



# 2016-2017 Academic Year Registration Form

## Early Learning Programs

Provided by the Lattof YMCA

### Philosophy of our Early Learning Programs

Children learn best through play and an individualized curriculum in a child directed environment. Through hands-on exploration and inquiry, children foster an understanding of the world around them. Children need opportunities to explore and experiment, to question and guess, to fail and try again. At the Y, children are exposed to an environment where they can develop socially, emotionally, cognitively, physically and linguistically. Each child is unique and our Early Learning Programs provide opportunities for children to express their individual traits and characteristics.

### Information about the Program

The goals of our Early Learning Programs are:

- To promote growth in all areas of development including cognitive, social, emotional and physical development.
- To encourage children to resolve their own conflicts and offer experiences for successful interactions among peers.
- To promote interpersonal relationships, friendships and to express their feelings.
- To individualize our program to respect and value differences among people and encourage children to do the same.
- To empower children to find success, value and worth within him/herself.
- To encourage proper safety, health and nutritional practices.
- To encourage experimentation with a variety of physical movements to gain strength, coordination and master skills.
- To provide a balance between active and quiet play.
- To provide child directed learning centers that allow for hands-on concrete exploration.
- To ask questions to encourage critical thinking and to expand on children's existing knowledge.
- To provide experiences that will challenge children to ask questions, to explore new ideas, and to encourage problem solving and teamwork.

### Our Curriculum

The Y is rich with a variety of play based activities and other experiences in a stimulating, challenging and developmentally appropriate center-based environment. Classroom activities are based on the interests of the children. The Early Learning Program curriculum fosters development in the following areas:

Creative expression – through art, music, movement and drama

Literacy – through stories, use of pre-reading and writing materials and activities

Math concepts – through counting, matching, sequencing and patterning activities

Sense of community – through sharing, helping, and caring for others

Physical skill building – through activities that utilize large and small muscles

Cooperation and Imagination – through play in the dramatic center and the blocks

Science concepts – through activities of observation and experimentation

Meal times provide opportunity for relaxed conversation and socialization.

**Toddler Time: 2-3 year olds**

Tuesdays and Thursdays from 9:30am-11:30am. Parents should drop off and pick up their children up from the classroom each day. Children do not need to be potty-trained, but parents must be available in case their child needs their bathroom needs addressed. Child must be 2 years old by September 6, 2016.

**Little Learners: 3-5 year olds**

Mondays, Wednesdays and Fridays from 9:15am-11:45am. Parents should drop off and pick up their children up from the classroom each day. Children must be potty-trained. Child must be 3 years old by September 6, 2016.

**Toddler Time (9:30am-11:30am – Tuesdays and Thursdays)**

\$25 Registration Fee and first month's payment due at registration.

Monthly Payments of \$92 per month Members/\$124 per month Non-Members paid Sept. 2016-May 2017 due by the 1<sup>st</sup> of each month.

**Little Learners (9:15am-11:45am – Mondays, Wednesdays and Fridays)**

\$25 Registration Fee and first month's payment due at registration.

Monthly Payments of \$154.00 per month Members/\$194.00 Non-Members paid Sept. 2016-May 2017 due by the 1<sup>st</sup> of each month.

**Payment Schedules:**

Fees are to be paid monthly by the 1<sup>st</sup> of each month. There will be a total of 9 monthly payments, the first when you register and 8 remaining payments (October 2016-May 2017).

**Included in Your Fee:**

All large motor activities, swim time for Little Learners and a healthy snack. Family conferences are offered 3 times a year. Large motor activities include the use of the Gym, Rock Climbing Walls, Pool, Maze and Indoor Soccer Field.

**How To Register:**

Complete the registration forms (one set per child), attach registration fee and first month's payment. Credit cards, checks or money orders made out to the Lattof YMCA are accepted.

**Child's Mandatory Emergency Packet:**

Can be picked up at the Member Service Desk or found online at [www.lattofymca.org](http://www.lattofymca.org) and MUST BE filled out and returned to the Director by August 15, 2016. If registering after August 15, 2016, emergency packet must be completed upon registration.

**Early Learning Program Calendar of Events**

Toddler Time will begin on Tuesday, September 6, 2016 and an end date will be determined upon the district 57/62 calendar. Little Learners will begin on Wednesday, September 7, 2016.



