



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# **BEST SUMMER EVER**

## **Summer Programs Parent Manual**



### **TORRANCE – SOUTH BAY YMCA**

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## **WELCOME TO YMCA CAMP**

YMCA camps give your camper an experience that will last a lifetime. Campers are able to explore creativity, teamwork and leadership in a wide range of adventurous programs that lead to lifelong healthy living. Camp builds self-confidence and self-esteem, and develops values of good character, all while having a ton of fun and making new friends!

Parents are every Y's partner in making Y camp an outstanding developmental experience for their kids. In order for our campers to get the most out of camp, we need your help. Knowing that no two campers are exactly alike, we ask that you help us get to know your camper. We encourage you to share with us your ideas, thoughts and any concerns that may help us create an environment that is best suited for your camper.

Today, Y camp is more vital than ever. With an increased emphasis on camper safety, personal values and social skills, we want the very best for your child. At the Y, we are committed to the development and well-being of your camper.

**Mission Statement:** The YMCA of Metropolitan Los Angeles puts Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all.

We have integrated the following positive experiences in our camps:

**CARING ENVIRONMENT.** Camps provide caring encouraging environments for children.

**ADULT ROLE MODELS.** Camp directors and staff model positive, responsible behavior.

**POSITIVE PEER INTERACTION.** Campers interact with other campers who model responsible behavior in safe, well-supervised settings.

**CREATIVE ACTIVITIES.** Campers participate in music, art and drama to encourage and enhance their creativity.

**SELF-ESTEEM.** Our staff and activities help campers feel successful and good about themselves.

## **CAMP GOALS AND OUTCOMES**

It is our belief that each camper is a unique individual with his or her own rate of development. Our goal is to introduce the campers to as many positive experiences as possible. It is our hope that the experiences we provide will foster creativity and individuality in each camper, and encourage an awareness of themselves and others.

The YMCA has established the following goals for all campers:

- To grow personally and gain a greater sense of his or her own worth
- To be inspired to live by the character values; caring, honesty, respect and responsibility
- To experience improved personal relationships
- To learn to appreciate inclusion & diversity
- To become better leaders
- To have fun!

## Branch Information:



### Torrance-South Bay YMCA SUMMER LOCATIONS

Arlington YMCA

17800 Van Ness Ave

310.352.1135

Wood YMCA

2250 235<sup>th</sup> Street

310.534.3510

Hickory YMCA

2800 227<sup>th</sup> Street

310.530.9381

Specialty Camps – Torrance High School

2200 West Carson Street

310.803.6155

Lincoln YMCA

2418 West 166<sup>th</sup> Street

310.527.2924

Good Times - Torrance High School

2200 West Carson Street

310.803.6777

Riviera YMCA

365 Paseo de Arena

310.375.9970

Preschool at Levy LIC # 197401720

3420 West 220<sup>th</sup> Street

310.530.6882

Victor YMCA

4820 Spencer Street

310.370.4133

Extended Care (Wilson Park Camp)

2200 West Carson Street

Discovery (K-1) 310.803.4790

Explorers (2-3) 310.803.4568

Adventure (4-5) 310.803.4204

## PEOPLE TO CONTACT

### Program Operations

Ashley Austin 310.325.5885 x2759

[AshleyAustin@ymcaLA.org](mailto:AshleyAustin@ymcaLA.org)

Sharon Drobka 310.602.4884

[SharonDrobka@ymcaLA.org](mailto:SharonDrobka@ymcaLA.org)

Mattie Holifield 310.602.4886

[MattieHolifield@ymcaLA.org](mailto:MattieHolifield@ymcaLA.org)

Erin Inaba 310.602.4897

[ErinInaba@ymcaLA.org](mailto:ErinInaba@ymcaLA.org)

### Financial Assistance

Mary Tautai 310.602.4881

[MaryTautai@ymcaLA.org](mailto:MaryTautai@ymcaLA.org)

## HOURS OF OPERATION

**Preschool:** 7:00am-6:00pm

**School Based (K-5<sup>th</sup> grade):** 6:30am-6:00pm

**Specialty (1<sup>st</sup> - 9<sup>th</sup> grade):** 7:00am-6:00pm

**Day Camp (K - 9<sup>th</sup> grade):** 7:00am-8:45am / 4:00pm – 6:00pm Extended Care at Torrance High  
Camp Program at Wilson Park 8:45am-4:00pm

## **SIGN-IN/SIGN-OUT PROCEDURES**

In order to ensure the safety of your camper, it is mandatory that each camper be signed in and out daily with a legal signature and time by an authorized adult.

