



Geneseo Summer Recreation

GLOW YMCA

GENESEO SUMMER PROGRAMS

2024 PARTICIPANT FORMS

REC: (\$15 A WEEK FOR RESIDENTS *NON-RESIDENTS OF GENESEO SCHOOL DISTRICT MAY ATTEND AT THE FULL COST OF \$78 PER WEEK.
GENESEO WRAPAROUND CARE: PRICING INFORMATION CAN BE FOUND ON PAGE 5

MONDAY JULY 1RD – FRIDAY AUGUST 9TH
9:00AM – 1:00PM

NO REC PROGRAM ON THURSDAY JULY 4TH – INDEPENDENCE DAY

CHILD(REN) MUST HAVE COMPLETED KINDERGARTEN TO REGISTER

PLEASE CIRCLE THE DATES YOU WOULD LIKE YOUR CHILD(REN) TO ATTEND

CHILD'S NAME: _____ **AGE:** _____

WEEK 1*	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6
JULY 1 – JULY 5	JULY 8 – JULY 12	JULY 15 – JULY 19	JULY 22 – JULY 26	JULY 29 – AUG. 2	AUG. 5 – AUG. 9
\$15	\$15	\$15	\$15	\$15	\$15

ADDITIONAL CHILD: _____ **AGE:** _____

WEEK 1*	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6
JULY 1 – JULY 5	JULY 8 – JULY 12	JULY 15 – JULY 19	JULY 22 – JULY 26	JULY 29 – AUG. 2	AUG. 5 – AUG. 9
\$15	\$15	\$15	\$15	\$15	\$15

ADDITIONAL CHILD: _____ **AGE:** _____

WEEK 1*	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6
JULY 1 – JULY 5	JULY 8 – JULY 12	JULY 15 – JULY 19	JULY 22 – JULY 26	JULY 29 – AUG. 2	AUG. 5 – AUG. 9
\$15	\$15	\$15	\$15	\$15	\$15

TO COMPLETE YOUR REGISTRATION:

- **MAIL COMPLETED FORMS AND PAYMENT TO: GLOW YMCA: 209 E. MAIN ST. BATAVIA, NY 14020**
OR
- **EMAIL COMPLETED FORMS TO JCISCO@GLOWYMCA.ORG (REGISTRATION IS NOT COMPLETE UNTIL PAYMENT IS MADE)**
 - **REGISTRATION CANNOT BE DONE ONLINE OR OVER THE PHONE**

PLEASE KEEP A COPY OF COMPLETED FORMS FOR YOUR RECORDS

SWIM LESSONS (OPTIONAL)

4 SESSIONS TO CHOOSE FROM (4 CLASSES PER SESSION)

REC CHILDREN ARE BUSSED TO AND FROM THE SCHOOL POOL EACH DAY BY SCHOOL TRANSPORTATION.

CIRCLE THE SESSION(S) YOU WISH TO ATTEND

TUESDAY & THURSDAY 10:00-10:50AM

ADVANCED

THIS IS FOR CHILDREN ABLE TO SWIM ON THEIR FRONT OR BACK WITHOUT THE AID OF A FLOTATION DEVICE. THIS LEVEL WILL CONTINUE TO IMPROVE SKILLS ON FRONT CRAWL, BACK CRAWL, AND BREASTSTROKE.

SESSION I	SESSION II
JULY 9 TH TO JULY 18 TH	JULY 23 RD TO AUGUST 1 ST
\$45	\$45
CHILD(REN)'S NAMES	CHILD(REN)'S NAMES

TUESDAY & THURSDAY 11:00 – 11:50 AM

BEGINNER

THIS IS FOR CHILDREN WHO ARE UNCOMFORTABLE OR INEXPERIENCED IN SWIMMING. THIS LEVEL ALLOWS CHILDREN TO BECOME ACQUAINTED WITH THE POOL, THE USE OF FLOTATION DEVICES, AND BASIC SKILLS SUCH AS KICKING, ARM STROKES, FLOATING AND TIME IN THE DEEP END.

