



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF METROPOLITAN LOS ANGELES BEYOND THE BELL SUMMER PROGRAM

Enrollment Packet: BTB Edition (Updated 04.30.2023)

WELCOME TO THE Y!

The Y nurtures the potential of every child and teen by supporting their unique youth development journey through holistic programming. From cradle to career, the Y provides all youth with the tools and resources they need to succeed in life. With so many demands on today's families and the increased focus on early brain development, families need all the support they can get to nurture their child's potential. Our programs focus on holistically nurturing child development by providing a safe and healthy place for children to learn foundational skills, develop healthy, trusting relationships and build self-reliance through the Y values of caring, honesty, respect and responsibility. YMCA Youth Development programs share one thing: they are about discovery. Children have the opportunity to explore nature, find their talents, try new activities, gain independence and make lasting friendships and memories. And, of course, they have a lot of fun too!



www.ymcaLA.org



Los Angeles Unified School District
 BEYOND THE BELL BRANCH
BEFORE AND AFTER-SCHOOL PROGRAM
APPLICATION/AGREEMENT

DISTRICT ID NUMBER									
_____ SCHOOL YEAR									

SCHOOL OF ATTENDANCE: _____

Program Applying for: <i>(Only check one)</i>			
BEFORE-SCHOOL	AFTER-SCHOOL		OTHER PROGRAMS
Ready-Set-Go! (RSG)	Youth Services	Grant Funded Program (ASES/21 st CCLC/ASSETs) Name of Program _____	Name of Program _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT

PRINT NAME CLEARLY *FIRST* *M.I.* *LAST* DATE OF BIRTH *MONTH* *DAY* *YEAR* GRADE

STREET ADDRESS APT # CITY ZIP CODE

PARENT(S)/GUARDIAN(S)

PARENT'S/GUARDIAN'S NAME	PARENT'S/GUARDIAN'S NAME
PRINT NAME: <i>FIRST</i> <i>M.I.</i> <i>LAST</i>	PRINT NAME: <i>FIRST</i> <i>M.I.</i> <i>LAST</i>
PHONE NUMBER (MAIN) PHONE NUMBER (OTHER)	PHONE NUMBER (MAIN) PHONE NUMBER (OTHER)
EMAIL ADDRESS	EMAIL ADDRESS

EMERGENCY CONTACT/RELEASE INFORMATION *(provide a minimum of two contacts)*

#1: RELATIONSHIP	NAME (FIRST LAST)	PHONE NUMBER(S)	ADDRESS (STREET CITY ZIP)
#2: RELATIONSHIP	NAME (FIRST LAST)	PHONE NUMBER(S)	ADDRESS (STREET CITY ZIP)
#3: RELATIONSHIP	NAME (FIRST LAST)	PHONE NUMBER(S)	ADDRESS (STREET CITY ZIP)

• I/We authorize the Beyond the Bell Before/After-School Program (BASP) to contact, and if necessary, release my child to any of the above individuals listed as an Emergency Contact/Release Information. The above listed individuals must be 18 years or older.

• I/We give my permission for my child to be filmed or photographed. I understand that all film or photos are the sole property of the BASP, and may be used in displays to the public, to publicize the program, or for printed materials published by and/or for the BASP.

• I/We hereby consent to the disclosure of personally identifiable information from my child's education records under the Family Educational Rights and Privacy Act and allow for the Los Angeles Unified School District to disclose such information only to the extent and for the duration necessary for my child to participate in BASP programs.