## **AUTHORIZATION TO PICK UP CAMPER**

Only individuals 13 years or older who are authorized in writing by the parent will be allowed to pick up your camper. All authorized individuals picking up campers from camp are required to identify themselves with a photo ID (Driver's license, California ID, school ID, etc.)

## **WHAT TO BRING TO CAMP**

It is very important to bring all required paperwork to camp on your child's first day. Paperwork can be found at [www.ymcala.org/tsb](http://www.ymcala.org/tsb) under programs, daycamp. Any items missing from your child's packet will need to be filled out before your child will be allowed to stay at camp. Please send your child with a lunch, water and snacks in a labeled backpack daily.

## **WHAT NOT TO BRING TO CAMP**

The following are not allowed at camp: personal toys or sports equipment, animals, weapons, drugs, alcohol, electronic devices, candy and soda (healthy eating is encouraged).

## **LATE ARRIVALS**

It is imperative that your camper arrives to camp on time. Please check your calendar for all trip departure times, as it is imperative that all campers are there prior to trip departures. Unfortunately, we cannot hold the bus or campers for walking field trips.

## **LATE PICK-UPS**

Children not picked up at the end of the camp day will be supervised by our staff. A fee of \$15 per child for every 15 minutes or portion thereof will be charged when camp ends. For example, camp ends at 6:00 p.m., and if a child is picked up at 6:01 p.m., there will be a charge of \$15. Every attempt will be made to contact parents or a listed authorized pick-up on the emergency form. If no one is reached, the police may be contacted. A late fee will be assessed starting at 6:00 p.m. according to our clock.

## **CALENDARS**

Summer calendars are available on the Torrance-South Bay YMCA website at [www.ymcala.org/tsb](http://www.ymcala.org/tsb). In addition, calendars can be picked up at camp on the first day.

## **TRANSPORTATION**

All transportation will be provided in busses or YMCA vans. All vehicles are inspected on a daily basis, and periodically checked by a licensed mechanic, as well as the California Highway Patrol. Our drivers have Class B or C driver's licenses and/or School Bus Certificates. They have completed YMCA training and have passed written and driving tests administered by the Department of Motor Vehicles. We strive to adhere to our transportation schedules.

## **MEDICATION**

Should your camper need to take medication during the program, we will administer it as directed. The following items are essential for us to dispense any medication:

- The medication will need to be checked in with the site director. Please do not leave the medication with your camper, including over-the-counter medication: epi-pens, inhalers, creams, eye drops, etc.
- Medication must be in its original container with labeled prescription instructions.
- A completed YMCA medication release form must be signed and submitted.
- Day camps and specialty programs do not have the capability to refrigerate medication.

## **ILLNESS/INJURY**

If your camper becomes ill while at camp, we will contact you to pick him/her up within 30 minutes. If your camper is injured, we will take the necessary steps to provide basic first aid. If we are unable to reach you in the event your camper needs medical care, he/she will be transported to the hospital by an ambulance. It is extremely important that you notify the YMCA of any changes in your work or emergency phone numbers.

## **LUNCHES/SNACKS**

Please make sure to pack a daily lunch for your child. Snacks will be provided in the PM for all children in our programs. Parents may pack an additional snack for their child that may be eaten during snack time. The YMCA asks that you pack healthy items for your child. Please refrain from packing processed items. We ask that all snack and lunch items brought are in sealed containers inside of your child's bag.

## **CLOTHING**

Campers are required to wear closed-toed and heeled shoes daily. Belongings are the responsibility of the camper. A backpack is helpful in keeping your camper's belongings in a safe place. Please clearly mark your camper's belongings with his/her first and last name.