SESSION I	SESSION II
JULY 9 TH TO JULY 18 TH	JULY 23 RD TO AUGUST 1 ST
\$45	\$45
CHILD(REN)'S NAMES	CHILD(REN)'S NAMES

TOTAL FEES (REC + SWIM):_____

Electronic Funds Transfer Authorization

I authorize my financial institution to honor the non-refundable Rec & Swim fees and pre-authorized debit entries initiated by the GLOW YMCA on my account for the stated program fee.

Signature of Account Holder

_____/_____/_____
Date

Name(s) on Card/Account:		Address Associated with card/account:		
Credit Card Number:		3-Digit/Vin:	Expiration Date:	☐ Visa ☐ MasterCard
(OR) ☐ Use Card already on file ☐ Will mail cash or check ☐ Call for payment				

**** If you are in need of extended care beyond 1pm, Wraparound Care information can be found at the end of this packet! ****

PROGRAM PARTICIPANT PROFILE – SUMMER 2024

CHILD AND FAMILY / HEALTH INFORMATION

Child's Name:		Date of Birth:	Age:	Gender: ☐ Male ☐ Female ☐ Non-binary Preferred Pronouns:	Grade in Fall:
Additional Child's Name:		Date of Birth:	Age:	Gender: ☐ Male ☐ Female ☐ Non-binary Preferred Pronouns:	Grade in Fall:
Additional Child's Name:		Date of Birth:	Age:	Gender: ☐ Male ☐ Female ☐ Non-binary Preferred Pronouns:	Grade in Fall:
Child(ren)'s Address:		Email Address:			
Guardian's Name:	Primary Phone:	Date of Birth:	Relationship:	☐ Emergency Contact ☐ Pick Up Authorization	
Guardian's Name:	Primary Phone:	Date of Birth:	Relationship:	☐ Emergency Contact ☐ Pick Up Authorization	
Emergency Contact Name:	Primary Phone:	Date of Birth:	Relationship:	☐ Emergency Contact ☐ Pick Up Authorization	
Emergency Contact Name:	Primary Phone:	Date of Birth:	Relationship:	☐ Emergency Contact ☐ Pick Up Authorization	

CHILD'S NAME	ALLERGY/HEALTH CONCERN

CHILD'S NAME	PRESCRIPTION MEDICATION	DOSAGE	
			Inhaler ☐ and/or EPI Pen ☐
			Inhaler ☐ and/or EPI Pen ☐
			Inhaler ☐ and/or EPI Pen ☐

Health Care Provider Name:		Primary Care Physician:	
Address:			
City:		State:	Zip:
Phone:		Fax:	
<u>GUARDIAN'S SIGNATURE:</u>		<u>DATE:</u>	

GUARDIAN AGREEMENT:

- ✓ In the event of an emergency, the YMCA will make every effort to contact me. If I cannot be reached, the YMCA is authorized to act for me according to their best judgment in an emergency requiring medical care or surgery. The physician selected may hospitalize, secure proper treatment for, order injection, anesthesia or surgery for my child. I am responsible for the cost of all medical treatment and care.
- ✓ I must notify the YMCA staff immediately of any changes on these forms.
- ✓ YMCA staff and volunteers are not allowed to baby-sit or transport children at any time.
- ✓ The YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- ✓ My child will be expected to follow all Summer Rec rules and regulations. Failure to abide by the Rec rules and regulations may result in expulsion from the program.
- ✓ My child has my permission to participate in walking field trips with the YMCA and to ride on vehicles (bus) as arranged by the GLOW YMCA for transportation to and from YMCA Summer Programs and scheduled field trips. Specifics will be posted weekly.
- ✓ I authorize the YMCA to apply sunscreen and bug repellent to my child.
- ✓ The YMCA has my permission to use photographs of my child in promotional materials such as brochures, ads, YMCA website, social media or newspaper releases. I will not be informed of or reimbursed for such photographs.
- ✓ If your child has an IEP/504, we invite you to contact us prior to camp to have a discussion in order to help your child transition into the camp environment smoothly and successfully! We ask that you please provide us with a copy of the IEP/504.
- ✓ The undersigned agrees to hold harmless, waive and release of the Village of Geneseo and the GLOW YMCA, their childcare workers, officers, representatives, agents, organizers and successors as a result of their child's participation in the program except in the case of those incidents which are a direct result of gross negligence by the GLOW YMCA or its employees/agents.
- ✓ By signing this form, I agree that I have read this entire form and understand my responsibilities for my child's participation and conduct in YMCA programs and activities.
- ✓ I the undersigned, hereby hold harmless, waive and release of the Village of Geneseo and the GLOW YMCA, their childcare workers, officers, representatives, agents, organizers and successors from liability as a result of exposure and or contraction of COVID-19 while the above child/children is/are in their care at the Geneseo Summer Rec. program. I understand that my child is incurring a greater risk by participating in summer recreation with other participants and staff but that measures will be taken by staff and administration to help minimize the risk.
- ✓ I the undersigned, agree that I will inform the Summer Rec staff if I have administered fever-reducing medication to my child prior to sending them to Rec.

