



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

# BUILDING BRIGHT FUTURES

2025-2026 Registration Packet  
School Age Program

GREATER SCRANTON YMCA  
706 North Blakely St.  
Dunmore, PA 18512

\*PROGRAM RUNS FROM  
SEPTEMBER 2, 2025 UNTIL THE END  
OF THE 2025-2026 SCHOOL YEAR.



Helen Cruser  
Education  
Director  
[hcruser@gsymca.org](mailto:hcruser@gsymca.org)



## **HOW TO REGISTER**

Contact the Youth & Camp Director, then simply complete the attached registration packet and return to the Greater Scranton YMCA.

### **PAYMENT INFORMATION**

- The first and last week's tuition payment is due at the time of registration in addition to the registration fee (non-refundable)
- Tuition payments are due by the Friday of the week prior to the first program day; as per Parent Agreement Form Payment Option selected. Payments not received on time will result in a \$10.00 late payment fee.
- Failure to pay can result in disruption of your child's care.

### **Electronic Funds Transfer**

- The Greater Scranton YMCA will deduct your weekly fee from the account you choose (listed on the agreement form) on the due date.
- Cancellation/changes: All cancellations and changes must be made through the ELC office. Changes in account information must be given to the ELC office at least 1 week in advance.

### **ACCOUNT STATEMENTS**

- Statements will be e-mailed after transactions have been applied to account, as per parent's request.
- Tax ID number **249795516**
- End of year Tax statements will be given upon request for accounts that are current.

## **ENROLLMENT CHECKLIST**

- ☐ Emergency Contact Form: All fields are required to be completed in full. Please do not write "same" for address as this is prohibited by the state.
- ☐ Agreement Form: Signature & date required
- ☐ Copy of your child's Medical Insurance Card
- ☐ Authorization and Permission for Medical Treatment Form
- ☐ Health Appraisal: Must be received 30 days from start date. The initial health report for a school-age child must be dated in accordance with the requirements for medical examinations for school attendance in 28 Pa. Code § 23.2 (relating to medical examinations).
- ☐ Child Intake Form: Signature and date required
- ☐ First and last week's tuition payment

***Paperwork must be updated every six months and/or when changes have occurred, as per DHS regulations. Scheduled updates for Participants are September and March.***

## **POLICIES**

**Drop off/Pick up:** Brightwheel is used for daily sign in and sign out. Pick up will be inside the building or out back under the pavilion (weather permitting), notification will be given via Brightwheel.

**Homework Help:** We recognize that the children have homework to complete daily and we are here to assist with that. Homework help will be daily until 4pm. We will help complete as much of the work as possible. It is the responsibility of the parents/guardians to check the child's homework each night.

**Cleaning:** All areas of the Greater Scranton YMCA are cleaned throughout the day. We use registered EPA compliant cleaners that meet COVID CDC guidelines as well. Areas are also fogged (this allows disinfectant to reach all areas of toys, electronics, etc.).

**Transportation:** Transportation is provided by the Dunmore School district and must be set up with them. On early dismissal and delayed opening days, the school will still bus the children to and from the YMCA

**ELRC Funding:** We cannot adjust any billing until we have been contacted by the ELRC regarding copays.

**The Greater Scranton YMCA has developed a before and after School Program that provides high quality care in a safe environment. Our program meets the needs of the working families, is convenient, affordable and designed to provide positive and enriching experiences for students. Our program fosters academic achievement, social and emotional development and physical health and wellbeing through hands on learning and fun activities. Our engagements are guided by the YMCA core values of caring, honesty, respect and responsibility.**

2025- 2026 School Age Care Agreement Form

Child’s Name: \_\_\_\_\_Date of Birth: \_\_\_\_\_Grade: \_\_\_\_\_

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

Date of Admission: \_\_\_\_\_Date of withdrawal: \_\_\_\_\_

<input type="checkbox"/> Check here if you receive funding from the ELRC	AM/PM Care	Registration Fee (non-refundable)
Greater Scranton YMCA Location (bussed by Dunmore School District)	<input type="checkbox"/> \$120	\$50/Family <input type="checkbox"/>
*Fees are weekly and we do not offer part-time for school age	*Care covers early dismissal, delayed openings and school closures due to holidays and weather*	Fee Is non-refundable and is due at enrollment. This is a yearly fee and is per family.