## **CAMP T-SHIRTS**

Please send your camper in his/her camp shirt on field trip days. Additional camper t-shirts may be available for sale in the child care office at the main branch for \$15 each.

## **SWIMMING**

Please see your camper's camp activity schedule for specific water activities or trips. Campers signed up for a water camp or that wish to swim in the deep end are required to take a swim test before swimming at any water venue. The swim test consists of jumping in deep water, returning to the surface, treading water for 60 seconds and swimming 25 yards (the length of the pool) on the surface with rudimentary side breathing. Children who are not swim tested will be considered non-swimmers and their water access will be limited. Time during a program day will be set aside to test the children but the YMCA has also made time available on Sunday afternoons from 12:00pm to 4:00pm for swim tests. Swim tests are available beginning Sunday, June 24, 2018. An appointment is not required. We would like to encourage parents to take advantage of this time to minimize the amount of camp time taken away due to swim tests. A swim test is required one time for the summer if the form is signed by a parent and a YMCA lifeguard. Please attach a copy of the completed swim test form to your camp packet to be turned on the first day of camp.

## **SUN PROTECTION**

Parents should apply sunscreen before campers arrive to camp in the morning. Children will be asked to re-apply sunscreen at snack time, lunchtime, and in the early afternoon. Please bring in a labeled bottle of sunscreen for your child to use. If you have any questions about sun screening your child, please speak with your site director.

## **BATHROOM PROCEDURES**

No camper is ever alone or one-on-one with a staff member. All campers will take trips to the bathroom with the entire camp and/or camp groups of at least two campers escorted by camp staff. Campers will only use bathrooms inspected for safety by camp staff.

## **CAMP STAFF**

We model the YMCA 6 pillars of character of respect, responsibility, citizenship, trustworthiness, fairness and caring. Most importantly, we are made up of people who love working with kids. We are creative people with good hearts who are silly enough to sing "The Y Song" at the top of our lungs! The majority of the staff are First Aid/CPR certified and are required to attend additional training prior to the first day of summer camp.

## **SAFETY AT CAMP**

We review all of our safety practices and procedures on an ongoing basis and continue to discuss and practice what steps to take should any situation arise. In the event of an emergency situation such as a shelter in place our primary concern is the safety of the children. YMCA staff will follow all instructions given from the Torrance Police Department and will send out an email to parents when possible. We encourage everyone to sign up for Torrance Alerts to stay updated. To sign up please visit [www.torranceca.gov/government/city-manager/torrancealerts](http://www.torranceca.gov/government/city-manager/torrancealerts).

## **RATIOS**

Our camps run on a 1:10 (staff per child) ratio from 9am – 4pm and 1:6 (staff per child while in the water). Our Good Times camp runs on a 1:12 ratio during camp hours. During extended care hours these ratios will be higher.

## **Y STAFF & BABYSITTING**

YMCA of the USA policy states that our staff (while they are employees of the YMCA) are not permitted to babysit for or interact with campers outside of our programs. Please help us in upholding this policy.

## **CHILDREN WITH SPECIAL NEEDS**

YMCA leaders are encouraging and patient and can help facilitate successful camp experiences for children with mild to moderate disabilities. Our program is not designed for campers who need significant assistance or personal care, require constant one-on-one support, or have great difficulty managing their behavior in group settings. For those camp needs, the YMCA recommends locating a special needs camp via the American Camp Association.

## **THIRD PARTY PAYMENT ATTENDANCE SHEETS**

Parents who are funded by the county or other agency, are required to sign attendance sheets daily in addition to the YMCA sign-in/out sheets. All sheets must be signed by the last day of each week. Failure to complete required paperwork will result in a call to the appropriate third party agency. Parents will be set up to pay the fee difference prior to camp (based on contract).

## **FINANCIAL ASSISTANCE/CAMPERSHIPS**

Financial Assistance is available to those families who qualify. Applications are available at the service desk and online. Assistance is based on verified income and completed applications. Please contact Mary Tautai for further information at [MaryTautai@ymcala.org](mailto:MaryTautai@ymcala.org).