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

Guardian Name:	Guardian Signature:	Date:

PARTICIPANT LIABILITY WAIVER

INFLATABLE ACTIVITY WAIVER

ALTHOUGH WE STRIVE TO MAKE ALL ACTIVITIES AS SAFE AS POSSIBLE, ACTIVITIES OF THIS NATURE DO COME WITH SOME ELEMENT OF RISK. THIS WAIVER ENSURES THAT WE HAVE CONTACT INFORMATION OF YOU AND/OR YOUR CHILD AND YOU ARE AWARE OF THESE RISKS. A COMPLETED PARTICIPANT LIABILITY WAIVER IS REQUIRED TO PARTICIPATE IN ALL INFLATABLE ACTIVITIES. WE WILL KEEP ON FILE CONTACT INFORMATION FOR YOUR CHILD FOR OTHER YMCA PROGRAMS AND ACTIVITIES AT YOUR REQUEST. IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY PARTIES OR PROGRAMS AT OR WITH THE GLOW YMCA THE UNDERSIGNED ACKNOWLEDGES, APPRECIATES AND AGREES:

1. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases of others, and assume full responsibility for all participants listed below;
2. I willingly agree to comply with the stated and customary terms, rules, and conditions for participation. If, however, I observe any significant hazards during my participation, I will bring it to the attention of the nearest official immediately; and
3. The risk of injury from this equipment can be significant, including the potential for paralysis and even death, and while particular rules, equipment, and personal discipline reduce the risk, the risk does exist;
4. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, hereby hold harmless YMCA their officers, agents, employees, other participants, and sponsoring agencies with respect to all injury, disability, death, or loss of damage to personal or property to the fullest extent of the law;
5. By signing below for my children, and/or spouse, I also agree to the above conditions, should I decide to participate.

PHOTO RELEASE

I GRANT MY PERMISSION TO THE GLOW YMCA TO USE WITHOUT LIMITATION OR OBLIGATION, PHOTOGRAPHS, FILM FOOTAGE, TAPE RECORDINGS, OR OTHER MEDIA THAT MAY INCLUDE AN IMAGE OR VOICE OF ME OR MY CHILD AT YMCA PROGRAMS FOR PURPOSES OF PROMOTING YMCA PROGRAMS.

ACKNOWLEDGEMENT OF RISK & ASSUMPTION OF RESPONSIBILITY

I UNDERSTAND THAT DURING MY OR MY CHILD'S PARTICIPATION IN ACTIVITIES AT OR WITH THE GLOW YMCA, I OR MY CHILD MAY BE EXPOSED TO PSYCHOLOGICALLY AND PHYSICALLY STRESSFUL AND CHALLENGING SITUATIONS. I UNDERSTAND THAT ALTHOUGH THE PROGRAM HAS TAKEN PRECAUTIONS TO PROVIDE PROPER ORGANIZATION, SUPERVISION, INSTRUCTION AND EQUIPMENT FOR EACH ACTIVITY IT IS IMPOSSIBLE FOR THE PROGRAM TO GUARANTEE ABSOLUTE SAFETY. I ALSO UNDERSTAND THAT I SHARE RESPONSIBILITY FOR SAFETY AND I ASSUME THAT RESPONSIBILITY.