**FINANCIAL POLICY & PROCEDURE**

**Payment Due Date:** Friday prior to the first program day of the week/month; by end of day; as per Parent Agreement Form Payment Option selected.

**Absences/ Holidays:** Parent/Guardian is responsible for paying the required tuition amount each week. No credit will be given for day/days not in attendance.

**Late Payment Fee:** \$10.00 fee will be assessed for payment that has not been received by the end of the business day on the first program day of the week/month.

**Outstanding Balances:** If your child has an outstanding balance your child will be declined the ability to maintain an active status, transition to a new classroom/program, register at another YMCA, transfer records, or obtain end of year statements until the account balance is current or paid in full.

**Returned Check/Declined Credit Card:** A \$20.00 fee per NSF bank draft/ Credit Card Decline will be assessed.

**Late Pick Up Fee:** \$25 for the first 15 minutes past program hours selected and \$1.00 each minute thereafter.

**Refunds/Credit Policy:** The first and last week’s tuition is due at the time of registration. The last week’s payment will be credited when the parent provides a 1 week withdrawal notice. Failure to give notice will result in for forfeiture of last week’s tuition.

**Financial Assistance:** Available to reduce the costs of childcare to families that qualify. Families must apply for CCIS funding prior to scholarship. Scholarships renewed yearly. Scholarships take 2-4 weeks to process.

**Schedule Changes:** Days cannot be switched or made up due to absence

**The YMCA reserves the right to modify operating hours or close the center due to unforeseen circumstances.**

**Closure Dates**  
*(Child Care services are not available)*

- Memorial Day
- 4<sup>th</sup> of July
- Labor Day
- Thanksgiving
- Day After Thanksgiving
- Christmas Day
- New Year’s Day

**Services provided (included in tuition)**

- Snack
- Swim
- Movement Education including Gym time
- Youth Membership for YMCA

**Parent Provided**

- For non-school days, parents must provide lunch.

**\*\*FINANCIAL ASSITANCE AVAILABLE;  
PLEASE ALLOW 2-4 WEEKS TO PROCESS  
APPLICATIONS\*\***

**SUBSIDY PROVIDER INFORMATION** (for office use only)

- ☐ YMCA EITC Financial Assistance \_\_\_\_\_ %  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- ☐ State Subsidy (Current Agreement Form and/or  
Confirmation must be on file prior to tuition adjustment.)
- ☐ Region 12 CCW: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- ☐ Case Worker: \_\_\_\_\_
- ☐ Phone Number: \_\_\_\_\_
- ☐ CCW Copay: \$ \_\_\_\_\_

**PAYMENT OPTION FORM**

- Registration Application will not be processed without 1<sup>st</sup> and last week's tuition payment.

**Method of Payment**

- ☐ **Weekly**      ☐ **Monthly Tuition Payments**

- ☐ **Parent On-Line Payment (access via our website)**

- ☐ **Auto Draft Credit/Debit Card:**

Authorized Account Holder's name \_\_\_\_\_

Card Number (credit or debit) \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature of Authorized Account Holder \_\_\_\_\_ Date \_\_\_\_\_

- ☐ **Auto Draft Checking/Savings Account**

Bank Account Number \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Signature of Authorized Account Holder \_\_\_\_\_ Date \_\_\_\_\_

**Authorized Person(s) to pick up my child**

**1.** \_\_\_\_\_

**2.** \_\_\_\_\_

**3.** \_\_\_\_\_

I, the parent/guardian have reviewed and approved this registration information. I have read, understand and agree to comply with the Greater Scranton YMCA payment procedures and policies. I understand that my child will become ineligible for participation in the child care program if payment has not been received by the YMCA prior to or on scheduled due date. I agree to update the emergency contact, parent consent form, agreement form and health appraisal forms information whenever changes occur or every six months at a minimum (DHS Standards - 3270.124, 3280.124, 3290.124). I agree to a one-week written notice to the Education Director prior to my child's last day in the program or a forfeit the last week's tuition. The YMCA will not provide care on holiday days listed.