## **GIVING BACK**

The Y provides scholarships and financial assistance for children to attend camp every session. This is made possible through the generosity of our community. If you wish to help a child go to camp, please speak to Su Hwang for more information at [SuHwang@ymcala.org](mailto:SuHwang@ymcala.org). All donations are tax deductible.

## **REFUND/CANCELLATIONS**

The purpose of our refund/cancellation policy is to allow the YMCA to maintain quality programs and proper ratios while maintaining flexibility with our participants.

- All cancellations must be made in writing or in person to the Main YMCA camp office. Notice given at the camp site cannot be taken.
- Cancellations must be made by the payment due date in order to receive a refund. Any payment made beyond the non-refundable deposit will be refunded minus a \$25 processing fee per transaction.
- Specialty Programs and Leaders in Training cancellations must be made by the Thursday two weeks prior to the week to be attended in order to obtain a 50% refund or credit equal to 50% of the fee.
- If the YMCA cancels the program we will give you a full refund.

## **FEEDBACK**

We love to hear from our campers and parents! Camp leadership teams use your feedback to make positive changes to our program.

## **OUR BUS RULES**

- Campers must remain seated while on the bus
- Campers are not allowed on the bus until accompanied by a camp leader
- Keep hands, arms and head inside the bus
- Nothing is to be dropped out of the windows
- Noise level must be regulated so as not to interfere or disturb the driver
- No eating or drinking allowed on the bus
- Windows are opened and closed by camp leaders
- All passengers on the bus are required to follow bus driver and staff member's instructions.



## **CAMPER BEHAVIOR EXPECTATIONS**

We want every camper to have the best camp experience possible; full of fun, learning and growth. To ensure that we maintain a relationally safe environment and that each camper is free to experience camp life to its fullest, we will not tolerate any behavior that takes that opportunity away from other campers. We will be seriously addressing all incidents such as bullying and irresponsible behavior, and will train our staff to recognize and deal effectively with such behavior.

Understanding that camp is for ALL campers, any behavior deemed by the camp to be outside of the camper behavior expectations and/or unmanageable may result in any or all of the following:

1. Meeting with the camp leader, camp director or program director to discuss the behavior.
2. A telephone call home to the parent/guardian to discuss the behavior.
3. Being dismissed from the camp program.

## **POSITIVE GUIDANCE POLICY**

GENERAL STANDARDS FOR POSITIVE GUIDANCE:

1. Guidance focuses on the expected, appropriate behavior, rather than on the negative, inappropriate behavior.
2. Guidance is a process of teaching, learning and positive reinforcement.
3. Set developmentally appropriate guidelines for campers.
4. Verbal abuse or name calling is not permitted. Guidance will not be associated with food, rest or toilet training.
5. Corporal (physical) punishment will never be allowed.
6. Limits are set to foster caring, honest, respectful, responsible, and self-sufficient campers. Positive guidance is integrated into the overall program plan of the camper care setting.
7. Behavioral concerns of individual campers are not discussed with other parents.

## **AS A CAMPER I WILL:**

- Show respect to other campers, treat them as well as I would like to be treated, and try to be a friend to all
- Have FUN but not at the expense of others
- Show respect to camp staff and cooperate fully with their instructions
- Respect the rights of others and treat others with courtesy and consideration
- Communicate in an appropriate manner, which means I must not use foul or inappropriate language or gestures, harsh words or tone of voice
- Conduct myself responsibly. I understand that unwelcome teasing or other unkind behaviors are not allowed
- Remain with the group and within the boundaries that have been set
- Refrain from deliberately causing bodily harm to other campers or staff. I understand that pushing, kicking, hitting, biting or fighting are not acceptable and will not be tolerated
- Respect the property of others and camp, which includes no stealing, property damage, graffiti or vandalism
- Remember that physical displays of affection or of a romantic nature are not allowed under any circumstances

- Be fully responsible for my actions and understand that irresponsible behavior will result in disciplinary action or dismissal from camp
- Know and follow the rules of camp
- Have lots of FUN, learn, grow and have a GREAT time

#### SUMMARY:

Staff in YMCA camper care programs use a positive, teaching form of guidance. Staff will continually remind campers of program guidelines. Campers are redirected to other activities when behavior contradicts the above guidelines. Parents are always kept informed of their camper's progress. Thank you for helping us provide a positive camp experience for your child. We are a team and together everyone achieves more.

