



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

C H I L D	CHILD'S Name: _____	Age: _____	Birth date: ___/___/___	C H I L D
	Address: _____	Gender: Male / Female		
	City: _____ State: _____ Zip: _____	Is Child a Current Annual Member?		
	Home Phone: _____	No <input type="checkbox"/> Yes <input type="checkbox"/> , if yes, # _____		
	Email: _____	Current School: _____	Grade: _____	

Parent(s) / Guardian(s) Name: _____

KIDZ KORNER BABYSITTING FORM

Known Allergies: _____

Known Medical Problems: _____

Please read carefully and sign your agreement below:

- I understand and will comply with the Kidz Korner Policies of the Waldo County YMCA Babysitting Service.
- I understand that volunteers may be involved in the program periodically.
- I understand that my child(ren) needs to be signed in and out from the program and dropped off and picked up by the same individual. I further understand that staff will not release my child(ren) to any other individual.
- I understand it would be in the best interest of my child(ren) if the Babysitting Program had a copy of my child(rens) immunization records.
- I hereby certify that my child is in normal health and capable of safe participation in the Kidz Korner Program. I assume the risks and hazards of incidental injuries in the program.

In signing this agreement, I specifically assume all risks of injury arising out of my (my child's) presence on the premises of the Waldo County YMCA, the use of its equipment or facilities, and my (my child's) participation in its activities, including swimming, whether on its premises or at another location, and for myself and my heirs and assigns to hereby waive, release and agree to hold free from all claims for damages the YMCA and its officers, directors, members, volunteers, employees or agents.

I understand the risks and dangers involved in participating in the programs and activities of the YMCA. I certify that I/my child is physically capable of any activity that may injure myself/my child or others. I hereby authorize the employees of the Waldo County YMCA to call emergency medical assistance and/or perform basic first-aid procedures that are necessary in the judgment of the YMCA. I hereby authorize qualified medical personnel to administer necessary anesthesia and medical treatment to myself/my child in the event of an accident. Because of the nature of our programs, the Waldo County YMCA staff may be transporting your child throughout the State of Maine by bus, van, or personal vehicle. All staff members transporting children are over the age of 21 and have a valid driver's license. I give the Waldo County YMCA personnel permission to transport my child by bus, van, or personal vehicle. I hereby authorize the YMCA to use photos and/or videos of me/my child/my family in promotional activities. I give permission for any Staff to assist in the application of Sun Block on my child, when necessary. **** Important: Medications can only be administered to a child with the medication in the prescription bottle. If necessary, ask your pharmacist to give the medication in two bottles so that you can keep one at home and give one to the Childcare Director. Without the Physician's name and prescription on the label we cannot give your child the medications he or she may need.**

I have read this agreement and I fully understand its term, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without inducement, assurance or guarantee being made to me and intend my signature to be a complete and conditional release of all liability to the greatest extent allowed by law.

Parent/Guardian Signature _____

Date _____