



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CHILD CARE FOR ESSENTIAL SERVICES

The YMCA will be opening its main facility to first responders and hospital workers for their child care needs. All hospital personnel and first responders in need of child care may sign up for the program on a first-come, first-serve basis. There is a capacity limit of 60 children and groups will be divided by age with a max of 10 per group. Wellness checks will be provided onsite each day prior to each child's attendance.

To secure a spot please reach out to Julie O'Brien.

## Youth activities will include

- Swimming
- Sports
- Designated homework / school time
- Outdoor playtime
- Organized games and crafts

**WHEN:** Starting March 23, 2020

**AGES:** 3-12 years old

**TIME:** 6:00 AM—7:00 PM

**LOCATION:** VENTURA FAMILY YMCA  
3760 Telegraph Rd  
Ventura, CA 93003

**CONTACT:** Julie O'Brien  
805-642-2131  
Julie.obrien@ciymca.org

**COST:** \$170 per week (Scholarships are available for those in need)





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## VENTURA FAMILY YMCA

### child care hours

Child care hours of operation are Monday through Friday 6am to 7pm.

### drop off & pick up

Children are only allowed to be dropped off and picked up at the Ventura Family YMCA at 3760 Telegraph Rd. Ventura

### sign in/out

Children must be signed in and out each day. Only authorized adults from the registration packet may pick up children. All adults will be asked to show a valid/proper form of identification.

### personal items

Children are strongly encouraged to leave valuables at home. Music players, cell phones, and other electronic devices are not permitted at care. The YMCA is NOT responsible for the lost/stolen items during care. All belongings should be marked with the child's name. A large "lost and forgotten" pile accumulates daily; PLEASE check the pile periodically and claim your child's "lost and forgotten" items. All remaining items will be donated to charity.

### schedule changes

We do not issue refunds or credit for changes to our camp schedule resulting from change in weather or activities.

### what to bring

The YMCA will provide your child with a morning snack and an afternoon snack. Children need to bring a non-perishable sack lunch (extra snacks recommended), water, jacket, towel, bathing suit and/or change of clothes. The YMCA staff are NOT allowed to refrigerate or microwave lunches.

### wellness checks

Wellness checks including temperature checks will be done prior to each child's daily admittance. Children who are sick will not be admitted to the YMCA program.

\*\*If you have any questions please contact (805) 207-2551

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Activities: <ul style="list-style-type: none"><li>• Spring Clay Creations</li><li>• Finger Puppet Bugs</li><li>• Flush the toilet</li><li>• Silent Speed Ball</li></ul>	Activities: <ul style="list-style-type: none"><li>• Paper Plate Lady Bugs</li><li>• Coffee Filter Flowers</li><li>• Line Tag</li><li>• Poison</li></ul>	Activities: <ul style="list-style-type: none"><li>• Paint Clay Creations</li><li>• Make Playdough</li><li>• Volleyball</li><li>• Crab Soccer</li></ul>	<ul style="list-style-type: none"><li>• Salt Painted Easter Eggs</li><li>• Rainbow Paper Plate</li><li>• Pop Up Dodgeball</li><li>• Jump the River</li></ul>	<ul style="list-style-type: none"><li>• Spring Cup Wind Chime</li><li>• Spring Q-tip Painting</li><li>• Jailbreak</li><li>• Freeze Dance</li></ul>





# CHILD CARE REGISTRATION PACKET

## GENERAL INFORMATION (Please print clearly)

Child's Full Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

School attending: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ DOB \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ DOB \_\_\_\_\_ Phone: \_\_\_\_\_

\*Email: \_\_\_\_\_

Child lives with \_\_\_\_\_ Relationship \_\_\_\_\_

Please attach copies of any legal documentation regarding non-custodial parents

## HEALTH HISTORY INFORMATION

Has your child had any serious or severe illnesses, conditions, or accidents in the last 3 years? Yes No

If yes, explain \_\_\_\_\_

Does the child take any medication during the day? Yes No

Will child need to take medication while in YMCA care? Yes No

*(if Yes, Medication Information Form must be completed, see page 2)*

Please list medications: \_\_\_\_\_

Environmental Allergies (plants insects etc.)? Yes No If yes, list: \_\_\_\_\_

Food Allergies? \_\_\_\_\_ Food Restrictions? \_\_\_\_\_

Special needs or fears? Yes No If yes, explain: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist : \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Group #: \_\_\_\_\_

## IMMUNIZATION INFORMATION

As the custodial parent/guardian, please confirm that all immunizations required for school are up to date.

Yes No

Include the actual date (month/year) of last tetanus. \_\_\_\_\_ / \_\_\_\_\_ (mm) / (yyyy)

The date of the last tetanus is required to be enrolled.

## Medication Information Form

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Age

Medications must be in their original containers with written instructions for dispensing. The containers should list the full name of the child and the prescribing Doctor's name.

For safety reasons, all medications are stored, locked, and secured at the YMCA.  
Do not pack medication with lunch or snacks.

If child does not require medication, please write "NO MEDICATION" on form below.