FURTHER I WAIVE ANY CLAIM THAT MAY ARISE AGAINST THE GLOW YMCA AND/OR ITS EMPLOYEES AS A RESULT OF MY OR MY CHILD'S PARTICIPATION IN THE YMCA PROGRAM OR ACTIVITY, EXCEPT THOSE WHICH ARE A DIRECT RESULT OF THE NEGLIGENCE BY THE GLOW YMCA OR ITS EMPLOYEES. I HAVE ACCEPTED RESPONSIBILITY FOR VERIFYING MY OR MY CHILD'S PERSONAL HEALTH AND MEDICAL HISTORY ON THE TOP OF THIS SHEET. IN SO DOING I STATE THAT I OR MY CHILD HAVE NO PHYSICAL OR PSYCHOLOGICAL PROBLEMS THAT WOULD PROHIBIT PARTICIPATION IN THIS PROGRAM. I OR MY CHILD AGREES TO COMPLY WITH ALL INSTRUCTION AND DIRECTION GIVEN BY YMCA STAFF MEMBER DURING MY OR MY CHILD'S PARTICIPATION. I UNDERSTAND THE YMCA IS NOT RESPONSIBLE FOR PERSONAL PROPERTY LOST OR STOLEN WHILE MEMBERS AND/OR PROGRAM PARTICIPANTS ARE USING YMCA FACILITIES, ON YMCA PREMISES OR AT A YMCA FUNCTION OR ACTIVITY.

Participant Name:	Date of Birth:
Guardian Signature:	Date:

GLOW YMCA

GENESEO WRAPAROUND CARE

*Held at the Geneseo Elementary School

Geneseo Summer Rec Participants: Children who are coming from Rec will be bussed around 12:15 pm from Highland Park to the Elementary School where staff will meet them and walk them down to our “home base” room for lunch. *(Parents are responsible for providing lunches daily)*

Summer School/Club Participants: Children who are already at the school will be picked up by a staff member at the end of their program and walked down to the “home base” room.

Pick-up: All children must be picked up by 5:30 pm. Children will only be released to people who are listed as authorized to do so in the registration packet unless different arrangements have been communicated in writing to the staff.

Wraparound Childcare Weekly Rates		
	Member:	Non-Member:
Full-Time (5 Days)	\$100	\$125
Part-time (3 Days)	\$75	\$100
Daily	\$30	\$35
Please note, the Wraparound Care program will start on Monday, July 8 th and will NOT be offered the first week of Summer Recreation.		

Child's Name	Circle all that Apply	Rate Plan	Please Indicate Days
	Week 2 Week 5 Week 3 Week 6 Week 4	Full -Time (5 days) Part-Time (3 days) Daily (1 day)	Monday Thursday Tuesday Friday Wednesday
	Week 2 Week 5 Week 3 Week 6 Week 4	Full -Time (5 days) Part-Time (3 days) Daily (1 day)	Monday Thursday Tuesday Friday Wednesday
	Week 2 Week 5 Week 3 Week 6 Week 4	Full -Time (5 days) Part-Time (3 days) Daily (1 day)	Monday Thursday Tuesday Friday Wednesday

Wraparound Care Payment

Please fill out the payment information on page 2.

Electronic Funds Transfer Authorization

I authorize my financial institution to honor the non-refundable \$15 Wraparound care deposit and pre-authorized debit entries initiated by the GLOW YMCA on my account for the stated program fee.

Payments will be sent to auto draft the Friday before your week of care.

I understand that:

- My account will be debited on the dates stated above. Funds will be withdrawn from my bank account or card on a continuing basis until all weeks of care are paid for. If I no longer need the care, I will have one week before the draft to notify the YMCA of changes.
- I understand and agree that if any payment does not clear my bank account or payment method, I will pay a \$35.00 late-service fee.

Signature of Account Holder

____/____/____

Date

ONCE REGISTERED FOR WRAPAROUND CARE:

Please use the QR code below to download the BAND app. Once downloaded please join the group "Geneseo Wraparound Care". We will use this app to post important updates & to communicate with families.