## HELPING CHILDREN THRIVE

At the YMCA we partner with the Search Institute to help adults connect with children and youth in a positive way to help young people thrive. Research show that there are essential elements that are crucial to their healthy development. We call these element "Developmental Assets" – the positive experiences, relationships, opportunities and values young people need to thrive.... We integrate these into all our programs and services. The essential building blocks for young people's successful growth and development fall into eight categories:

- 1. Support**–Young people need to experience support, care and love from their families and many others. They need organizations and institutions that provide positive, supportive environments.
- 2. Empowerment**–Young people need to be valued by their community and have opportunities to contribute to others. For this to occur, they must feel safe and feel secure.
- 3. Boundaries and Expectations**–Young people need to know what is expected of them and whether activities and behaviors are "in bounds" or "out of bounds."
- 4. Constructive Use of Time**–Young people need constructive, enriching opportunities for growth through creative activities, youth programs, congregational involvement, and quality time at home.
- 5. Commitment to Learning**–Young people need to develop a lifelong commitment to education and training.
- 6. Positive Values**–Young people need to develop strong values that guide their choices.
- 7. Social Competencies**–Young people need skills and competencies that equip them to make positive choices, build relationships, and succeed in life.
- 8. Positive Identity**–Young people need a strong sense of their own power, purpose, worth, and promise.

You have the power to change lives. By building assets with the Torrance-South Bay YMCA's children and youth, you can help them to become competent, caring, and responsible adults. For more information on what you can do, please visit [www.Search-Institute.org](http://www.Search-Institute.org).

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**Please fill out the following pages  
and return the first day of camp.**

**These forms will travel with your  
child to any camp he/she attends.**

**Please get the forms back from  
your child's camp director at the  
end of each camp week as needed.**

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# DAY CAMP 2019 REGISTRATION FORM YMCA OF METROPOLITAN LOS ANGELES

BASIC INFORMATION		
CHILD'S NAME (last Name, First Name)	SEX	BIRTHDATE (MONTH/DATE/YEAR)
HOME ADDRESS (INCLUDE CITY AND ZIP CODE)		TELEPHONE
SCHOOL ATTENDED	GRADE COMPLETED	AGE ON FIRST DAY OF CAMP
1 <sup>st</sup> ADULT'S NAME	HOME PHONE	MOBILE NUMBER
HOME ADDRESS (If Different From Child)		WORK NUMBER
E-MAIL ADDRESS		
2 <sup>nd</sup> ADULT'S NAME	HOME PHONE	MOBILE NUMBER
HOME ADDRESS (If Different From Child)		WORK NUMBER
E-MAIL ADDRESS		

SIGN IN / OUT – EMERGENCY CONTACT INFORMATION					
<b>SIGN IN AND OUT AUTHORIZATION:</b> The following individuals have my unrestricted permission to sign the above named child out from the YMCA program and should be contacted in an emergency when I cannot be reached. Please notify day camp director in advance in writing if an individual not listed will be picking up your child. (minimum of two names required)					
ADDITIONAL PERSONS WHO MAY BE CALLED IN EMERGENCY					
NAME	PHONE# 1	PHONE #2	Relationship to child	Pick-Up	Emergency
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Restricted PICK-UP : The Following individuals are RESTRICTED from signing out my child due to a court-issued restraining order (A certified copy of the official documentation must be kept in the child's YMCA file)	
Name	Name
Name	Name

CCIS/Cal-Works families MUST provide:	
Case #:	
Name of Case Manager:	Telephone number:

Parent /Guardian Signature:	Date
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**DAY CAMP 2019 CHILDS HEALTH HISTORY FORM  
YMCA OF METROPOLITAN LOS ANGELES**

