



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

Ann Arbor YMCA Child Care Programs Permission Form

FIELD TRIP/TRANSPORTATION PERMISSION

I give permission for my child _____, to be transported by the Ann Arbor YMCA from his/her school to the YMCA on the days he/she is registered to attend. I give permission for my child to go on any field trips supervised by the Ann Arbor YMCA Child Care Staff. I understand that many trips consist of short walks to nearby locations. I understand further that I will be notified in advance about any longer trips and that, if any vehicle is used to transport my child, each child will be required to wear a seat belt or be placed in a car seat that I would provide.

Parent/Guardian Signature _____ Date _____

PHOTOGRAPHY AND RECORDING PERMISSION

I hereby irrevocably release, consent and allow the Ann Arbor YMCA and its agents to use my child's photograph/likeness/voice, as it pertains to participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement in connection with its use.

Parent/Guardian Signature _____ Date _____

LIABILITY

I understand the physical activities which my child may participate in at the YMCA include, but may not be limited to: swimming, running, playing and sports. I agree to assume all liability and release the YMCA from any liability for the risk of injury, illness or death on account of my child's presence in a YMCA facility or on account of my child's involvement in any activity at a YMCA facility or at the sponsored activity.

Parent/Guardian Signature _____ Date _____

SWIMMING

I give permission for my child _____, to participate in the YMCA Youth Aquatics Program. A kindergartner or school-aged child may participate in youth recreation swim when available.

Parent/Guardian Signature _____ Date _____

SUNSCREEN/BUG SPRAY

My child (circle one) **should** **should not** wear sunscreen while being outdoors. Please apply first application at home. Sunscreen should be supplied by you, the parent. I understand that selecting "should" allows staff to apply sunscreen to my child. This does not guarantee application.

My child (circle one) **should** **should not** wear bug spray while being outdoors. Please apply first application at home. Bug spray should be supplied by you, the parent. I understand that selecting "should" allows staff to apply bug spray to my child. This does not guarantee application.

Parent/Guardian Signature _____ Date _____

PHYSICAL HEALTH

I hereby attest that my child _____ is in good health. Further more any activity restrictions, allergies, medications taken by the child, or any other needs are listed in the Child Information Record. Immunization records or appropriate waivers are up to date and on file with my child's school.

Parent/Guardian Signature _____ Date _____