



Tri-Town YMCA Information & Registration Form 2022-2023 School Year Y Kids & Adventure Club Participants

Program Track	Start Time	End Time	Daily Fee
Y Kids Before School Care (D45 Kindergarten-5th Grade) <i>On-Site at Ardmore, North, Schafer, Stevenson, Westmore, & York Center Schools</i> <i>In the event of low enrollment, program sites may be consolidated and transported to/from Tri-Town YMCA's site at St. Alexander School</i>	7:00AM	8:15AM	\$9
Y Kids After School Care (D45 Kindergarten-5th Grade) <i>On-Site at Ardmore, North, Schafer, Stevenson, Westmore, & York Center Schools</i> <i>In the event of low enrollment, program sites may be consolidated and transported to/from Tri-Town YMCA's site at St. Alexander School</i>	2:30PM	6:00PM	\$19*
Adventure Club Before School (D44 & D45 6th-8th Grade) <i>On-Site at Jackson & Jefferson Schools</i> <i>In the event of low enrollment, program sites may be consolidated and transported to/from Tri-Town YMCA's site at St. Alexander School</i>	6:30AM	8:30AM	\$10
Adventure club After School (D44 & D45 6th-8th Grade) <i>On-Site at Jackson & Jefferson Schools</i> <i>In the event of low enrollment, program sites may be consolidated and transported to/from Tri-Town YMCA's site at St. Alexander School</i>	2:45PM/3:15PM	5:30PM	\$19*
School Days Off (All Districts K-8th Grade)	7:00AM	6:00PM	\$45

* Indicates that on Early Release Days, the daily fee is \$36.

Billing is processed the Friday before the program week. If your child has to quarantine/isolate due to COVID-19, Tri-Town YMCA will pause billing upon notification. All other schedule changes are due the Thursday prior to the week of care. Last-minute schedule adds or removals will be subject to a \$10 administrative fee.

There is a \$35 registration fee that is due at the time of registration.



Tri-Town YMCA Information & Registration Form 2022-2023 School Year Y Kids & Adventure Club Participants

Directions: Please legibly print and complete all components of the registration form. If there are sections that do not apply, please enter N/A. Please submit your registration form in one of these methods:

Fax: 630.686.7457

Email: officeassistant@tritownymca.org

Mail/Drop Off: Tri-Town YMCA, 136 S Cornell Ave, Villa Park, IL 60181

There is a \$35 registration fee due at the time of enrollment. Please make checks payable to Tri-Town YMCA. Incomplete forms may delay processing. Need help, call 630.629.9622.

PARENT/GUARDIAN 1 CONTACT INFORMATION			
Please indicate your relationship to the child(ren) being enrolled in READ. <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other			
First Name of Parent/Guardian 1:	Last Name of Parent/Guardian 1:		
Street Address:	City, State, Zip Code:		
Primary Phone Number:	Secondary Phone Number:		
Email Address:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	
Employer:	Employer Phone:		
PARENT/GUARDIAN 2 CONTACT INFORMATION			
Please indicate your relationship to the child(ren) being enrolled in READ. <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other			
First Name of Parent/Guardian 1:	Last Name of Parent/Guardian 1:		
Street Address:	City, State, Zip Code:		
Primary Phone Number:	Secondary Phone Number:		
Email Address:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	
Employer:	Employer Phone:		
PARTICIPANT INFORMATION			
First Name:	Last Name:	Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
Race (this is collected for grant purposes): <input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Two or More Races <input type="checkbox"/> Caucasian/White		Grade in School: <input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th	What School Does Your Child Attend? <input type="checkbox"/> Ardmore <input type="checkbox"/> Schafer <input type="checkbox"/> Jackson <input type="checkbox"/> Stevenson <input type="checkbox"/> Jefferson <input type="checkbox"/> Westmore <input type="checkbox"/> North <input type="checkbox"/> York Center <input type="checkbox"/> Other
Does your child have an IEP? <input type="checkbox"/> No <input type="checkbox"/> Yes, please attach a copy of IEP.	If your child has an IEP, is transportation included in it? <input type="checkbox"/> Not Applicable <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you approve for Tri-Town YMCA to share information with your child's school district/school/teacher/support staff members? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you approve for Tri-Town YMCA to transport your child to/from school/Tri-Town YMCA, for a field trip, and/or for emergency purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMERGENCY CONTACTS & ADULTS AUTHORIZED TO PICK-UP MY CHILD/WARD

First & Last Name	Relationship	Primary Phone	Secondary Phone	Authorized to Pick-up
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PARTICIPANT'S MEDICAL INFORMATION

Has the participant been diagnosed with any of the following medical conditions. If yes, please use the space to explain.