• The After School Education and Safety (ASES) Program Act of 2002, enacted by initiative statute, establishes the After School Education and Safety Program to serve pupils in kindergarten and grades 1 to 9, inclusive, at participating public elementary, middle, junior high, and charter schools. The act gives priority enrollment in after school programs and before school programs to pupils in middle school or junior high school who attend daily. Pupils who are identified by the program as homeless youth or as being in foster care will be given first priority. Parents/guardians may indicate this information below:

Pupil designation *(please check if applicable)*: Homeless Youth Foster Care

• Does your child have any physical, emotional, and/or learning difficulties? If so, please specify: _____

• Does your child have any food allergies? If so, please specify: _____

ACKNOWLEDGEMENT

PARENT'S/GUARDIAN'S NAME (PRINT)	PARENT'S/GUARDIAN'S SIGNATURE	DATE
PARENT'S/GUARDIAN'S NAME (PRINT)	PARENT'S/GUARDIAN'S SIGNATURE	DATE
SITE COORDINATOR'S NAME (PRINT)	SITE COORDINATOR'S SIGNATURE	DATE

YMCA OF METROPOLITAN LOS ANGELES

CONFIDENTIAL IDENTIFICATION & EMERGENCY INFORMATION

Basic Information					
Child's name (first, middle, last)		Gender	Birth date (m/d/y)		
Home address (include apt #, city & zip code)			Home phone # ()		
Name of LAUSD school child attends/will attend:			Grade in Fall:		
1st parent/guardian/authorized representative name:			Does this person live in the home with the child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home address (if different from child)			Home phone # (if different) ()		
E-mail address:			Cell phone # ()		
Employer name & address			Business phone # ()		
Occupation & Title					
2nd parent/guardian/authorized representative name:			Does this person live in the home with the child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home address (if different from child)			Home phone # (if different) ()		
E-mail address:			Cell phone # ()		
Employer name & address			Business phone # ()		
Occupation & Title					
Emergency Contacts/List of Persons Authorized to pick-up child from the facility					
Names of additional persons who may be called in an emergency and/or who are authorized to take the child from the program. Child will not be allowed to leave with any other person without written authorization from parent, guardian or authorized representative.					
Name	Phone #	Address	Relationship to child	Authorized Contact Type	
				Pick-up	Emergency
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
Time child will be picked-up:					
Restricted Pick-Up: The following individuals are RESTRICTED from signing out my child due to a court-issued restraining order (a certified copy of the official documentation must be kept in the child's YMCA file)					
Name:			Name:		
Relationship to Child:			Relationship to Child:		
Physician & Dentist to be called in Emergency & Medical Insurance Information (this information is required)					
Physician Name & Address		Medical Plan & Number:		Phone number: ()	
Dentist Name & Address		Medical Plan & Number:		Phone number: ()	
Is the child covered by family medical/hospital insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Insurance Company:		Subscriber: (if applicable)		Policy Number:	
If physician cannot be reached, what action should be taken? <input type="checkbox"/> Call emergency hospital <input type="checkbox"/> Other: _____					
Printed Name of Parent/Guardian/Authorized Representative:		Signature of Parent/Guardian/Authorized Representative:		Date:	

