



Clinton Community YMCA  
Y-Zone  
Kindergarten - 5th grade

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Monday - Friday  
6:30 a.m. - Start of School  
End of School - 6:00 p.m.

Come join us for before and after school fun! Y-Zone offers homework help, arts & crafts, exercise, character development, and most importantly FUN!

REGISTRATION: Only children who are registered and paid may attend Y-Zone. Refunds and credits will not be issued for days missed. No child is turned away! We have an open door policy and a financial package for EVERYONE! First day of attendance is the first day of school. Y-Zone is held at Lincoln Elementary and CES. Transportation will be provided for Douglas Elementary students to and from Lincoln School.

\_\_\_\_\_ REGISTRATION FORM \_\_\_\_\_ (one form per child) \_\_\_\_\_

Complete and return this form to the Clinton Community YMCA @ 417 S. Alexander St. Clinton, IL 61727. \$20.00 (nonrefundable) registration fee must accompany this form. Registration fee is required regardless of date child starts Y-Zone (**checks can be made out to The Clinton Community YMCA**)

**Fees: Morning—\$9.50 / After school 1:30-3:30—\$12.50 / After school to 6pm—\$17.50/Both morning & 3:30—\$18 / Both morning & 6pm— \$22  
10% discount for 2<sup>nd</sup> child (and 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>...)**

Child's Name \_\_\_\_\_ Grade in fall 2020 \_\_\_\_\_

Please Print Clearly- First (what your child goes by) and Last Name

Parent/Guardian \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Other (Cell) Phone \_\_\_\_\_

Email: \_\_\_\_\_

I hereby give permission for my child to enroll in the YMCA Y-Zone. I agree to complete the pick-up authorization card, program waiver, COVID-19 waiver and Health Form before my child's first day of Y-Zone.

**INFORMED CONSENT AGREEMENT**

I hereby certify that my child is of normal health. I assume all risks related to the conduct of the program. I will hold the Clinton Community YMCA and its staff harmless from any claims, suits or losses including but not limited to claims resulting from injury or death, accidental or otherwise. I authorize the Clinton Community YMCA to obtain medical treatment for my child in the event I cannot be contacted. (Failure to sign agreement will result in the loss of playing opportunity for your child.)

Parent/Guardian Signature \_\_\_\_\_

**MORE ON THE BACK**



**Y-ZONE CONSENT**

All information gathered from the registration form is secured at each y-zone location for the duration of the school year and only used by certified staff in a manner that protects privacy and confidentiality (registration forms are considered confidential waste and are shredded at the end of each school year).

The undersigned, as parent or guardian of the child or children listed below, gives consent for the said children to participate in all Y-Zone activities. I understand that my child will not be released to anyone other than those I have indicated in writing.

I authorize my child to ride as a passenger in vehicles used by the YMCA program. I understand that these trips are under the supervision of YMCA staff and that health and safety precautions are taken for each person who enrolls in the program.

I authorize my child to be photographed during his/her attendance at the Y-Zone program. This consent releases all personnel or the YMCA from liability. This consent also gives permission for photographs to be used in publicity for the YMCA.

I authorize that artwork my child produces at the YMCA Y-Zone program may be displayed in ways deemed appropriate by the YMCA staff in the community, newsletters, flyers, forms, T-shirts, lobby, etc.

The undersigned, in my individual capacity as parent or guardian of the child or children participating in the YMCA Y-Zone program, understands that participation does involve certain risks, including but not limited to personal injury and property damage arising from the equipment and activities and or the actions of other participants. In consideration of these services provided and understanding these risks, I personally and on behalf of my child or children release the Clinton Community YMCA, YMCA Y-Zone, and their employees, agents, volunteers, and all other persons and agencies having any affiliation with the Y-Zone program and from all liability and claims arising from any occurrence or accident while my child or children participate in the program.

Be aware that many of the above consents are required for participation in the YMCA Y-Zone program.

This facility and program are not licensed or regulated by DCFS.

Parent/Guardian Signature \_\_\_\_\_

Name of child attending YMCA Y-Zone \_\_\_\_\_

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**Medication form**

Please list all allergies, behavior disorders, medications and dosage.

Please sign this form and return.

Childs name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

## **Special Participation Agreement and Waiver of Liability in relation to Risk of Coronavirus Infection while at Y-Zone**

Thank you for reading this Agreement carefully. It includes important information about the Clinton Community YMCA's Y-Zone activities and describes certain protections sought by the Y-Zone Program if you, your child, or another family member becomes ill or suffers some other loss due to infection of the CoronaVirus (COVID-19) that may have been caused from being at Y-Zone or from being exposed by someone else who was at Y-Zone

In consideration of the services of Y-Zone, I, \_\_\_\_\_, acknowledge and agree as follows:

### **Activities:**

The activities of Y-Zone include a variety of traditional activities, and events that will make it impossible to consistently implement social distancing of (6) feet or more, as may be recommended by any known government authorities. Y-Zone is a place where participants and staff are often in contact and near each other every day. This includes but not limited to: eating meals in a shared space, playing sports where a ball is touched by many participants taking part in activities that require participants move in and around a shared space.

