



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

WAIVER

I give my permission for my child to participate in the YMCA School Age Child Care program. In doing so, I agree to release the YMCA, its staff and its volunteers from any responsibility in case of injury.

Parent/Guardian Signature _____ Date _____

FIRST AID

The only First Aid measures taken at the Child Care Site are as follows:

- | | |
|----------------|--|
| Burn or Bruise | Apply ice, if needed. |
| Cut or Scratch | Clean with soap and water. Apply bandage, if needed. |
| Nose Bleed | Apply pressure. |
| Splinter | First Aid by a qualified person. |

If a child is to be taken outside on a sunny day, the child will be responsible for applying suntan lotion to him/herself. Staff will remind children to apply to all exposed areas.

If further care is needed, a parent/guardian will be notified.

Parent/Guardian Signature _____ Date _____

TRANSPORTATION, PHOTOS AND ACTIVITY AUTHORIZATIONS

I give permission for my child, _____, to participate in trips, tours, walks and special events under the supervision of a YMCA staff person. Notifications of any activity will be given in advance of said activity. Special movies or videos may be shown from time to time, which YMCA staff have previewed and believe to be appropriate for the age group. Speakers from the community may be invited during specific theme program.

Parent/Guardian Signature _____ Date _____

I also give my consent to let my child be photographed for use by the YMCA in newspapers, newsletters, program guides, etc., for the purpose of advertisement or promotion or by media outlets approved by the YMCA.

Parent/Guardian Signature _____ Date _____

PARENT/GUARDIAN PERMISSION TO APPLY SUNSCREEN TO CHILD

Child Name _____

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at the YMCA of the Cedar Rapids Metropolitan Area to apply sunscreen product of SPF-15 or higher to my child, as specified below, when he or she will be playing outside, especially during the months of March through October and between the daily times of 10am and 4pm. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms and legs. I have checked all applicable information regarding the type and use of sunscreen for my child.

- I do not know of any allergies my child has to sunscreen.
- Staff may use the sunscreen of their choice following the directions of recommendations printed on the bottle.
- I have provided the following brand/type of sunscreen for use on my child.

- My child is allergic to some sunscreens. Please use only the following brand(s) and type(s) of sunscreen

- For medical or other reasons, please do not apply sunscreen to the following areas of my child's body

Parent/Guardian full name (print) _____

Parent/Guardian Signature _____ Date _____

Statement of Understanding

I have read the Parent/Guardian Handbook and understand the policies/procedures of the YMCA of the Cedar Rapids Metropolitan Area's School Age Child Care Program.

Parent/Guardian Signature

Date

Child's Name

Child's Name

Child's Name

***This statement must be signed for your child to be enrolled in the program.** A copy of the parent handbook can be found on the YMCA website: www.crmetroymca.org.