- | | | |
|--|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No ADHD | <input type="checkbox"/> Yes <input type="checkbox"/> No Allergies – Food | <input type="checkbox"/> Yes <input type="checkbox"/> No Allergies – Environmental |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Allergies – Medicine | <input type="checkbox"/> Yes <input type="checkbox"/> No Anemia | <input type="checkbox"/> Yes <input type="checkbox"/> No Anxiety |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Asthma or other Breathing Condition(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No Autism | <input type="checkbox"/> Yes <input type="checkbox"/> No Behavior Disorders |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Cancer/Leukemia | <input type="checkbox"/> Yes <input type="checkbox"/> No Cardiac Condition(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No Cerebral Palsy |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Circulatory Condition(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No Dermatological Condition (Acne, Eczema, etc.) | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No Digestive Condition(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No Endocrine Condition(s) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Epilepsy (seizures) | <input type="checkbox"/> Yes <input type="checkbox"/> No Hearing Condition(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No HIV/AIDS |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Mental Health Condition(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No Vision Condition(s) | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Condition(s), please list | | |

Please describe medical conditions:

MEDICAL PROVIDER INFORMATION

Pediatrician/Doctor's Name	Doctor's Phone	Insurance Provider Name	Insurance Group #	Insurance Phone

MEDICATION INFORMATION (Complete only if medication needs to be distributed to participant during programming)

- Does the participant take medication that needs to be administered during the program meeting time?
- Yes, the participant takes the following medications and I approve for Tri-Town YMCA to administer them during program as described.
- No, the participant does not take medication.

- Will the participant be carrying an autoinjector or inhaler with them at program?
- The participant will not be carrying/ng an autoinjector or an inhaler.
- Yes, the participant will be carrying an autoinjector or an inhaler and I have completed an action plan for them.
- Yes, the participant will be carrying an autoinjector or an inhaler and I need to complete an action plan for them.

ADA COMPLIANCE

Tri-Town YMCA intends to comply with the intent and spirit of the Americans with Disabilities Act to provide reasonable accommodations. Registrants requiring special accommodations such as a sign language interpreter or an inclusion aide should notify Tri-Town YMCA staff at least ten (10) days in advance of start date so that an appropriate plan can be developed between the registrant and Tri-Town YMCA.

- Does the participant have a special need?
- No, the participant does not have a special need and does not require accommodations
- Yes, the participant does have a special need and requires accommodations such as

Y Kids PROGRAM REGISTRATION TRACKS

Please select the program dates that you wish to enroll your child into for the 2022-2023 school year.

