



Program Enrollment Form 2017


**SUMMER
PLAYGROUND
ENROLLMENT
FORM. MUST BE
COMPLETED**

First Name _____ Last Name _____ Birth Date / Age _____

Street Address _____ City _____ State _____ Zip _____

Guardian Home phone # / _____ Guardian Work Phone # / _____ Guardian Cell # _____

Email address _____ Favorite Sport or Activity _____

 **Emergency Contact info:** _____
Name _____ Phone (other than guardian) _____

<u>Child's Name</u>	<u>SEX</u>	<u>Birth Date</u>	<u>Program Name</u>	<u>School attending</u>
			<u>Summer Playground</u>	

Disclaimer/ Hold Harmless Statement/ Photograph/ Permission to Transfer to Hospital

[Must sign bottom of form]:

I/we understand that there is risk of serious injury associated with YMCA facilities, participation in YMCA programs and use of exercise equipment and other equipment. As a condition of participating in a program I agree to assume the risk of injury arising from use of facilities, programs, equipment and for all matters at all YMCA locations programs whenever occurring. On behalf of myself and heirs, administrators/executors, I hereby release and hold the YMCA and its officers, trustees, staff, agents, and contractors, harmless from all such claims for injury and damage. I understand that I would not be permitted to participate in any YMCA program/facility without this agreement. I authorize the Akron Area YMCA or its designees, agencies and contractors to create have and use photographs, slides and videotapes using my image for its record keeping or marketing/public relations programs. In the event of reasonable attempts to contact me have not been successful, I hereby give my consent for minors named on application to be transferred to any reasonably accessible hospitable. Facts concerning child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted are:

 **ALLERGIES/MEDICATIONS:** list them here: _____

I have read and understand the mission statement, conditions of participation and disclaimer/hold harmless statement. In addition, I agree that the conditions are in effect throughout my/their participation with the Akron Area YMCA.

 Signature _____ Date _____

Permission Slip

I give my child, _____ permission to walks home from the Wadsworth Summer Program on the days that s/he attends and/or I give my child permission to leave early due to special circumstances.

 Signature _____ Date _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

A SUMMER WITH MY FRIENDS

SWIM, SPORTS & PLAY

Summer Playground Program 2017

Where: Central Intermediate School

When: June 12th – July 20th (CLOSED July 4th)

Monday – Thursday 9:30am – 12:00pm

Ages: 6 – 12 years REG. OPENS APRIL 23rd!

Cost: FREE, children must live in the City of Wadsworth and be present from 9:30am – 12:00pm

Children will have fun with arts/crafts, games, sports and make new friends!

Registration: (Form on back) Parent must register each child and sign all waivers. Children will need to be signed in/out every day unless the waiver to walk home has been signed.

This is a collaborative effort between the City Of Wadsworth and the Wadsworth YMCA. Register at the YMCA or at the site at the time of drop off. **Contact: Ryan Reavy: 330 334 9622 or**

ryan@akronymca.org for more info.

This program is not affiliated with the Wadsworth City Schools



WADSWORTH YMCA
623 School Drive
Wadsworth, Ohio 44281
330 334 9622

akronymca.org

The Y strives to make programs and membership available to all. Financial assistance may be available to those who qualify.