YMCA OF METROPOLITAN LOS ANGELES

CONFIDENTIAL CHILD'S PREADMISSION HEALTH HISTORY: PARENT/GUARDIAN/AUTHORIZED REPRESENTATIVE REPORT

Child's Medical Information											
Does the child take prescribed medications? <i>(If yes, additional forms are required)</i>					If child takes prescribed medications, which kind? Any side effects? <i>(If yes, a permission to medicate form is required. We only accept prescription medical in original container)</i>						
Date of child's last Tetanus Booster:			Date of last exam/physical:		<input type="checkbox"/> Yes <input type="checkbox"/> No						
Child's Past Illnesses Check illnesses that child has had or currently has & specify approximate dates of illnesses. Check N/A if illness does not apply.											
	Date	N/A		Date	N/A <td></td> <th>Date</th> <th>N/A</th> <td></td> <th>Date</th> <th>N/A</th>		Date	N/A		Date	N/A
Diabetes			Epilepsy			Hay Fever			Asthma		
Chicken Pox			Rheumatic Fever			Whooping Cough			Mumps		
Poliomyelitis			3-Day Measels (Rubeola)			10-Day Measels (Rubella)			COVID-19		
Child's Health Assessment by Parent, Guardian or Authorized Representative											
Please specify any other serious or severe illnesses or accidents:					Does child have frequent colds? If yes, how many in the last year?						
List any allergies staff should be aware of <i>(food, medications, environmental, etc.):</i>											
Describe the allergic reaction :											
DIET PATTERN: What does the child usually eat and what hours: Breakfast: _____ Eating hours: _____ Lunch: _____ Eating hours: _____ Dinner: _____ Eating hours: _____					Any food dislikes? Any eating problems?						
Evaluation of child's health:											
Is/was the child under regular doctor's supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of doctor:					Program Restrictions (Check One):						
Does child have allergic reaction to sunscreen? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind?					<input type="checkbox"/> I have reviewed the program activities of the program and feel that my child can participate without restriction						
Does the child have any special problems/fears/needs? (explain) <input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> I have reviewed the program and activities of the program and feel that my child can participate with the following restrictions or adaptations (please describe below).						
Does child have any special device(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind?					Any program activities from which the child should be exempted or limited from, for health reasons:						
Does child have any special device(s) at home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind?											
Does the child have any special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain?					Please review our Reasonable Accommodation Acknowledgement in our Admissions Agreement						
Has the child has group play experience? <input type="checkbox"/> Yes <input type="checkbox"/> No					What did the YMCA forget to ask? Please provide any additional information about the child's health that is important or that may affect the child's ability to fully participate in the program.						
How does the child get along with family, siblings and other children?											
What is the plan for care when the child is ill?											
Evaluation of child's personality:											
Reason for joining this program:											
Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement. Has the child:											
<ul style="list-style-type: none"> • Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? <input type="checkbox"/> Yes <input type="checkbox"/> No • Ever been treated for emotional or behavioral difficulties or an eating disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No • During the past 12 months, seen a professional to address mental/emotional health concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No • Had a significant life event that continues to affect the child's life, such as, history of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) <input type="checkbox"/> Yes <input type="checkbox"/> No 											
Please explain "Yes" answers here:											
The YMCA may contact the parent, guardian or authorized representative for more information											
Name of Child being enrolled in YMCA program:											
Printed Name of Parent/Guardian/Authorized Representative:				Signature of Parent/Guardian/Authorized Representative:				Date:			

YMCA OF METROPOLITAN LOS ANGELES

HEALTH & SAFETY ACKNOWLEDGEMENTS & AUTHORIZATIONS

Multijurisdictional Authorization and Release for Medical and Dental Treatment

IMPORTANT: This section must be completed for attendance.

The undersigned, as the parent or parents, or legal guardian or legal guardians, of the above-named person, a minor (the "minor"), hereby authorize the YMCA of Metropolitan Los Angeles and its authorized directors and leaders (collectively the "YMCA") to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care (collectively "medical care") to be rendered to the minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the laws of the state or other jurisdiction in which medical care is sought, and to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care (collectively "dental care") to be rendered to the minor by a dentist licensed under the laws of the state or other jurisdiction in which dental care is sought. For the purpose of medical care or dental care obtained in the State of California, this authorization is given pursuant to the provisions of Section 25.8 of the California Civil code, as amended. For the purpose of medical care or dental care obtained outside of California, this authorization is given with the intent that any consent given pursuant to this authorization shall be the consent of each of the undersigned.

It is understood that if time and circumstances reasonably permit, the YMCA will endeavor, but is not required, to communicate with at least one of the undersigned prior to the rendering of medical care or dental care for which consent is given pursuant to this authorization. The undersigned understand and agree that YMCA shall not be legally or financially liable for any claim arising from any medical care or dental care provided pursuant to this authorization. The undersigned hereby agree to indemnify and to hold YMCA harmless from any claim made by or on behalf of said minor arising out of any medical care or dental care provided pursuant to this authorization.

This authorization is given to the YMCA for use in conjunction with any event operated by the YMCA, and shall be valid until revoked in writing by the undersigned or any of them.