D45 Early Release Day/Day Off

AM Care

Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri
		<input type="checkbox"/> 8/17	<input type="checkbox"/> 8/18	<input type="checkbox"/> 8/19	<input type="checkbox"/> 8/22	<input type="checkbox"/> 8/23	<input type="checkbox"/> 8/24	<input type="checkbox"/> 8/18	<input type="checkbox"/> 8/19
<input type="checkbox"/> 8/22	<input type="checkbox"/> 8/23	<input type="checkbox"/> 8/24	<input type="checkbox"/> 8/25	<input type="checkbox"/> 8/26	<input type="checkbox"/> 8/29	<input type="checkbox"/> 8/30	<input type="checkbox"/> 8/31	<input type="checkbox"/> 8/25	<input type="checkbox"/> 8/26
<input type="checkbox"/> 8/29	<input type="checkbox"/> 8/30	<input type="checkbox"/> 8/31	<input type="checkbox"/> 9/1	<input type="checkbox"/> 9/2		<input type="checkbox"/> 9/6	<input type="checkbox"/> 9/7	<input type="checkbox"/> 9/1	<input type="checkbox"/> 9/2
	<input type="checkbox"/> 9/6	<input type="checkbox"/> 9/7	<input type="checkbox"/> 9/8	<input type="checkbox"/> 9/9	<input type="checkbox"/> 9/12	<input type="checkbox"/> 9/13	<input type="checkbox"/> 9/14	<input type="checkbox"/> 9/8	<input type="checkbox"/> 9/9
<input type="checkbox"/> 9/12	<input type="checkbox"/> 9/13	<input type="checkbox"/> 9/14	<input type="checkbox"/> 9/15	<input type="checkbox"/> 9/16	<input type="checkbox"/> 9/19	<input type="checkbox"/> 9/20	<input type="checkbox"/> 9/21	<input type="checkbox"/> 9/15	<input type="checkbox"/> 9/16
<input type="checkbox"/> 9/19	<input type="checkbox"/> 9/20	<input type="checkbox"/> 9/21	<input type="checkbox"/> 9/22		<input type="checkbox"/> 9/26	<input type="checkbox"/> 9/27	<input type="checkbox"/> 9/28	<input type="checkbox"/> 9/22	<input type="checkbox"/> 9/30
<input type="checkbox"/> 9/26	<input type="checkbox"/> 9/27	<input type="checkbox"/> 9/28	<input type="checkbox"/> 9/29	<input type="checkbox"/> 9/30	<input type="checkbox"/> 10/3	<input type="checkbox"/> 10/4	<input type="checkbox"/> 10/5	<input type="checkbox"/> 9/29	<input type="checkbox"/> 10/7
<input type="checkbox"/> 10/3	<input type="checkbox"/> 10/4	<input type="checkbox"/> 10/5	<input type="checkbox"/> 10/6	<input type="checkbox"/> 10/7		<input type="checkbox"/> 10/11	<input type="checkbox"/> 10/12	<input type="checkbox"/> 10/6	<input type="checkbox"/> 10/14
	<input type="checkbox"/> 10/11	<input type="checkbox"/> 10/12	<input type="checkbox"/> 10/13	<input type="checkbox"/> 10/14	<input type="checkbox"/> 10/17	<input type="checkbox"/> 10/18	<input type="checkbox"/> 10/19	<input type="checkbox"/> 10/13	<input type="checkbox"/> 10/21
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<input type="checkbox"/> 10/24	<input type="checkbox"/> 10/25	<input type="checkbox"/> 10/26	<input type="checkbox"/> 10/27	<input type="checkbox"/> 10/28	<input type="checkbox"/> 10/31	<input type="checkbox"/> 11/1	<input type="checkbox"/> 11/2	<input type="checkbox"/> 10/27	<input type="checkbox"/> 11/4
<input type="checkbox"/> 10/31	<input type="checkbox"/> 11/1	<input type="checkbox"/> 11/2	<input type="checkbox"/> 11/3	<input type="checkbox"/> 11/4	<input type="checkbox"/> 11/7		<input type="checkbox"/> 11/9	<input type="checkbox"/> 11/3	<input type="checkbox"/> 11/4
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<input type="checkbox"/> 11/14	<input type="checkbox"/> 11/15	<input type="checkbox"/> 11/16	<input type="checkbox"/> 11/17	<input type="checkbox"/> 11/18	<input type="checkbox"/> 11/14	<input type="checkbox"/> 11/15	<input type="checkbox"/> 11/16	<input type="checkbox"/> 11/10	<input type="checkbox"/> 11/11
FALL BREAK WEEK					<input type="checkbox"/> 11/28	<input type="checkbox"/> 11/29	<input type="checkbox"/> 11/30	<input type="checkbox"/> 11/17	<input type="checkbox"/> 11/18
<input type="checkbox"/> 11/28	<input type="checkbox"/> 11/29	<input type="checkbox"/> 11/30	<input type="checkbox"/> 12/1	<input type="checkbox"/> 12/2	FALL BREAK WEEK				
<input type="checkbox"/> 12/5	<input type="checkbox"/> 12/6	<input type="checkbox"/> 12/7	<input type="checkbox"/> 12/8	<input type="checkbox"/> 12/9	<input type="checkbox"/> 11/28	<input type="checkbox"/> 11/29	<input type="checkbox"/> 11/30	<input type="checkbox"/> 12/1	<input type="checkbox"/> 12/2
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<input type="checkbox"/> 12/19	<input type="checkbox"/> 12/20	<input type="checkbox"/> 12/21	<input type="checkbox"/> 12/22		<input type="checkbox"/> 12/12	<input type="checkbox"/> 12/13	<input type="checkbox"/> 12/14	<input type="checkbox"/> 12/15	<input type="checkbox"/> 12/16
WINTER BREAK WEEK 1					<input type="checkbox"/> 12/12	<input type="checkbox"/> 12/13	<input type="checkbox"/> 12/14	<input type="checkbox"/> 12/15	<input type="checkbox"/> 12/16
WINTER BREAK WEEK 2					<input type="checkbox"/> 12/19	<input type="checkbox"/> 12/20	<input type="checkbox"/> 12/21	<input type="checkbox"/> 12/22	