**Lattof YMCA Youth Programs  
(Early Learning – Little Learners, Toddler Time)  
Mandatory Emergency Packet**

**YMCA Name** \_\_\_\_\_ Lattof \_\_\_\_\_

**Child's Name** \_\_\_\_\_

**Program Child is enrolled** \_\_\_\_\_

**Required Information**

**Completed**

**Registration Form** \_\_\_\_\_

**Birth Certificate (DCFS required)** \_\_\_\_\_

**Child Care Payment Agreement & Draft Form** \_\_\_\_\_

**Medical /Immunization Form** \_\_\_\_\_

\*Parent signature required on middle of 2<sup>nd</sup> page

**Participant Emergency Information Packet (6 pages)** \_\_\_\_\_

**\*\*All paperwork is mandatory and must be completed and at the YMCA prior to the start of the program.**

**2016-2017 Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# 2016-2017 Academic Year Registration Form Early Learning Programs

Provided by the Lattof YMCA • Not a District 57 or 62 Sponsored Activity

PLEASE PRINT CLEARLY

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_

Mother's/Guardian EMAIL \_\_\_\_\_ Father's/Guardian EMAIL \_\_\_\_\_

Age as of 9/15/2016 \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's/Guardian Name \_\_\_\_\_ Cell \_\_\_\_\_ Wk Phone \_\_\_\_\_

Mother's/Guardian Name \_\_\_\_\_ Cell \_\_\_\_\_ Wk Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Is this child a YMCA member? (please circle) Yes No Membership # \_\_\_\_\_  
*Membership must remain valid from the time of registration through June 15, 2017 to receive member rate.*

Please circle the program you would like your child registered for:

Little Learners – Mondays, Wednesdays and Fridays (3-5 years old)
Toddler Time – Tuesdays & Thursdays (2-3 years old)

### Parent/Guardian Waiver

- I understand that my registration fee and first month's payment are due at the time of registration. I understand that I will be billed monthly for 8 remaining months (October 2016-May 2017) with payments due by the 1<sup>st</sup> of each month.
- I understand that if I am receiving any financial assistance, that I am responsible for any fee not covered by the assistance, including co-pay, at the time of registration.
- I understand that I am responsible for submission of all of the required emergency forms distributed to me at registration.
- I give permission to the YMCA to take photographs of my child to use for YMCA publications and advertising.

Parents/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Received \_\_\_\_\_ By Whom \_\_\_\_\_ Payment \_\_\_\_\_



## LATTOF YMCA 2016-2017 Child Care Payment Agreement

We are thrilled that you have chosen to enroll your child in our child care program at the YMCA! To ensure proper communication, we have outlined our policy related to child care payments. If you have questions, please feel free to contact us at **Lattof YMCA 847-296-3376**.

### **PLEASE READ CAREFULLY, SIGN AND RETURN WITH YOUR FIRST PAYMENT**

1. A registration fee is due at the time of registration to reserve your spot if you wish to enroll your child. The amount of the fee is dependent upon the program and YMCA membership status.
2. **Registration fees are non-refundable or transferable.**
3. We ask that you sign up for automatic draft payments. You will be provided a draft letter with your first billing. Fees are drafted the 1<sup>st</sup> of each month of service. There will be 9 monthly drafts with the first being September 1 and the last draft being May 1.
4. If for some reason you cannot do automatic draft, you will be billed on approximately the 15th of each month for the following month and your payment is due on or before the 1<sup>st</sup> of that month. For example, you will receive on approximately October 15 your bill for the month of November, with payment due on or before November 1. There is a \$10 late payment fee if the payment is not paid on or before the 1<sup>st</sup>. If fees are not paid by the end of the month before the new month begins, your child will not be allowed to attend until fees for that month are paid in full.
5. *Kids Day Off* school programming is not included in the price but we do offer Kids Days Off on most days school is not open. Those days need to be registered and paid for at the front desk.
6. **If you wish to cancel your child's enrollment you must give two weeks paid notice.**
7. There is a \$25.00 fee due for all NSF checks. The missed payment and the NSF fee must be made with cash, credit or a money order. After two NSF checks, personal checks will no longer be accepted for payments.
8. **There are no credits or refunds for missed days** except for medical absences of one week or more and must be accompanied by a doctor's note.

I have read and understand the above statements. I fully understand my responsibility for payment of my child's fees. I also understand that my child may be released from the program if I have not met my financial obligations.