*If for religious reasons the parent, guardian or authorized representative cannot sign this, a legal waiver must be signed for attendance.

Child Health Statement Acknowledgement

At YMCA programs, physical activity is a regular part of the daily scheduled activities. By enrolling in this program, the parent, guardian or authorized representative acknowledges that their child is in excellent physical health and has no restrictions (with the exception of what is listed on the previous page, under "special consideration") from strenuous activity. If a parent, guardian or authorized representative has questions regarding their child's health, it is the parent, guardian or authorized representatives' obligation to seek professional medical advice and to inform the YMCA of any restrictions on their child's activities. The YMCA is a group-centered program with one adult YMCA staff member assigned to every group. Group sizes range from 10-30 children, depending on the program type and age/grade of the child. The YMCA does not provide any one-to-one assistance services (this is provided by LAUSD and needs to be coordinated directly with your school principal and the Beyond the Bell branch).

The signature of the undersigned parent, guardian or authorized representative confirms that they have read, understood and agreed to the above acknowledgements, consents and authorizations for enrollment in the YMCA program.

Name of Child being enrolled in YMCA program:

Printed Name of Parent/Guardian/Authorized Representative:

Signature of Parent/Guardian/Authorized Representative:

Date:

YMCA OF METROPOLITAN LOS ANGELES

ADMISSIONS AGREEMENT

Please read each statement below and initial in each box:

I understand that it is vital that the YMCA is provided with correct and current contact information for my child, myself, and any other parents, guardians and authorized representatives, connected to my child. By participating in this YMCA program, I agree to be **READILY AVAILABLE** and able to pick-up my child from the YMCA program site, upon notification from the YMCA that my child is sick or ill or that my child is showing signs/symptoms of sickness or illness. I understand that the YMCA defines **READILY AVAILABLE** as being able to pick-up my child from the YMCA program site within one hour of less; **no exceptions.**

I understand that I must ensure that I have made all the necessary arrangements for emergency pick-up, including a back-up plan, should I be contacted suddenly by the YMCA to pick-up my child from the YMCA program site. The back-up plan must include other adults and authorized individuals who can be READILY AVAILABLE to pick-up my child from the YMCA program site. I understand that if I fail to pick-up my child within one hour or less, upon notification from the YMCA that my child is sick or ill or that my child is showing signs/symptoms of sickness or illness, my child and family may be immediately dismissed from the YMCA program. Given the serious nature of the pandemic, I understand that my possible inability to leave work, lack of transportation or any other excuse that may arise that prevents me from getting to the YMCA program site within one hour or less, is not acceptable.

