



2020-2021 WALDO COUNTY YMCA  
TEEN TIME PROGRAM / TEEN ACCESS REGISTRATION FORM  
UPDATED September 8, 2020 Subject to change with Governor and/or RSU 71 Updates

**CHANGES TO THE 2020/21 PROGRAM: Beginning Monday, September 14, 2020**

- Troy Howard Middle School 6th Graders ONLY.
- Program is limited to 25 students per week.
- Held at THMS with occasional walks to the Y.
- You MUST register for the program weekly.
- Registration MUST be completed by the Friday prior to the week you wish to register in. To register, please call 338.4598.

Is teen a current YMCA Member? (circle): Y / N  
Member ST# \_\_\_\_\_  
Office use only

If yes, please circle membership type:  
Youth   Single Parent Family   Family

**Teen's Information**

Teen's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: M / F Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Fall 2020: \_\_\_\_\_

**Caregiver's/Emergency Contact Information**

**PRIMARY CAREGIVER CONTACT INFORMATION:**

Caregiver Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Email: \_\_\_\_\_

**SECONDARY CAREGIVER CONTACT INFORMATION:**

Please check if the secondary caregiver is authorized to make changes to childcare account

Caregiver Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION: Must be local and over age 16 with a valid state issued id**

**Emergency Contact:** \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Medical Information**

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Dentist's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Policy Holders Name: \_\_\_\_\_

I wish to volunteer in support of a Teen Dance when they resume. Please contact me!  
 My child is NOT allowed to leave the campus during TEEN TIME.

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

TEEN ACCESS Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** If there is an individual who is not to have contact with the child due to a court order or restraining order, the YMCA Staff must have a copy of the document in order to abide by the parent request.



**Waldo County YMCA Participant Waiver** NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation in Waldo County YMCA Programs, now or at any time in the future.

In consideration for being permitted to utilize the facilities, services, and programs of the Waldo County YMCA (hereinafter referred to as "YMCA") for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself 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 into the YMCA 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 programs 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.

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 PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersign, whether caused by negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.

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 in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE 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 further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Maine and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

As applicable per program participation:

- ✓ I hereby authorize the employees of the 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 in the event of an accident. I understand that I am encouraged to discontinue any activity at any time I feel unable to continue.
- ✓ I hereby authorize the YMCA to use photos and/or videos in promotional activities.
- ✓ I hereby authorize the employees of the YMCA to administer medication. Important: medications can only be administered with the medication in the prescription bottle. Without the Physicians name and prescription on the label we cannot administer medications.
- ✓ I hereby authorize the employees of the YMCA to assist in the application of Sun Block when necessary.
- ✓ I hereby authorize the qualified employees (over the age of 21) of the YMCA to transport by bus or personal vehicle.
- ✓ I hereby grant my child permission to attend field trips with the YMCA during the school year. Information will be sent home prior to each trip.

**Coronavirus / COVID-19 Warning & Disclaimer:** Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Waldo County YMCA programs or accessing Waldo County YMCA facilities could increase the risk of contracting COVID-19.** Waldo County YMCA in no way warrants that COVID-19 infection will not occur through participation in Waldo County YMCA programs and activities of accessing Waldo County YMCA facilities.

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 This Release**                      **PLEASE Print Name of Participant:** \_\_\_\_\_

Date: \_\_\_\_\_                      Signature of Applicant: \_\_\_\_\_

Parent/Guardian Signature Necessary if participant is under age 18

Print Name: \_\_\_\_\_