CHILD'S NAME		SEX	BIRTHDATE	
1 <sup>st</sup> ADULT'S NAME		PREFERRED PHONE		
2 <sup>nd</sup> ADULT'S NAME		PREFERRED PHONE		
ADDITIONAL CONTACT NAME	RELATIONSHIP	PREFERRED PHONE		
<b>Medical Information</b>				
Is or was your child under regular supervision of physician? <input type="checkbox"/>		If Yes, Name of Physician:		Date of Last Exam / Physical:
Does your child take Prescribed Medications? <input type="checkbox"/> <i>(If yes, a permission to medicate form is required) (Original pharmacy containers with labels only with prescription)</i>		If yes, what kind? / Side Effects:		
Child's Medical History (Does your child have any of the following)				
Diabetes		Epilepsy		Hay Fever
				Asthma
Child's immunization History (please have a copy on file at school) Please mark yes for all immunizations that are current				
Chicken Pox		Rheumatic Fever		Whooping Cough
				Mumps
Poliomyelitis		10- Day Measels (Rubeola)		3-Day Measels (Rubella)
				<u>Tetanus</u>
				DATE
Restrictions <input type="checkbox"/> I have reviewed the program activities of the camp and feel the camper can participate without restriction <input type="checkbox"/> I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations (please describe below)				
Any camp activities from which your child should be exempted or limited in for health reasons				
Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement Has the camper: 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? 2. Ever been treated for emotional or behavioral difficulties or an eating disorder? 3. During the past 12 months, seen a professional to address mental/emotional health concerns? 4. Had a significant life event that continues to affect the camper's life? <i>(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)</i> Please explain "Yes" answers in the space below. The camp may contact you for additional information.				
List ALLERGIES staff should be aware of (Food, medications, environmental, etc.)				
Describe the ALLERGIC REACTION:				
Does child have allergic reaction to sunscreen?		If yes, what kind?		
Does child have any special device(s)?		If yes, what kind?		
Does child have any special device(s) at home?		If yes, what kind?		
Does your child have any special needs?		If yes, please explain?		
What have we forgotten to ask? Any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program.				

**Emergency Medical Information (This information is required)**

**PHYSICIAN OR DENTIST TO BE CALLED IN EMERGENCY**

PHYSICIAN	ADDRESS	MEDICAL PLAN #	PHONE #
DENTIST	ADDRESS	MEDICAL PLAN #	PHONE #

**Medical Insurance Information**

This camper is covered by family medical/hospital insurance:

Insurance company \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscriber \_\_\_\_\_ Insurance Company \_\_\_\_\_

**Child's Health Statement:** I, the undersigned, understand that at a YMCA day camp program, physical activity is a regular part of the program. To the best of my knowledge, my child is in excellent physical health and does not need any restrictions (except what is listed below under "special consideration") from strenuous activity. IF I have any questions regarding my child's health, I understand that it is my obligation to seek professional medical advice and to inform the YMCA of any restrictions on my child's activities.

<b>Parent/Guardian Signature:</b>	<b>DATE</b>
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**MULTIJURISDICTIONAL AUTHORIZATION AND  
RELEASE FOR MEDICAL AND DENTAL TREATMENT  
YMCA OF METROPOLITAN LOS ANGELES**

**IMPORTANT: This section must be completed for attendance. \***

The undersigned, as the parent or parents, or legal guardian or legal guardians, of the above-named person, a minor (the "minor"), hereby authorize the YMCA of Metropolitan Los Angeles and its authorized directors and leaders (collectively the "YMCA") to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care (collectively "medical care") to be rendered to the minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the laws of the state or other jurisdiction in which medical care is sought, and to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care (collectively "dental care") to be rendered to the minor by a dentist licensed under the laws of the state or other jurisdiction in which dental care is sought. For the purpose of medical care or dental care obtained in the State of California, this authorization is given pursuant to the provisions of Section 25.8 of the California Civil code, as amended. For the purpose of medical care or dental care obtained outside of California, this authorization is given with the intent that any consent given pursuant to this authorization shall be the consent of each of the undersigned.

