



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FAIRFIELD YMCA Beach Club Registration & Release Form

Member ID# _____

Child's First Name _____ Last _____ Gender _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age entering program yrs. _____ month _____ Grade entering in Sept. _____

Child lives with _____

Parent # 1 _____

Parent # 2 _____

Home Address _____

Home address _____

Email _____

Email _____

Please Check Which Phone Number You Would Like Used As Primary Contact Number

Home Phone # () _____

Home Phone # () _____

Cell Phone # () _____

Cell Phone # () _____

Work Phone # () _____

Work Phone # () _____

If parent cannot be reached, give name and relationship of person to be called in case of an emergency:

Name: _____ Relationship: _____

Does your child have any allergies? Yes___ No___. If yes, please provide the Y with the State of Connecticut Authorization of Medication Form before your child attends the program.

A child Individual Plan of Care is required for those with special needs to help provide a positive and successful experience. Plan is preferred at time of registration but due no later than two weeks prior to the session start. Meetings with the Program director should also be scheduled. _____ Initials

FAIRFIELD YMCA BEACH CLUB REGISTRATON/PAYMENT INFORMATION

I understand a TWO-WEEK WRITTEN NOTICE prior to the program start date June 9 is REQUIRED TO WITHDRAW FROM THIS PROGRAM. A \$50 nontransferable, nonrefundable fee will be retained upon withdrawal for all non-medical reasons.

Signature of Parent/Legal Guardian: _____

Date _____



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FAIRFIELD YMCA BEACH CLUB

Authorizations and Acknowledgements

Child's First Name _____ Last _____ Gender ____ Age ____

Parent Legal Guardian Authorizations and Acknowledgements

I understand there are risks associated with activities and programs in which my child is a participant. I hold the Fairfield Y Branch, the Central Connecticut Coast YMCA, its employees, representatives, agents, and assigns from any and all claims whatsoever against said parties resulting from or caused by my child's participation. _____ Initials

I hereby give permission for my child to participate in all activities (including walks and field trips) that are part of the program. _____ Initials

I agree to arrange for my child to be picked up from the program if they become ill and to keep the child home until their condition is considered safe and appropriate for participation. _____ Initials

I hereby give my consent for my child to participate in activities that involve water and recreational swimming while under the supervision of the YMCA staff or their representatives where it applies. _____ Initials

I understand that neither the YMCA nor any of its paid or volunteer workers can be held responsible in the events of an accident. I understand that all precautions will be taken to ensure the safety and health of my child. _____ Initials

I also grant permission for photographs taken of my child while at beach club to be used for publicity and promotional purposes. _____ Initials

I, as a client of the YMCA, will be held responsible for the full program fees. By initialing, I agree with these terms. _____ Initials

I understand that the Site Location, the Y branch and the Central Connecticut Coast YMCA are not responsible for personal property lost, damaged, or stolen while members and/or program participants are using the facilities, on the premises, or involved in Y programs. _____ Initials

Getting to know your child, the YMCA believes that every child in our care is a unique individual with special needs. Help us to provide the best care for your child by providing us as much information as possible. Please list all medications and/or medical conditions affecting your child. By signing this document, I affirm that I am the person legally responsible by law to make decisions for the well-being of the above-named child.

I hereby give permission for my child, _____ to be transported by the Y to and from program areas.

Signature of Parent/Legal Guardian _____ Date _____



NAME: _____

FAIRFIELD YMCA BEACH CLUB

Behavior Contract for Participants, Parents, Families and Participant Expectations