<input type="checkbox"/> 1/9	<input type="checkbox"/> 1/10	<input type="checkbox"/> 1/11	<input type="checkbox"/> 1/12		WINTER BREAK WEEK 1				
	<input type="checkbox"/> 1/17	<input type="checkbox"/> 1/18	<input type="checkbox"/> 1/19	<input type="checkbox"/> 1/20	WINTER BREAK WEEK 2				
<input type="checkbox"/> 1/23	<input type="checkbox"/> 1/24	<input type="checkbox"/> 1/25	<input type="checkbox"/> 1/26	<input type="checkbox"/> 1/27	<input type="checkbox"/> 1/9	<input type="checkbox"/> 1/10	<input type="checkbox"/> 1/11	<input type="checkbox"/> 1/12	
<input type="checkbox"/> 1/30	<input type="checkbox"/> 1/31	<input type="checkbox"/> 2/1	<input type="checkbox"/> 2/2	<input type="checkbox"/> 2/3	<input type="checkbox"/> 1/17	<input type="checkbox"/> 1/18	<input type="checkbox"/> 1/19	<input type="checkbox"/> 1/20	<input type="checkbox"/> 1/20
<input type="checkbox"/> 2/6	<input type="checkbox"/> 2/7	<input type="checkbox"/> 2/8	<input type="checkbox"/> 2/9	<input type="checkbox"/> 2/10	<input type="checkbox"/> 1/23	<input type="checkbox"/> 1/24	<input type="checkbox"/> 1/25	<input type="checkbox"/> 1/26	<input type="checkbox"/> 1/27
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	<input type="checkbox"/> 2/21	<input type="checkbox"/> 2/22	<input type="checkbox"/> 2/23	<input type="checkbox"/> 2/24	<input type="checkbox"/> 2/6	<input type="checkbox"/> 2/7	<input type="checkbox"/> 2/8	<input type="checkbox"/> 2/9	<input type="checkbox"/> 2/10
<input type="checkbox"/> 2/27	<input type="checkbox"/> 2/28	<input type="checkbox"/> 3/1	<input type="checkbox"/> 3/2		<input type="checkbox"/> 2/13	<input type="checkbox"/> 2/14	<input type="checkbox"/> 2/15	<input type="checkbox"/> 2/16	<input type="checkbox"/> 2/17
<input type="checkbox"/> 3/6	<input type="checkbox"/> 3/7	<input type="checkbox"/> 3/8	<input type="checkbox"/> 3/9	<input type="checkbox"/> 3/10	<input type="checkbox"/> 2/27	<input type="checkbox"/> 2/28	<input type="checkbox"/> 3/1	<input type="checkbox"/> 3/2	<input type="checkbox"/> 2/24
<input type="checkbox"/> 3/13	<input type="checkbox"/> 3/14	<input type="checkbox"/> 3/15	<input type="checkbox"/> 3/16	<input type="checkbox"/> 3/17	<input type="checkbox"/> 3/6	<input type="checkbox"/> 3/7	<input type="checkbox"/> 3/8	<input type="checkbox"/> 3/9	<input type="checkbox"/> 3/10
<input type="checkbox"/> 3/20	<input type="checkbox"/> 3/21	<input type="checkbox"/> 3/22	<input type="checkbox"/> 3/23	<input type="checkbox"/> 3/24	<input type="checkbox"/> 3/13	<input type="checkbox"/> 3/14	<input type="checkbox"/> 3/15	<input type="checkbox"/> 3/16	<input type="checkbox"/> 3/17
SPRING BREAK WEEK					<input type="checkbox"/> 3/20	<input type="checkbox"/> 3/21	<input type="checkbox"/> 3/22	<input type="checkbox"/> 3/23	<input type="checkbox"/> 3/24
<input type="checkbox"/> 4/3	<input type="checkbox"/> 4/4	<input type="checkbox"/> 4/5	<input type="checkbox"/> 4/6		SPRING BREAK WEEK				
<input type="checkbox"/> 4/10	<input type="checkbox"/> 4/11	<input type="checkbox"/> 4/12	<input type="checkbox"/> 4/13	<input type="checkbox"/> 4/14	<input type="checkbox"/> 4/3	<input type="checkbox"/> 4/4	<input type="checkbox"/> 4/5	<input type="checkbox"/> 4/6	
<input type="checkbox"/> 4/17	<input type="checkbox"/> 4/18	<input type="checkbox"/> 4/19	<input type="checkbox"/> 4/20		<input type="checkbox"/> 4/10	<input type="checkbox"/> 4/11	<input type="checkbox"/> 4/12	<input type="checkbox"/> 4/13	<input type="checkbox"/> 4/14
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<input type="checkbox"/> 5/1	<input type="checkbox"/> 5/2	<input type="checkbox"/> 5/3	<input type="checkbox"/> 5/4	<input type="checkbox"/> 5/5	<input type="checkbox"/> 4/24	<input type="checkbox"/> 4/25	<input type="checkbox"/> 4/26	<input type="checkbox"/> 4/27	<input type="checkbox"/> 4/28
<input type="checkbox"/> 5/8	<input type="checkbox"/> 5/9	<input type="checkbox"/> 5/10	<input type="checkbox"/> 5/11	<input type="checkbox"/> 5/12	<input type="checkbox"/> 5/1	<input type="checkbox"/> 5/2	<input type="checkbox"/> 5/3	<input type="checkbox"/> 5/4	<input type="checkbox"/> 5/5
<input type="checkbox"/> 5/15	<input type="checkbox"/> 5/16	<input type="checkbox"/> 5/17	<input type="checkbox"/> 5/18	<input type="checkbox"/> 5/19	<input type="checkbox"/> 5/8	<input type="checkbox"/> 5/9	<input type="checkbox"/> 5/10	<input type="checkbox"/> 5/11	<input type="checkbox"/> 5/12
<input type="checkbox"/> 5/22	<input type="checkbox"/> 5/23	<input type="checkbox"/> 5/24	<input type="checkbox"/> 5/25	<input type="checkbox"/> 5/26	<input type="checkbox"/> 5/15	<input type="checkbox"/> 5/16	<input type="checkbox"/> 5/17	<input type="checkbox"/> 5/18	<input type="checkbox"/> 5/19
	<input type="checkbox"/> 5/30	<input type="checkbox"/> 5/31			<input type="checkbox"/> 5/22	<input type="checkbox"/> 5/23	<input type="checkbox"/> 5/24	<input type="checkbox"/> 5/25	<input type="checkbox"/> 5/26