Child's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**August 1, 2016**

**Dear Parents,**

**Enclosed is an invoice for the childcare program that your child is enrolled in for the 2016-2017 school year. It represents one-ninth of the total fees due, plus any past due balances. Your monthly payment is due by the 1<sup>st</sup> of each month. Your last payment for the school year will be due May 1, 2017.**

**As a convenience, you may participate in our payment drafting program. If you are interested in enrolling in this plan, please complete the bottom portion of this letter and return no later than August 15th. You will be authorizing a monthly charge to your Visa, MasterCard, Discover or American Express. Your first auto draft will be on 10/1/16.**

---

**Credit Card Payment Drafting Agreement                      Membership # \_\_\_\_\_**

**I, \_\_\_\_\_, (parent) agree to participate in the payment drafting program for the 2016-2017 school year for fees due for my child/children named below:**

**Name of Child: \_\_\_\_\_**

**Name of Child: \_\_\_\_\_**

**Name of Child: \_\_\_\_\_**

**\$ \_\_\_\_\_ Monthly amount to be drafted the first of each month, October 2016 - May 2017.**

**Credit Card# \_\_\_\_\_ Exp Date \_\_\_\_\_ 3 Digit code \_\_\_\_\_**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**



## Participant Emergency Information Packet

This form must be completed and returned with the registration form. Only one of these forms is needed for same camp registrations throughout the summer. The following questions are being asked so that our camp staff can better serve your child and all other campers. Your answers are strictly confidential. Please be as specific as possible. Please print clearly. Thank you.

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Family e-mail address: \_\_\_\_\_

Parent/Guardian#1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Work hours: \_\_\_\_\_ Work phone: \_\_\_\_\_

Parent/Guardian#2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Work hours: \_\_\_\_\_ Work phone: \_\_\_\_\_

Child lives with:  Both Parents  Mother  Father  Other

### Adults Authorized to Pick-up my Child/Emergency Contacts other than Parent/Guardian (minimum of 2 are required)

	Name	Relationship	Cell phone	Home phone
1.				
2.				
3.				
4.				
5.				
6.				

### UNAUTHORIZED PICK-UP: People who CANNOT pick up your child from YMCA Session program:

1. Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
 2. Name \_\_\_\_\_ Relationship: \_\_\_\_\_

**AUTHORIZED PICK-UP/EMERGENCY PICK-UP:** I, \_\_\_\_\_ authorize the people listed above to pick up my child and be contacted in the event of an emergency from the \_\_\_\_\_ YMCA. In doing so, I relieve the YMCA of Metropolitan Chicago, its centers and employees of all responsibility for my child after he/she has been released from the program. Attempts will be made to reach the parent/legal guardian first.

Initials \_\_\_\_\_

**INSURANCE INFORMATION:** Is the participant covered by family medical/hospital insurance?  Yes  No

If yes, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

Doctor name \_\_\_\_\_ Phone number \_\_\_\_\_

Carrier address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship to participant \_\_\_\_\_

**HEALTH HISTORY:** Describe any of your child's current health conditions requiring medical attention, treatment or special restrictions or considerations while at camp \_\_\_\_\_

Does your child take any medications? \_\_\_\_\_

Does your child have any allergies, including food? \_\_\_\_\_ If so, please list \_\_\_\_\_

Reaction to allergy/management of allergy \_\_\_\_\_

Are there any activities that your child should be exempted from for health reasons? \_\_\_\_\_

If so, please describe \_\_\_\_\_

All immunizations required for school are up to date  Yes  No (exemption letter must be provided)

Date of last TETANUS shot (mm/yy) \_\_\_\_\_

Please list any past medical treatments: \_\_\_\_\_

**MEDICAL RELEASE:** I do hereby give permission for the YMCA of Metropolitan Chicago staff to transfer child named above off property for the purpose of medical care as deemed appropriate by the Director and in the event that I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the Director, to hospitalize, to secure proper treatment for and to order injection, anesthesia or surgery for my child as named above. Initials \_\_\_\_\_

**DEVELOPMENTAL HISTORY OF CHILD:** Please describe your child's interaction with children of the same age

How would you describe your child's personality? \_\_\_\_\_

Swimming ability:  Non-swimmer  Fair Swimmer  Good Swimmer

Does your child have any fears that we should be aware of? \_\_\_\_\_

Does your child have any special needs that we should be aware of to better understand your child and be able to work with your child? (Please be specific) \_\_\_\_\_

The YMCA of Metropolitan Chicago invites persons with disabilities to enjoy Y programs and facilities. If you require a reasonable modification due to a disability to enjoy any of our programs, please inform center staff and a member of the YMCA's inclusion department will contact you.



## YMCA CHARACTER CONTRACT

At Y day camp, it is our goal to create an exciting and safe learning environment for everyone to have an unforgettable summer of fun! We ask everyone at camp to agree to certain safety and behavioral guidelines so all of our participants are able to have an enjoyable summer camp experience. As a family, please read, discuss and sign the Character Contract together.

