



WHERE THE THRILLS



NEVER END!

Monday,
August 19

6:00AM-
11:30PM



Great America Trip

Grades 6-12

STEVENS POINT AREA YMCA

Y Member \$58, General Public \$68

Fee Includes: Transportation,
Staff Supervision & Park Admission

Please Bring:

- Sack Breakfast, Lunch & Water
- Money for Dinner & Snacks
- Must follow Dress Code
- Extra Clothes & Rain Poncho
- Sun Screen & Sun Glasses

Register NOW!

Deadline is Friday, August 16.

Space is Limited! Signed Consent/Release Form is required upon registration (forms available at Member Services).

Stevens Point Area YMCA • 1000 Division St.

P 715 342 2980 • www.spymca.org

Stevens Point Area YMCA PARENT/GUARDIAN
CONSENT/RELEASE FORM

Great America Trip – Monday, August 19, 2019 6:00am – 11:00pm Grades 6-12

___ P/G Initials I hereby certify that my child is in good health and capable of safe participation, and can participate in the YMCA Great American Trip on Monday, August 19, 2019, 6:00am – 11:00pm.

___ P/G Initials I understand and acknowledge that the activity in which my child is about to participate in has inherent risks. I agree that my child's voluntary participation in this YMCA activity shall be undertaken at his/her sole risk, and that the YMCA, its directors, employees, and volunteers shall not be liable for any claims, injuries, damages, losses, illness, diseases, death, actions or causes of action whatsoever, to my child and his/her property, arising out of or connected to participation in this program.

___ P/G Initials In the event that I or emergency contact listed below cannot be reached in an emergency, I give my consent for YMCA staff to act in my behalf in granting permission for my child to receive emergency treatment. I will be responsible for the payment of any and all medical services rendered.

___ P/G Initials I give my permission for the YMCA or other media to use photographs, slides, and/or videotapes of my child for promotional purposes.

___ P/G Initials Participants with special needs or challenges will be accepted provided that reasonable accommodations can be made for their participation in the program and/or their participation does not require an inordinate amount of staff time. I understand that if my child or I require an unusual amount of one to one attention, whether due to special needs or behavior, my child may be denied or removed from the program without refund.

Participant Name _____ Birth Date _____ Grade _____ M or F

Participant Address _____
Street City State Zip

Parent/Guardian Name(s) _____

Home Phone(s) _____ Other Phone(s) _____

Emergency Contact Name & Relationship _____

Phone(s) _____ Other Emergency Info _____

Please list and describe any participant Allergies (medications, food, insects, animals, plants, etc...) _____

Please name any Medications taken by participant (Also describe reason for taking) _____

Will participant medication need to be taken during this program ___ Yes ___ No ___ Maybe If yes or maybe a medication authorization form must be completed at check-in. All medications are required to be in their original container and be clearly labeled.

Please list and describe any other participant Health or Behavioral Conditions/Disorders/Impairments/Special Needs and indicate if there are any Restrictions _____

___ P/G Initials The information I provided above is accurate and complete and I understand that it is my responsibility to provide any changes/updates to the YMCA. I have carefully read and initialed each of the above parental/guardian consent sections. I fully understand that by signing this form I have given my consent on all sections contained within.

I _____ (participant) agree to abide by the Stevens Point Area YMCA policies and guidelines and the Teen Leaders Club Code of Conduct. If I fail to follow these guidelines and code of conduct, I understand that the YMCA will notify my parents and send me home immediately. I also understand that my parents will be expected to pick me up, or to pay for my transportation home, and that no fee refunds will be issued.

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____