective when there is a problem with a child.
11. Staff will give children positive attention, and will engage children in behaving positively.
12. Staff will encourage children to behave positively and to continue to behave in appropriate ways.
13. Staff will explain the consequences of misbehavior to all children, and will continually remind students of the consequences.
14. No child will be physically restrained unless it is necessary to protect the health and safety of the child and others.
15. Site Directors and staff will discuss positive guidance techniques with parents, and will review these techniques as needed during the period of the child's enrollment.

(continued on next page)

Child Guidance and Discipline Policies: 2019-2020 School Year (continued)

- 16. If a child's behavior is determined by the Program Director and Executive Director to be a danger to the child, to other children or to the staff in a program, parents/guardians will be required to withdraw the child from the program.**
- 17. Staff will report actual or suspected child abuse or neglect, or imminent risk of serious harm of any child to the Department of Children and Families as mandated by section 17a-101 to section 17a-101e inclusive, of the Connecticut General Statutes. Connecticut General Statutes identifies professionals who, because their work involves regular contact with children, are mandated by law to report suspected child abuse and neglect. All YMCA employees are considered Mandated Reporters by the State of CT. Mandated Reporters are required to report abuse or neglect based on a reasonable cause to suspect, such as what is observed, what is told or said.**

I have read, understood, and discussed the Child Guidance and Discipline policies of the Tri-Town YMCA.

Parent/Guardian Signature

Date



**YMCA of GREATER HARTFORD
RELEASE and WAIVER OF LIABILITY and INDEMNITY
And PHOTO/TALENT RELEASE AGREEMENT**

IN CONSIDERATION of 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 off-site program affiliated with the YMCA, the undersigned, for himself or herself, or on behalf of a minor child under age 18, and for any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, inspected and carefully considered, or will immediately upon entering and/or participating, inspect and carefully consider, such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA constitutes an acknowledgement that that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

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 OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, 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** I agree to abide by all rules and regulations of the YMCA of Metropolitan Hartford (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. **INSURANCE** I understand 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.
3. **PROPERTY LOSS** I understand that the YMCA is not responsible for personal property lost, damaged, or stolen while using YMCA facilities or participating in YMCA programs.
4. **ASSUME FULL RESPONSIBILITY** I hereby assume full responsibility for and risk of bodily injury, death, or property damage 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.
5. **PHOTO/TALENT RELEASE** I hereby irrevocably release, 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_____).
6. **RELEASEE, WAIVE, DISCHARGES** I hereby release, waive, discharge and covenant 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, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or loss of property 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.
7. **INDEMNIFY AND SAVE AND HOLD HARMLESS** I hereby agree to indemnify and save and hold harmless the releasees 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.
8. **MEDICAL RELEASE** I authorize 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.
9. **THE UNDERSIGNED** further expressly agrees that the foregoing **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.
10. **THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AND PHOTO/TALENT RELEASE AGREEMENT**, and further agrees that no oral representations, statement, or inducement apart from the foregoing written agreement have been made. **I HAVE READ THIS RELEASE**

Date: _____ Printed Name of Participant _____

Printed Name of Parent/Guardian _____

Signature of Participant or Parent/Guardian _____