### **Risks:**

Y-Zone will be taking more health precautions this school year. Each day when participants arrive they will be screened to determine if they have or recently had a fever, have a cough, have been exposed in the past two weeks to a friend or family member who had the Coronavirus, or in the past two weeks have traveled outside of the State of Illinois. If the parent or guardian answers "Yes" to any of these health questionnaire items, the child **WILL NOT** be allowed into Y-Zone until symptoms improve (i.e. a fever must be back to normal for 72 hours). Other precautions during Y-Zone include: encouraging and enforcing more handwashing, more use of hand sanitizers, more wiping down of doorknobs and high use areas with antibacterial wipes, etc. Y-Zone plans to be in constant communication with the local health department for guidance and the handling of any cases that arise at any Clinton Community YMCA program. It plans to send participants and staff home that have a high temperature. But even taking these and other extra precautions, participants will still be exposed to the risk of contracting the Coronavirus or possibly some other illness.

The activities and risks of Y-Zone are an integral part of the program experience. If eliminated, participants would be deprived of the opportunity for the growth and development which Y-Zone and its participants and families expect.

### **Acknowledgement and Assumption of Risks:**

I, \_\_\_\_\_ (parent/guardian), have read and understand the Y-Zone activities and risk of exposure to the Coronavirus. I acknowledge and assume the risks and dangers described above with my child being enrolled at Y-Zone. I have discussed the activities and risks with my child, who understands them and wishes to participate in the activities of the Y-Zone program.

**AGREEMENTS OF RELEASE AND INDEMNITY: I, PARENT, FOR MYSELF AND, TO THE EXTENT ALLOWED BY LAW, ON BEHALF OF MY CHILD, AGREE TO RELEASE AND DISCHARGE (AGREEING TO MAKE NO CLAIM, AND NOT TO SUE) Y-ZONE, AND THEIR RESPECTIVE MEMBERS, DIRECTORS, OFFICERS, EMPLOYEES, CONTRACTORS AND VOLUNTEERS (INDIVIDUALLY AND COLLECTIVELY REFERRED TO AS "RELEASED PARTIES") WITH RESPECT TO ANY AND ALL CLAIMS RELATED TO CONTRACTING THE CORONAVIRUS AND ANY LOSS, BODILY INJURY, OR DAMAGES ASSOCIATED FROM IT WHICH I OR MY CHILD MAY SUFFER, ARISING OUT OF OR IN ANY WAY RELATED TO HER BEING ENROLLED IN Y-ZONE, AND ON OR OFF THE PROGRAM PREMISES. I FURTHER AGREE TO INDEMNIFY (THAT IS DEFEND AND PAY, INCLUDING COSTS AND ATTORNEYS FEES) THE RELEASED PARTIES FROM CLAIMS BROUGHT BY OTHER MEMBERS OF MY, OR MY CHILD'S FAMILY, AND CLAIMS BROUGHT BY OTHERS, INCLUDING OTHER PARTICIPANTS, WHO CLAIM A LOSS CAUSED BY MY CHILD.**

**THESE AGREEMENTS OF RELEASE AND INDEMNITY INCLUDE CLAIMS CAUSED OR CLAIMED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE, BUT NOT THE GROSS NEGLIGENCE, OF A RELEASED PARTY. I UNDERSTAND THAT IN SIGNING THIS AGREEMENT I, FOR MYSELF AND FOR MY CHILD, TO THE MAXIMUM EXTENT ALLOWED BY LAW, SURRENDER THE RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST A RELEASED PARTY, FOR PERSONAL INJURY AND EVEN DEATH.**

Any dispute between Y-Zone or another Released Party and me or my child shall be governed by the substantive laws (not including the laws which might apply the laws of another jurisdiction) of the State of Illinois, and any mediation or suit shall occur or be filed and maintained exclusively in DeWitt County, Illinois, to the jurisdiction of which court or courts I hereby consent, for myself and my child.

If any part of this agreement is found by a court of competent jurisdiction to be invalid, the remainder of the agreement nevertheless will be in full force and effect.

This Agreement and Waiver of Liability does not supersede, circumvent, or cancel Y-Zone's Main Participation Agreement, but instead works together in conjunction with it.

I, \_\_\_\_\_ (parent/guardian), have read and accept the terms and conditions of this Agreement, and acknowledge and agree that it shall, to the fullest extent allowed by law, be effective upon me and my child, and our respective heirs, personal representatives, estates and family members.

Child / Name(s) \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Pick Up Authorization Card

Child's Name \_\_\_\_\_

(Please include names and information for person(s) authorized to pick up your child from Y-Zone / Camp)

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_