- Show respect by treating other children and adults the way I would want to be treated. _____ Initials
- Be honest, will always tell the truth about actions and feelings. _____ Initials
- Be a friend that others can trust. _____ Initials
- Demonstrate caring by helping others and treating them kindly. _____ Initials
- Take responsibility for my own behavior and accept the consequences for my actions. _____ Initials
- To be free from cruel teasing and insults. _____ Initials
- Have a safe, calm, clean and orderly environment. _____ Initials
- Make mistakes without being ridiculed by others.
- Seek help from those that are there to help. Talk with Beach Club staff when frustrated or feel mistreated. _____ Initials
- Be treated with dignity and respect by everyone. _____ Initials
- Use appropriate, acceptable language, no talking back or use obscene, threatening or unkind speech. _____ Initials
- Avoid fights or verbal abuse. _____ Initials
- Be fair and accepting of others eager to join any activity. _____ Initials
- No use of electronic devices, including phones, during program hours. _____ Initials
- Be kind, considerate, helpful, and respectful toward others. _____ Initials
- Follow directions and listen attentively while participating in activities. _____ Initials
- Share equipment and materials fairly and use them properly. _____ Initials
- Respect property, especially things that do not belong to me. _____ Initials
- Cooperate with others who are there to help. _____ Initials
- Speak up when witnessing unfairness or offensive language or behavior of others. _____ Initials
- Be a good sport whether I win or lose. _____ Initials
- Letter of discipline for talking back, destroying property, bullying children, disrupting the program, refusing to obey. Parent will be required to sign these reports acknowledging that they have read the report. After three reports child and parent may be required to meet with the Aquatic Director. _____ Initials
- Letter of discipline and immediately suspended for a minimum of one day for hitting, kicking, biting, spitting, scratching, swearing, making degrading or racial remarks, or leaving the group. Parents may be required to meet with the Aquatic Director before the child can return to the program. _____ Initials
- Program services may also be terminated if the parent is physically or verbally abusive to a staff member. It is our desire that every child enjoys his/her experience in the program. _____ Initials
- Participation in the Beach Club program may be limited or discontinued if this contract is not followed. _____ Initials

SOME BEHAVIORS MAY WARRANT OUR SKIPPING PROCEDURES DEPENDING UPON THE SEVERITY OF THE INAPPROPRIATE BEHAVIOR.

Parent/Guardian Signature _____ Date _____



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FAIRFIELD YMCA BEACH CLUB

NAME: _____

Please Check Weeks for BEACH CLUB:

| <input type="checkbox"/> | WEEKS AM | MEMBER RATE | PROGRAM PARTICIPANT RATE |
|--------------------------|------------------------------|-----------------------------------|--|
| <input type="checkbox"/> | Week 1 June 23 - June 27 | M <input type="checkbox"/> \$ 250 | PP <input type="checkbox"/> \$370 |
| <input type="checkbox"/> | Week 2 June 30 - July 4 | M <input type="checkbox"/> \$ 200 | PP <input type="checkbox"/> \$296 (Closed 4 th of July) |
| <input type="checkbox"/> | Week 3 July 7 - July 11 | M <input type="checkbox"/> \$ 250 | PP <input type="checkbox"/> \$370 |
| <input type="checkbox"/> | Week 4 July 14 - July 18 | M <input type="checkbox"/> \$ 250 | PP <input type="checkbox"/> \$370 |
| <input type="checkbox"/> | Week 5 July 21 - July 25 | M <input type="checkbox"/> \$ 250 | PP <input type="checkbox"/> \$370 |
| <input type="checkbox"/> | Week 6 July 28 - August 1 | M <input type="checkbox"/> \$ 250 | PP <input type="checkbox"/> \$370 |
| <input type="checkbox"/> | Week 7 August 4 - August 8 | M <input type="checkbox"/> \$ 250 | PP <input type="checkbox"/> \$370 |
| <input type="checkbox"/> | Week 8 August 11 - August 15 | M <input type="checkbox"/> \$ 250 | PP <input type="checkbox"/> \$370 |
| <input type="checkbox"/> | Week 9 August 18 - August 22 | M <input type="checkbox"/> \$250 | PP <input type="checkbox"/> \$370 |

REGISTRATON/PAYMENT INFORMATION

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Signature of Parent/Legal Guardian:

_____ Date _____