**Be Kind** – Children will not be allowed to discuss inappropriate topics or contribute to demeaning conversations about other children or staff.

One way I will be kind is to \_\_\_\_\_

(please have your child share how they will be kind at camp- ie. sharing, smiling etc.)

**Be Safe** – At the Y we maintain an emotionally and physically safe environment. We stay with our group and follow staff's directions. We use equipment and materials in the way they are intended to be used. We use appropriate and productive words to settle our differences and keep our hands and feet to ourselves.

One way I will be safe is to \_\_\_\_\_

(please have your child share how they will be safe at camp- ie. keeping their hands to themselves, using walking feet etc.)

**Be Honest** – At the Y we tell the truth and are able to be our genuine self.

I will be honest when \_\_\_\_\_

(Please have child your child share an example of when they will be honest- ie. when they get out in tag, when they make a mistake etc.)

**Be Respectful** – At the Y we listen to each other, follow directions and use appropriate language/ communication.

One way I will be respectful is to \_\_\_\_\_

(please have your child share how they will be respectful at camp- ie. following directions, use appropriate language etc.)

**Have Fun** – At the Y we are open to new experiences! We try new things and make new friends! We have fun in ways that do not harm others physically or emotionally:

I have fun when I am: \_\_\_\_\_

(please have your child share what they like to do to have fun!)

**If this contract is broken or if there is a conflict/interaction that involves strong feelings or serious negative behaviors the following steps will be taken.**

**Step 1:** YMCA staff will talk with campers in order to acknowledge feelings, gather information and create a plan to repair any harm that has been caused. This will be documented in the behavior log.

**Step 2:** If negative behavior persists or the plan to repair harm is not followed, parents will be asked to come to the program as a partner to discuss the issues and work toward a solution together with their child and YMCA staff. A written plan will be created and signed by parent, youth and staff.

**Step 3:** YMCA staff will monitor behavior closely and provide regular feedback to the camper and his/her parents.

**Step 4:** If the problem persists or camper does not follow the plan created and agreed upon, the parent may be contacted immediately to pick up their child from camp. The following morning, parents, staff and child will meet to discuss any additional supports that the child might need to be successful in the program.

**Step 5:** If the prior interventions are not successful AND youth behavior is impacting the physical or emotional safety of themselves, Y staff or other campers an alternative placement will be discussed and the child may be dismissed from the program for the remainder of session.

\*We reserve the right to dismiss your child from the program immediately in extreme circumstances where physical, emotional or other harm is occurring or may occur to themselves, other children, staff or members.

I have read and understand the expectations in the character contract to ensure a safe summer for all!

Camper Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Y Staff Signature \_\_\_\_\_

**YMCA PARENT HANDBOOK**

I/We have read and understand and adhere to the policies and procedures set forth in the Parent Handbook.

Initials \_\_\_\_\_

**TALENT RELEASE FORM**

In consideration of my participation in activities to be conducted and/or sponsored by the YMCA, the receipt and sufficiency of which is hereby acknowledged, I hereby freely and without restraint consent to and grant the YMCA of Metropolitan Chicago and its agents, successors, licensees, assigns, and affiliated entities (collectively, the "YMCA") the right to publish, print, photograph, videotape, record or otherwise reproduce my voice, appearance, opinions, statements, biographical information, name, place of residence (city and state) and other personal information concerning me, to own all the results thereof as a work for hire for copyright purposes, and to exhibit, display distribute, transmit and/or otherwise exploit any and all such reproductions containing my voice, opinions, statements, appearance, and/or other contributions, altered as the YMCA may see fit, in any and all media now or hereafter known, including without limitation by means of internet, email, still photography, billboard, radio, television, video, soundtrack recordings, printing, merchandising, public displays, exhibitions, and in advertising and/or publicity in connection therewith, and the right to use my name, city and state of residence in any connection with any of the foregoing. The rights granted by me hereunder are granted for the entire universe and shall inure in perpetuity and no further compensation shall be payable to me at any time in connection there with.

I hereby release the YMCA from any and all claims and demands arising out of or in connection with the uses stated above, including without limitation any and all claims for libel, slander, invasion of privacy, infringement of my right of publicity, defamation, copyright or trademark violation, and any other personal and/or proprietary rights, and I agree that I shall not now or in the future assert or maintain any such claim against the YMCA with respect to the subject matter herein. The release shall be governed by Illinois law without regard to its conflict of laws principles.