Dosage Instructions					
Medication Name	Dosage	Morning	Afternoon	Evening	Special Notes:
IE: Tylenol	100mg	Yes	No	Yes	

### Emergency Contacts/ Authorized Pick-Up (In addition to Parents)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Is there any specific individual that should not be picking up the child? Yes No (If yes, please list below)

### Restricted Pick Ups (List names of individuals who are not allowed to pick-up)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **ADDITIONAL INFORMATION**

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the YMCA should be aware:

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### **Authorization & Consent**

#### PHOTOGRAPHIC RELEASE

In exchange for good and valuable consideration, the adequacy of which is hereby acknowledged, I hereby give Channel Islands YMCA, its volunteers, employees and any other person and entity acting with its permission the right to take, copyright, use, and publish any photographs or video of the my child for the purpose of any YMCA advertising, promotion, or other purpose consistent with the YMCA mission.

I agree that any such photograph or video is the property of the Channel Islands YMCA, and I hereby waive all rights thereto. I further waive any right to inspect or approve any printed or electronic material that may be used in conjunction with the photographs or video, or to approve the use to which the photographs or video may be applied.

INITIALS: \_\_\_\_\_

#### PERMISSION FOR AUTHORIZING USE OF SUNSCREEN

The YMCA requires that children have sunscreen applied daily prior to arrival at the YMCA and that a labeled sunscreen is provided for reapplication throughout the day. Should it become necessary, I authorize the YMCA to apply a sunscreen product of SPF 15 or higher of their choosing to my child during outdoor activities. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, ears, nose, bare shoulders, arms and legs.

INITIALS: \_\_\_\_\_

#### AQUATIC ACTIVITIES:

I give my consent to allow my child to participate in aquatic activities while at the YMCA.

INITIALS: \_\_\_\_\_

## Authorization & Consent (continued)

### **PERMISSION FOR FIELDTRIPS, WALKING FIELDTRIPS/EXCURSIONS, AND USE OF PUBLIC PARK FACILITIES**

I hereby give consent to the Channel Islands YMCA and its designated leaders to take the child on walking trips in the neighborhood, public park facilities, special excursions to places of interest in YMCA vans, buses, commercial vehicles, public transportation, or rented vans or buses, with the understanding that such trips are under supervision of authorized personnel of the YMCA and that all possible precautions are taken to insure the health and safety of my child.

### **CONSENT FOR EMERGENCY MEDICAL TREATMENT**

I hereby give consent to Channel Islands YMCA to obtain all emergency medical or dental care prescribed by a licensed Physician or Dentist for my child. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of a child.

### **PERMISSION TO DISPENSE MEDICATION:**

I give my permission to the Channel Islands YMCA and its designated leaders to dispense medication to my child listed on the medication information form.

### **HEALTH HISTORY STATEMENT**

The health history information included is correct and complete as far as I know. I hereby give permission to Channel Islands YMCA and its employees and volunteers to release any and all of the above health history to any medical personnel rendering emergency medical aid or treatment to my child.

### **CHILD'S HEALTH STATEMENT**

I understand that at a YMCA Camp Program and Child Care Program, physical activity is a regular part of the program. To the best of my knowledge, my child is/are in excellent physical health and needs no restrictions (except what is listed on the Health History Information) from strenuous physical activity. If I have any questions regarding my child's health, I understand that it is my obligation to seek professional medical advice and to inform the Channel Islands YMCA of any restrictions on my child's activities.

### **INSURANCE DISCLAIMER**

The Channel Islands YMCA does not carry health or accident insurance on its members or participants. All expenses incurred in the treatment of illness, injuries or accidents will be the responsibility of the participant's parents or guardians.

### **CODE OF CONDUCT FOR ALL PARTICIPANTS:**

By Submitting this application, you, for yourself or on behalf of your minor child, agree to abide by the policies and conditions of the Channel Islands YMCA Association "Code of Conduct" which can be found at the Welcome Center of your local YMCA or on the website.

### **CHILDREN WITH SPECIAL NEEDS**

Channel Islands YMCA will accept children with special needs into our programs and makes a reasonable effort to accommodate the child without fundamentally altering the child care program. The Channel Islands YMCA provides group child care and is not able to provide personal assistants for children with special needs. If a child needs an aide please contact the Camp Coordinator for directions in placing her/his assistant in our program to aid your child.

I HAVE READ AND AGREE TO THE: Permission for fieldtrips, walking fieldtrips/excursions, and use of public park facilities, Consent to Treat, Permission to Dispense Medication, Child's History & Health Statement, Insurance Disclaimer, Code of Conduct, and Children With Special Needs statement.

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Parent or Legal Guardian's Signature

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Date

## PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child(ren). Please read the information, sign this form and return it to the YMCA:

I understand that YMCA staff are not allowed to babysit or transport children at any time outside of the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.

I understand that I am not to leave my child(ren) at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child(ren).

I understand that my child(ren) will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child(ren) must either be listed with the YMCA or other arrangements must be made by contacting the YMCA office to inform them of a change.

I understand that should a person arrive to pick up my child(ren) who appears to be under the influence of drugs or alcohol, for the child(ren)'s safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I have read and understand the Concussion Information Sheet.