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

Parent/Guardian Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Original Admission Date: \_\_\_\_\_

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (6 Month update)**



## Greater Scranton YMCA School Age Program 2025-2026 Authorization for Medical Treatment

In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child, I hereby authorize the Greater Scranton YMCA to send my child to the nearest hospital. **I agree to meet the staff at the hospital as soon as possible after being notified.**

- I understand that I must bear all expenses involved, including those incurred to transport my child to the hospital.
- In the event of a minor injury, I authorize the Greater Scranton YMCA to administer basic First Aid to my child.

### Permission Form

Child's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

I give permission ✓	I <u>do not</u> give permission ✓	Action Item	Parent Signature
		<b>Sunscreen/Lotion:</b> Permission for the staff to apply sunscreen/lotion/Diaper cream to my son/daughter that I will provide.	SIGN HERE
		<b>Picture:</b> Permission to use photographs of my child taken during the program for social media to include but not limited to, the website, Facebook, Twitter, and text.	SIGN HERE
		<b>Picture:</b> Permission to use photographs of my child taken during the program or YMCA events, <b>ONLY</b> within the Greater Scranton YMCA Early Learning Center.	SIGN HERE
		<b>Picture:</b> Permission to use photographs of my child taken during the program or YMCA events, for publication or display (newspapers, news broadcasts, brochures for YMCA and affiliated agencies).	SIGN HERE
		<b>Allergy:</b> Permission to post my child's allergies in their classroom or binders.	SIGN HERE
		<b>Hand Sanitizer:</b> To use the provided hand sanitizer to supplement the hand washing regulations from the PA Department of Child Development and Early Learning (see 55PA.Code 3720.134, 3280.134 and 3290.134, relating to child Hygiene).	SIGN HERE
		<b>Emergency Operations Plan:</b> I agree that I have received, reviewed and understand the information on the Emergency Operations Plan for the Greater Scranton YMCA Early Learning Center. I understand that persons listed on the Emergency Contact Sheet will be designated custodians for release of my child.	SIGN HERE
		<b>Swim:</b> I give permission for my child to be released by the Greater Scranton YMCA School Age program to the YMCA Aquatics staff for the swim program.	SIGN HERE
		<b>Child Care Handbook:</b> I have received, understand and agree to follow all procedures and policies stated in the Greater Scranton YMCA Parent Handbook.	SIGN HERE
		<b>Child Abuse Prevention and Parent Statement of Understanding:</b> I have read and understand the Child Abuse Prevention and Parent Statement of Understanding.	SIGN HERE
PLEASE BE SURE TO SIGN EVERY SECTION OF PERMISSIONS FORM			

# Greater Scranton YMCA School Age Program

## 2025-2026 EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME		BIRTH DATE	
ADDRESS			
LEGAL GUARDIAN'S NAME		HOME TELEPHONE NUMBER	
ADDRESS		CELL NUMBER	
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
BUSINESS ADDRESS			
LEGAL GUARDIAN'S NAME		HOME TELEPHONE NUMBER	
ADDRESS		CELL NUMBER	
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
BUSINESS ADDRESS			
EMERGENCY CONTACT PERSON - NAME (1)		DAYTIME PHONE NUMBER	
EMERGENCY CONTACT PERSON - NAME (2)		DAYTIME PHONE NUMBER	
EMERGENCY CONTACT PERSON - NAME (3)		DAYTIME PHONE NUMBER	
PERSON TO WHOM CHILD MAY BE RELEASED - <b>NAME / ADDRESS (1)</b>		DAYTIME PHONE NUMBER	
PERSON TO WHOM CHILD MAY BE RELEASED - <b>NAME / ADDRESS (2)</b>		DAYTIME PHONE NUMBER	
PERSON TO WHOM CHILD MAY BE RELEASED - <b>NAME / ADDRESS (3)</b>		DAYTIME PHONE NUMBER	
NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER		TELEPHONE NUMBER	
ADDRESS			
SPECIAL DISABILITIES (IF ANY)		ALLERGIES INCLUDING MEDICATION REACTION	
MEDICAL OR DIETARY INFORMATION NEEDED IN AN EMERGENCY		MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)	
PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT			
OBTAINING EMERGENCY MEDICAL CARE <small>SIGN HERE</small>		ADMINISTRATION OF MINOR FIRST - AID PROCEDURES <small>SIGN HERE</small>	
WALKS AND TRIPS <small>SIGN HERE</small>		SWIMMING <small>SIGN HERE</small>	
TRANSPORTATION BY THE FACILITY <small>SIGN HERE</small>		WADING <small>SIGN HERE</small>	

