



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Schools Day Out at the Y

The YMCA is the place to be when school is out. Swimming, crafts, games, nutrition, and character development, are just a few activities that will be offered each day. Children will need to bring a swimsuit, wear comfortable shoes, and be ready for an educational and fun filled day.

Ages: 5 -12

Fees:

Member: \$15.00/day

Program Participant: \$20.00/day

Time: 7:30a – 5:30pm

MUST BRING YOUR OWN LUNCH

Must register 2 business days in advance; an additional \$10 fee will be applied if registered after deadline. Must be registered by 6:00pm the night before.

Registration Information

Childs Name: _____ **D.O.B:** _____ **Age:** _____

Parents Name (1): _____ **Parents Number:** _____

Parents Name (2): _____ **Parents Number:** _____

Emergency Contacts/Authorized Pick Up Persons (Name and Number):

1 _____ **2** _____

Allergies/Special Needs: _____

School District: _____ **Grade:** _____

Dates Registering For: _____

I acknowledge that I sent my child with a lunch and a swim suit **Y**_____ **N**_____

My child has permission to swim in deep water **Y**_____ **N**_____

I give my permission to the Hardin County Family YMCA to use photographs, film footage, or tape recordings, which may include mine or my family's image or voice for purposes of promoting or interpreting YMCA programs or activities. In consideration of gaining entrance to the YMCA for myself and my family, or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from our participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I understand I need to check with my doctor if I or my family members have any health conditions that might cause concern when involved in any activities at the YMCA. I agree to adhere to all policies set by the Hardin County Family YMCA.

Parent Signature: _____ **Date:** _____