It is understood that if time and circumstances reasonably permit, the YMCA will endeavor, but is not required, to communicate with at least one of the undersigned prior to the rendering of medical care or dental care for which consent is given pursuant to this authorization. The undersigned understand and agree that YMCA shall not be legally or financially liable for any claim arising from any medical care or dental care provided pursuant to this authorization. The undersigned hereby agree to indemnify and to hold YMCA harmless from any claim made by or on behalf of said minor arising out of any medical care or dental care provided pursuant to this authorization.

This authorization is given to the YMCA for use in conjunction with any event operated by the YMCA, and shall be valid until revoked in writing by the undersigned or any of them.

PARENT NAME (PRINTED) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MEDICAL INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ EXPIRES \_\_\_\_\_

\* If for religious reasons you cannot sign this, a legal waiver which must be signed for attendance.



**PHOTO & VIDEO/AUDIO  
RECORDING RELEASE  
YMCA OF METROPOLITAN LOS ANGELES**

PLEASE PRINT

I \_\_\_\_\_ am eighteen years of age or older, and if not, then my Mother/Father/Legal Guardian has also signed below under my signature.

With regard to my participation in activities sponsored by or related to any activity in which I participate in any way sponsored by the National Council of Young Men's Christian Associations of the United States of America, and to any YMCA of the USA Association, including the Young Men's Christian Association of Metropolitan Los Angeles (collectively, "YMCA"), I hereby give my permission and consent, now and for all time (without any further compensation, claim or demand by me) to the YMCA, and to advertising agencies, agents, entities and third parties collaborating with the YMCA and their representatives, if any, (the "Organizations") to make, reproduce, edit, broadcast or rebroadcast any video, film, or digital footage and other sound track recordings, or photo reproductions of my image or voice in any form, and my narrative account of my experience with YMCA activities ("Materials") for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any further compensation to me. I may or may not be identified by name in such reproductions. However, I shall not be stated by name to have endorsed any particular commercial products or commercial services without my express written permission.

I further agree to the following:

- Any Materials created subject to this Release shall belong to the YMCA as its property, with full right of disposition of them without my oral or written permission.
- The Materials will not be subject to any obligation of confidentiality and may be shared with and used by the Organizations, as well as with any third parties as the YMCA may elect.
- The YMCA shall not be liable for any claim arising from the use or disclosure to a third party of any of the Materials.
- The YMCA shall exclusively own all known or later existing rights to the Materials worldwide and shall be entitled to the unrestricted use of the Materials for any purpose without compensation to me or the provider of the Materials.

**AGREEMENT AND CONSENT**

I have read and understood the contents of this Release. I agree that my consent to this Release is irrevocable. I hereby voluntarily release and discharge the YMCA and the Organizations and their representatives from any and all claims arising out of or relating to or in connection with the uses and reproductions of my image and voice and my narrative account as described herein. I understand that the term "YMCA" in this Release specifically includes the YMCA of Metropolitan Los Angeles.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

.....

I am the Mother/Father/Legal Guardian of \_\_\_\_\_, I have read and understand the contents of this Release and hereby voluntarily consent to this Release on behalf of my minor child.

PLEASE PRINT

Signature of Mother / Father / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_





**ASSUMPTION OF RISK, RELEASE AND WAIVER  
OF LIABILITY AND INDEMNITY AGREEMENT  
YMCA OF METROPOLITAN LOS ANGELES**

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, on behalf of himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges, agrees and represents that he or she has inspected, or immediately upon entering or participating will inspect, and carefully consider such premises and facilities and/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 program 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 by the undersigned and such children.