School Day Off \$45

Mon	Tue	Wed	Thu	Fri
				<input type="checkbox"/> 9/23
<input type="checkbox"/> 10/10				
	<input type="checkbox"/> 11/8			
<input type="checkbox"/> 11/21	<input type="checkbox"/> 11/22	<input type="checkbox"/> 11/23		
<input type="checkbox"/> 12/26	<input type="checkbox"/> 12/27	<input type="checkbox"/> 12/28	<input type="checkbox"/> 12/29	<input type="checkbox"/> 12/30
<input type="checkbox"/> 1/2	<input type="checkbox"/> 1/3	<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/5	<input type="checkbox"/> 1/6
				<input type="checkbox"/> 1/13
<input type="checkbox"/> 1/16				
<input type="checkbox"/> 2/20				
<input type="checkbox"/> 3/27	<input type="checkbox"/> 3/28	<input type="checkbox"/> 3/29	<input type="checkbox"/> 3/30	<input type="checkbox"/> 3/31
				<input type="checkbox"/> 4/7
				<input type="checkbox"/> 4/21
			<input type="checkbox"/> 6/1	<input type="checkbox"/> 6/2

PARTICIPANT WAIVER, PHOTO/VIDEOGRAPHY RELEASE, & COVID-19 WAIVER

In case of MEDICAL EMERGENCY, I authorize Tri-Town Young Men’s Christian Association (Tri-Town YMCA), its directors, officers, employees, agents, volunteers, and designees (collectively “Tri-Town YMCA”) to take such emergency action as may be deemed necessary.