SIGNATURE OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**PARENT CONSENT FOR ASSESSMENT**

The YMCA of Metropolitan Chicago ("YMCA" or "we") is asking to collect assessments (i.e. surveys) from your child during the program day. We use these measures to evaluate how our programs currently serve the academic and social needs of your child and to plan ways to continue nurturing their development. Assessments often happen in the beginning and the end of the programming session, this way we can measure the growth of your child's development. The results of the assessment will be used to inform how YMCA staff trains and plans to best support your child.

We will use assessments widely utilized in child and youth programming that can provide reliable, valid scores to tell us more about a child's development across our mission anchors: Academic Readiness, Character Development, Violence Prevention, and Fitness and Healthy Living.

To allow your child to participate in the assessment, please fill in the form below. Results will be stored anonymously with the YMCA. Your child's name and any other identifying information will never be shared with parties outside the YMCA or published with information identifying your child. Results will not impact your child's participation or enrollment in YMCA programs.

Thank you for your participation!

I **(Print your name)** \_\_\_\_\_, the parent/guardian of **(print child's name)** \_\_\_\_\_ give my consent to YMCA's Learning and Evaluation staff and other professionals secured by the YMCA to conduct the assessments:

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

Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_

Program Staff: Please return to Learning and Evaluation at lande@ymcachicago.org

**FACILITY USER/FIELD TRIP AGREEMENT:** I agree to follow all rules and regulations of the YMCA of Metropolitan Chicago ("YMCA") while in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, and understand and agree that I may be expelled at any time, with no refund of any monies paid, for failure to abide by such rules and regulations.

IN CONSIDERATION OF BEING PERMITTED TO UTILIZE THE FACILITIES, SERVICES AND PROGRAMS OF THE YMCA FOR ANY PURPOSE, INCLUDING BUT NO LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA WITHOUT RESPECT AS TO LOCATION, I HEREBY AGREE TO THE FOLLOWING:

1. I UNDERSTAND THAT ACTIVITIES AT THE FACILITY OR ELSEWHERE, INCLUDING USE OF EQUIPMENT AND PARTICIPATION IN PROGRAMS, CAN INVOLVE MOVEMENT, STRAIN AND OTHER ELEMENTS THAT CREATE RISK OF SERIOUS INJURY OR DEATH. I ALSO UNDERSTAND THAT PROGRAM ACTIVITIES INCLUDE FIELD TRIPS TO LOCATIONS OUTSIDE THE YMCA PREMISES, AS DESCRIBED IN DETAIL IN THE PROGRAM MATERIALS, AND THAT PUBLIC OR PRIVATE TRANSPORTATION MAY BE UTILIZED TO TRANSPORT PARTICIPANTS TO AND FROM THESE FIELD TRIP LOCATIONS. I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE OR LOSS, regardless of severity, that I or my minor child/ward may sustain from my or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any Facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, or while being transported to and from field trip locations outside the YMCA premises, except for any injury damage or loss that is caused solely by the YMCA's gross negligence.

2. I, FOR MYSELF, ANY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN, HEREBY FULLY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the YMCA or Metropolitan Chicago, its operating centers, their respective officers, directors, Board of Managers, Trustees, members, volunteers, employees or

agents (the "Releasees") and each of them from any and all claims for injuries, damage or loss that I or my minor child/ward may incur whether in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA premises, except for any injury, damage or loss that is caused solely by the YMCA's gross negligence.

3. I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage or cost they may incur from my or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, or while being transported to and from field trip locations outside the YMCA premises, except for any loss, liability, damage or cost that is caused by the YMCA's gross negligence.

I further expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and if any portion thereof is held invalid, it is agreed that the remaining Agreement shall, notwithstanding, continue in full legal force and effect.

THIS AGREEMENT APPLIES TO ALL PAST, PRESENT AND FUTURE VISITS AND USES BY ME TO ANY YMCA FACILITY OR PROPERTY.

I HAVE READ AND VOLUNTARILY SIGNED THIS FACILITY USE/FIELD TRIP AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AGREEMENT. THIS AGREEMENT CONTAINS A WAIVER AND RELEASE.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Parent/Legal Guardian \_\_\_\_\_

**AUTHORIZATION FOR SUNSCREEN**

By signing this form, I acknowledge that I will sufficiently apply sunscreen to all of my child's exposed skin, and agree that YMCA of Metropolitan Chicago Staff may reapply the spray sunscreen that I provide, labeled with my child's name.

Parent/Guardian Name: \_\_\_\_\_

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

Date \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_