I have received a copy of the YMCA Handbook. (Available on website)

I have read and understand the statements above and in the YMCA Handbook :

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**Parent or Legal Guardian's Signature**

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**Date**



# CONCUSSION Information Sheet



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

## What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - › Work with their coach to teach ways to lower the chances of getting a concussion.
  - › Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - › Ensure that they follow their coach's rules for safety and the rules of the sport.
  - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

**Talk with your children and teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)



**Plan ahead.** What do you want your child or teen to know about concussion?

## How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

### Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to or after* a hit or fall.

### Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control



**Concussions affect each child and teen differently.** While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



## What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 5/2015

## What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)

You can also download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

**Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.**

*Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.*

- ☐ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_

- ☐ I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_

CHANNEL ISLANDS YMCA MEMBER/CHILDREN  
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the premises, facilities, services and programs of the Channel Islands YMCA, (or for my children to so participate) 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 and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry onto the YMCA's facilities for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

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 YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof; its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children in, upon or about YMCA's premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise 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 YMCA.

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 California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Date \_\_\_\_\_ Print name \_\_\_\_\_

Signature of applicant/parent \_\_\_\_\_

Signature of other adult \_\_\_\_\_

Name of child in program \_\_\_\_\_

Name of child in program \_\_\_\_\_

Name of child in program \_\_\_\_\_

**CHANNEL ISLANDS YMCA MEMBER/CHILDREN  
ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT**

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of the Channel IslandsYMCA (YMCA) and/or for my children listed above to so participate 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, on behalf of himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges, agrees and represents that he or she has inspected and carefully considered such premises, equipment and facilities and/or the affiliated program and that the undersigned finds and accepts same as being safe and reasonably suited for the use or participation by the undersigned and such participating children.

In addition, the undersigned acknowledges that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including several cases in Santa Barbara County and Ventura County, California. In accordance with the most recent guidance and protocols issued by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), the Santa Barbara County Public Health Department, and the Ventura County Health Care Agency (together, the "Public Health Agencies") for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of the YMCA (other than any exclusively online services and programs) within 14 days after (i) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice, (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, or (iii) exposure to any person who has a suspected or confirmed case of COVID-19. The CDC Travel Health Notices list is updated regularly and currently includes China, Iran, South Korea, and most of Europe. The undersigned agrees to check the CDC Travel Health Notices list (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>) prior to utilizing the facilities, services, and programs of the YMCA, on a daily basis if necessary. The undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of the YMCA if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify the YMCA immediately if he or she believes that any of the foregoing access/use restrictions may apply.

The YMCA has taken certain steps to implement recommended guidance and protocols issued by the Public Health Agencies for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above. The undersigned acknowledges and agrees that the YMCA may revise its procedures at any time based on updated recommended guidance and protocols issued by the Public Health Agencies and further agrees to comply with the YMCA's revised procedures prior to utilizing the facilities, services, and programs of the YMCA. The undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by the YMCA, social distancing of 6 feet per person among children and their caregivers in a childcare setting is not possible. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs

of the YMCA and acknowledges that use thereof by the undersigned and/or such participating children may, despite the YMCA's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

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 ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH PARTICIPATING CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, volunteers and agents (hereinafter referred to as "Releasees") from all liability to the undersigned or such participating children and all personal representatives, assigns, heirs, and next of kin of the undersigned or such participating children for any loss or damage, and any claim or demands on account of any property damage or any injury to, or an illness or the death of, the undersigned or such participating children (or any person who may contract COVID-19, directly or indirectly, from the undersigned or such participating children) whether caused by the negligence, active or passive, of the Releasees or otherwise while the undersigned or such participating children are in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned expressly and knowingly waives all rights under California Civil Code Section 1542, which provides: **"A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party."**

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, of the Releasees or otherwise while the undersigned or any participating child is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned understands and agrees that the YMCA is not required to provide insurance to cover the undersigned or such participating children in the event they suffer illness, injury, death, property loss, theft or damage of any sort upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

The undersigned agrees and acknowledges that use of the YMCA facilities and services, and participation in the YMCA programs, may involve inherent danger and risk, including, without limitation, the risk of physical illness or injury, death or property damage. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF ILLNESS, BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such participating children due to negligence, active or passive, of Releasees or otherwise 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. The undersigned acknowledges that any illness or injuries that the undersigned or such participating children contract or sustain may be compounded by negligent first aid or emergency response of the Releasees and waive any claim in respect thereof.

THE UNDERSIGNED further expressly agrees that the foregoing ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM THE YMCA IN CASE OF ILLNESS, INJURY, DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO COVID-19 AT ANY YMCA FACILITY OR PROGRAM AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS. IF SIGNING ON BEHALF OF MINOR: I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I REPRESENT AND WARRANT TO THE YMCA THAT I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

**I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE**

Date \_\_\_\_\_ Print name \_\_\_\_\_

Signature of applicant/parent \_\_\_\_\_

Signature of other adult \_\_\_\_\_

Name of child in program \_\_\_\_\_

Name of child in program \_\_\_\_\_

Name of child in program \_\_\_\_\_