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 ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, volunteers and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all personal representatives, assigns, heirs, and next of kin of the undersigned for any loss or damage, and any claim or demands on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence, active or passive, of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned expressly and knowingly waives all rights under California Civil Code Section 1542, which provides:

**"A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor."**

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned understands and agrees that YMCA does not provide insurance to cover the undersigned or such children in the event they suffer injury, death, property loss, theft or damage of any sort upon, or about the premises or any facilities or equipment therein 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 to the undersigned or such children due to negligence, active or passive, of releasees or otherwise 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 parties agree that any and all disputes, claims or controversies arising out of or relating to this ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT shall be submitted to JAMS, or its successor, for one full day of mediation, and if the matter is not resolved through mediation, then it shall be submitted to JAMS for final and binding arbitration. Either party may commence mediation by providing to JAMS or to the other party a written request for mediation, setting forth the subject of the dispute and the relief requested. The parties shall cooperate in selecting a mediator from the JAMS panel of neutrals and in scheduling mediation proceedings. The parties shall participate in the mediation in good faith and shall equally share its costs. Either party may initiate arbitration with respect to the matters submitted to mediation by filing a written demand for arbitration at any time following the initial mediation session or at any time following 45 days from the date of the filing of the request for mediation, whichever first occurs. The arbitration shall be administered by JAMS

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pursuant to the California Arbitration Act (Calif. Code of Civil Proc. I 1282 *et seq.*). The parties may file a motion for summary judgment pursuant to California Code of Civil Procedure I437c, except that the motion shall be scheduled at least 30 days before the arbitration hearing, notice of motion and supporting papers shall be served on the other party to the arbitration at least 30 days before the time appointed for the motion hearing, the opposition to the motion shall be served and filed not less than 14 days preceding the hearing date, and any reply papers shall be served and filed by the moving party not less than 4 days preceding the hearing date. The arbitrator shall issue a signed opinion setting forth the essential findings and conclusions on which the decision to grant or deny the motion is based.

Following the arbitration hearing, the arbitrator shall issue a signed opinion and award setting forth the essential findings and conclusions on which the award is based. The opinion and award shall decide all issues submitted and be final and binding to the fullest extent permitted by law. To the extent not expressly waived in this Agreement, the arbitrator shall only award those remedies in law or equity requested by the parties and that the arbitrator determines are supported by credible and relevant evidence presented.

Each party shall bear its own attorney's fees and costs in any proceeding to enforce or interpret this Agreement. If the initiating party does not pay its share of the arbitration fees and costs within 3 months of receiving notice that payment is due, the arbitration will be dismissed, with prejudice. The prevailing party in any arbitration and in any court proceeding to confirm or modify an arbitration award shall be entitled to recovery of actual and reasonable costs of suit, including attorney's fees.

No arbitration shall be brought and no cause of action shall be asserted against releases, or any of them, after the expiration of one year from the date of accrual of such cause of action, and any claim or cause of action against releases, or any of them, shall be extinguished and deemed released unless asserted by the timely filing of a written demand for mediation with JAMS and then arbitration with JAMS within such one-year period.

THE UNDERSIGNED further expressly agrees that the foregoing ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS CAREFULLY READ AND VOLUNTARILY SIGNS THE ASSUMPTION OF RISK, 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 AM AWARE THAT THIS IS AN ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT KNOWING THAT I AM GIVING UP VALUABLE RIGHTS. I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

**THIS AGREEMENT DOES NOT APPLY TO LICENSED CHILD CARE SERVICES.**

I HAVE READ AND UNDERSTAND THE TERMS OF THIS RELEASE.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Applicant/Guardian

\_\_\_\_\_  
Name(s) of Child(ren) in Program and/or YMCA Facility.

## Sunscreen Permission Insert

### SUNSCREEN UTILIZATION PERMISSION FORM

The YMCA requires written approval or instructions from parents prior to administering nonprescription medication to youth in youth camps. **Sunscreen is considered a nonprescription medication.** As the parent or guardian of the above youth, I give permission for the staff at the YMCA programs, to provide a sunscreen product of SPF 30 or higher, especially during the months of April-September.

**Check one:**

In the event that I forget to send sunscreen with my child on a particular day, I approve of the YMCA to provide my child with sunscreen of SPF 30 or higher.

I will provide a specific type of sunscreen to be utilized for my child. Please do not apply other sunscreen products.

I do not want my child to use any applied sunscreen products.

The YMCA has a limited supply of sunscreen available at the child care site to provide to children on days when they may forget their personal sunscreen bottles. Parents/Guardians are required to send sunscreen each day with their child.

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