Please read this form carefully and be aware that enrolling and participating in any program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program.

I recognize and acknowledge that there are certain risks of physical injury or illness associated with participating in this program, and I voluntarily agree to assume the full risk of any injuries, illness damages, or losses, regardless of severity, that I or my minor child/ward may sustain as a result of such participation. I fully understand and agree that all program shall be at my or my minor child’s/ward’s sole risk. I further agree to waive and relinquish all claims I or my minor child/ward may have or which may occur to me and/or my minor/ward as a result of participation in this program. I do hereby fully release and forever discharge the Tri-Town YMCA and the YMCA USA from any and all claims for injuries, damages, or loss that I or my minor child/ward may have or which may occur to me or my minor child/ward and arising out of, connected with, or in release of all claims.

I, hereby grant Tri-Town YMCA non-revocable permission to capture my/my minor child/ward image and likeness in photographs, videotapes, motion pictures, recordings, or any other media (collectively “Images”). I acknowledge that Tri-Town YMCA will own such Images and further grant Tri-Town YMCA permission to copyright, display, publish, distribute, use, modify, print, and reprint such Images in any manner whatsoever related to Tri-Town YMCA business, including without limitation, publications, advertisements, brochures, web site images, or other electronic displays, and transmissions thereof. I further waive any right to inspect or approve the use of the Image by Tri-Town YMCA prior to its use. I forever release and hold Tri-Town YMCA harmless from any and all liability arising out of the use of the Images in any manner or media whatsoever, and waive any and all claims and causes of action relating to use of the Images, including without limitation, claims for invasion of privacy rights or publicity.

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Tri-Town YMCA has put in place preventative measures to reduce the spread of COVID-19; however, Tri-Town YMCA cannot guarantee that you will not become infected with COVID-19. Further, participation could increase your risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH

___ I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Tri-Town YMCA may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Tri-Town YMCA’s employees, volunteers, and program participants and their families.

___ I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation in programming at Tri-Town YMCA. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Tri-Town YMCA, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Tri-Town YMCA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at Tri-Town YMCA’s programming.

___ I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

___ In the event that I file a lawsuit, I agree to do so in the state where Tri-Town YMCA is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

___ I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

___ I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

___ If I have signed a separate general waiver of liability connected to my participation at Tri-Town YMCA’s programming, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

___ I agree that I will practice safe social distancing and clean hygiene during my participation at Tri-Town YMCA.

Participant or Parent/Guardian Signature

Date

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT
(Must be completed for participants under the age of 18)**

In consideration of _____ (PRINT minor’s names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

I have read and understand the above and Tri-Town YMCA’s General Registration and Refund Policies.

Participant or Parent/Guardian Signature

Date

Registration Checklist

- ___ I have enclosed my child’s completed registration form with emergency contacts.
- ___ I will upload into my online account or send a copy of my child’s birth certificate prior to the first day of care.
- ___ I will upload into my online account or send a copy of my child’s medical records prior to the first day of care.
- ___ If applicable, I will send my child’s diabetes, asthma, and/or allergy action plan to Tri-Town YMCA.
- ___ I have completed the enclosed credit card authorization form.



TRI-TOWN YMCA CREDIT CARD AUTHORIZATION FORM

Directions: Please legibly print and complete all components on this form as required and return to:

ATTN: Tri-Town YMCA Program Registration, 136 S. Cornell Ave, Villa Park, IL 60181

Should you need assistance or have questions, please call 630.629.9622.

I WISH TO AUTHORIZE TRI-TOWN YMCA TO CHARGE MY CARD FOR A REOCCURING PAYMENT PLAN

I, _____ authorize Tri-Town YMCA to charge the full amount due for the weekly session(s) I have enrolled my child(ren)/ward(s) for participation to my **American Express** **Discover** **MasterCard** **Visa**. I understand that my credit card will be charged on the Friday prior to the start of the session and that if the charge does not go through that I will be assessed additional fees as described in Tri-Town YMCA's general registration information. I understand that if I wish to change the card on-file that I must complete this form and resubmit it to Tri-Town YMCA.

Name on Card		Card Number	
Card Expiration Date	Security Code	Date Authorized to Charge Through	
Authorized Signature		Date	