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
**(6 MONTH UPDATE)**

\_\_\_\_\_  
DATE

# CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Date of Exam:

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME: <b>Greater Scranton YMCA</b>		
FACILITY PHONE: <b>570-346-5003</b>	COUNTY: <b>Lackawanna</b>	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

**DO NOT OMIT ANY INFORMATION**  
This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):  
☐ NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.  
☐ NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):  
☐ NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.  
☐ NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?  
☐ YES ☐ NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> )  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.</b>	
	VISION (subjective until age 3)	
	HEARING (subjective until age 4)	
	LEAD	

**RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD**

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER:      DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.





# 2025-2026 Intake Form

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Thank you for choosing the Greater Scranton YMCA School Age Program. We are happy to have you and your child with us. Please complete the following form with information regarding your child's preferences.

1. Has your child ever been in Child Care before? \_\_\_\_\_

2. List 3-5 words to describe your child's character (cheerful, shy, competitive, etc.)

\_\_\_\_\_

3. What are your child's interests?

\_\_\_\_\_

4. What concerns do you have?

\_\_\_\_\_

5. Circle the holidays your family celebrates:

Halloween	Thanksgiving	Hanukkah	Christmas	St. Patrick's	Cinco de Mayo	Other:
Kwanzaa	New Year's	Chinese New Year	Valentine's	Easter	Passover	

6. Do you have an IEP, IFSP, special needs assessment, or other documentation? Yes No

**a.** Will you be sharing a copy of the IEP with us? YES NO

**b.** Please share a brief description of the IEP so we can ensure success for your child:

\_\_\_\_\_

**c.** Does your child require any type of therapeutic support staff during the school year (this includes support provided for children with ADHD, Tourette Syndrome, Autism or any other emotional/behavioral support

needs)? NO YES \*Please note that support staff may be required in order for child to attend

Support Staff Full

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

Agency: \_\_\_\_\_

Support Staff Supervisor: \_\_\_\_\_

Contact information: \_\_\_\_\_

Permission for Release of Information: The Education Center has my permission to obtain records and share records in order to discuss information pertaining to my child with agencies involved in the care and development of my child. Please complete the section below with authorized outside agencies to share information with.

Northeastern Educational Intermediate Unit (IU19): YES NO

Elementary School (please list school if yes): \_\_\_\_\_

NO Other: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_





## **Greater Scranton YMCA Emergency Operations Plan**

Dear Parent (s)/Guardian,

The YMCA recognizes safety as our first priority for all children attending Y programs. With this in mind The YMCA has developed a comprehensive Emergency Operations Plan (EOP) that provides for response to all types of emergencies. The specifics of the plan is located at each child care facility and can be viewed at any time.

Depending on the circumstance of the emergency, the children may be relocated to a different part of the facility and/or offsite at a temporary shelter. Children will remain there until all is clear and/or accommodations for parent pick up has been established. Once the children are in a safe location and/or emergency has been cleared parents will be contacted.

**COVID-19-** The Greater Scranton YMCA is committed to ensuring the health and safety of our children, families and staff in response to the COVID-19 pandemic. The standards are based on the current guidelines and recommendations set forth by the CDC, OCDEL (Office of Child Development and Early Learning), DHS (Department of Human Services) and state guidelines.

- Frequent hand washing, routinely sanitizing and disinfecting high contact areas throughout the building and use of an Electrostatic sprayer to at the start and end of each day.
- Limited capacity to ensure social distancing

### **Immediate evacuation**

- Emergency in the Main Building, children will be evacuated to the exterior of the building.

**In-place sheltering** - Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.

- Each classroom has a specific area within the building as referenced in the EOP.

**Evacuation** - Total evacuation of the facility may become necessary if there is a danger in the area.

**Modified Operation**- May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems (such as utility disruptions) that make it unsafe for students but may be necessary in a variety of situations.

Please visit the stations listed below for announcements relating any of the emergency actions listed above.

Facebook; Brightwheel

We ask that you not call during the emergency. This will keep the main line telephone free to make emergency calls and relay information. We will call you to let you know that we have taken one of these protective actions. We will also call you when we have resolved the situation and it is safe for you to pick up your child either at the YMCA or at our relocation facility.

If an emergency forces school to close, please do not attempt to take your child to the YMCA.

The designated persons to pick up your child during an emergency are listed on the Emergency Contact Form included with the Registration Packet.

We urge all families to have their own emergency plan in place. Your plan should include a predetermined meeting spot for all family members along with designated family and friends who are able and available to pick up your child should in the event you are unavailable.

In order to assure the safety of your children and our staff, I ask your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures, please contact the Education Director.

Sincerely,

*Tressa M. Capoccia*

**Tressa M. Capoccia**  
Senior Education Director  
Greater Scranton YMCA



## **YMCA OF THE USA**

### **Child Abuse Prevention Training and Parent Statement of Understanding**

The following information is important for the safety and protection of your child.

I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the YMCA program. The YMCA will take immediate disciplinary action toward staff and volunteers if a violation is discovered.

I understand that I am not to leave my young child or children at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child. \*Note: Most YMCA's have a policy that defines the specific age.

I understand children should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA staff or volunteers, and I should report this to a supervisor, if they do.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child including older siblings or other relatives must be listed with the YMCA and must be of the age required by this YMCA. Any other arrangements must be made by calling the YMCA office to inform them of a change.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience. I, too, will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.

I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

## Photo/Video Release

For my participation in activities to be conducted by the Greater Scranton and/or YMCA of the USA (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting, or rebroadcasting of video film or footage of me, soundtrack recordings of me, photo reproductions of me, and any narrative account of my experience.

My consent includes a perpetual license to the Y and collaborating third parties for the use of the materials for publication, display, sale or exhibition in promotions, advertising, education, and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I agree that my consent is irrevocable. I hereby release and discharge the Y and collaborating third parties, from all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# MINOR PARTICIPANT WAIVER, RELEASE, INDEMNIFICATION OF ALL CLAIMS & COVENANT NOT TO SUE

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT.** Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's 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 the named minor's participation in Greater Scranton YMCA Programs, now or any time in the future.

## ACKNOWLEDGMENT OF RISK

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in Greater Scranton YMCA activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with participation at the Greater Scranton YMCA, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with participation at the Greater Scranton YMCA and that said list in no way limits the operation of this Agreement.

## 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 [insert organization] programs or accessing Greater Scranton YMCA facilities could increase the risk of contracting COVID-19.** Greater Scranton YMCA in no way warrants that COVID-19 infection will not occur through participation in Greater Scranton YMCA programs of accessing [insert organization] facilities.

\_\_\_\_\_  
Initial

## WAIVER, RELEASE, INDEMNIFICATION & COVENANT NOT TO SUE

In consideration of \_\_\_\_\_'s participation at the Greater Scranton YMCA, I, \_\_\_\_\_, **the parent/guardian** of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE Greater Scranton YMCA, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Greater Scranton YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Greater Scranton YMCA facilities/equipment or participation in Greater Scranton YMCA programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in Greater Scranton YMCA, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's Greater Scranton YMCA participation.

\_\_\_\_\_  
Initial

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in participation at the Greater Scranton YMCA and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating at the Greater Scranton YMCA and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation at the Greater Scranton YMCA.

I further certify that my date of birth is \_\_\_\_\_ (MM/DD/YYYY), that my present age is \_\_\_\_\_ that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

\_\_\_\_\_  
Participant Name (Print Clearly)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent/Guardian Name (Print Clearly)