<input type="checkbox"/>	I understand the YMCA staff members and volunteers are not permitted to babysit, transport or relate to children/participants anytime outside of the YMCA program.
<input type="checkbox"/>	I understand that I am not allowed to leave my child at the YMCA program site unless there are two YMCA staff members present to receive and supervise my child. I understand that YMCA staff members will refuse to accept my child if there is not a 2nd YMCA staff member present, as our YMCA staff members are not permitted to be alone with one single child. I also understand that if the program includes special visitors, special program activities and/or early field trip departures, these activities may be scheduled before 9:30am. I understand that I am responsible to check the activity schedule and ensure that my child is at the program site on time.
<input type="checkbox"/>	<p>At the Y, we believe our strength is in the diversity of our YMCA staff members, volunteers, members and participants. We work proactively and collaboratively every day to build organizational and individual capacity towards providing the most inclusive and welcoming experience for every individual we serve and engage. In that regard, the Y complies with all federal, state and local equal employment opportunity/non-discrimination laws.</p> <p>Ensuring ADA compliance is the law, and inclusion is critical to our strategy and impact. If you, or any of your family members who are participating in a program or an activity, have any type of special medical need (such as, a disability or a medical condition, including life threatening/severe allergies or other medical and/or dietary restrictions) that requires an accommodation, may impact the program experience, or requires additional YMCA staff member training and/or YMCA staff member supervision, please inform the YMCA Director of the program or YMCA Branch Leadership, prior to your participation in such activity.</p> <p>In order for some reasonable accommodations to be provided, current documentation from a qualified individual knowledgeable about the disability or medical condition may need to be submitted. After receiving the request for the accommodation, a YMCA staff member will engage in an interactive dialogue with you or the relevant family member to explore potential reasonable accommodations.</p>
<input type="checkbox"/>	I acknowledge that I have read the following statement: I am solely responsible for determining if my child is physically fit for the activities provided for children in YMCA programs. It is always advisable, especially if your child has an illness, injury or impairment, to consult a physician before undertaking any active recreational or child care program. It is my responsibility to contact the YMCA should I need to submit a request for accommodations for my child (see above).
<input type="checkbox"/>	I understand that should a person arrive to pick-up my child who appears to be under the influence of drugs or alcohol, for my child's safety, YMCA staff members may have no recourse but to contact the local police or sheriff.
<input type="checkbox"/>	I understand that all YMCA staff members are mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.
<input type="checkbox"/>	I understand that Law Enforcement personnel may request the information listed in my file and may interview my child, if necessary, without prior parental, guardian or authorized representative permission.
<input type="checkbox"/>	I acknowledge that I have read and understood the YMCA Program Philosophy on Child Guidance and Discipline, found in the most recent edition of the Program Handbook.
<input type="checkbox"/>	<p>I understand that the YMCA may terminate my child's enrollment for any of the following reasons, including, but not limited to:</p> <ul style="list-style-type: none"> • Emergency names and phone numbers are incorrect. • Parent is late picking up child after program closes. • Failure to adhere to the sign in and out policy. • Failure to notify the YMCA that the child is absent. • Child leaving the program site without authorized permission. • Behavior that is continually disruptive or dangerous to others and/or self. • Behavior that is disruptive to property and/or refusal to replace said property. • Any single incident that is deemed by the YMCA of Metropolitan Los Angeles and YMCA Branch Leadership to be dangerous, harmful or disruptive.

	<ul style="list-style-type: none"> • Harassment, violent behavior or threat of such behaviors against a YMCA staff member or other member by parent/guardian or persons associated with the child (family member, family friend, etc.). • Failure to pick-up my child within one (1) hour or less, upon being notified by the YMCA that my child is sick or ill. <p>I understand that the type of consequence imposed will vary depending upon the circumstances. Each case will be evaluated on a case-by-case basis, looking at a variety of factors, including, but not limited to, the type, nature and severity of the behavior or event, whether this was an isolated event or a series of events and/or whether this is a first violation or a repeat violation. The type of discipline imposed will be at the sole discretion of YMCA Branch Leadership.</p>
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<input type="checkbox"/>	I understand that the YMCA and YMCA staff members will not become involved in custodial disputes between parents and/ or legal guardians. All custody, visitation and/or restraining orders must come to the YMCA from the courts and be signed by a judge. The YMCA staff member's responsibility is to provide a safe environment for children.
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<input type="checkbox"/>	<p>I understand that the YMCA is not responsible for lost, stolen or damaged personal items that my child or I may bring to the YMCA program site, including on designated theme or share days. All personal items brought to the YMCA program site, by my child or myself, are at our own risk. I understand that I must mark all of my child's belongings (i.e., lunch boxes, jackets, coats) and be sure to check my child's backpack and cubby at the end of each day.</p> <p>I understand that gaming devices and cellular phones are not permitted at the YMCA program site, except under special circumstances or when it is programmatically appropriate, as determined and announced by the YMCA Director of the program. For safety reasons, I understand that the YMCA will not maintain a lost and found. Found items will be stored at the YMCA for up to two (2) weeks. When possible, found items will be returned to me, if I claim them. I understand that if the found item(s) are not claimed within two (2) weeks, the YMCA will donate the found item(s) and give them away. For my child's safety, I understand that they must wear closed-toe and closed-heel shoes at all times, including on pool/aquatic field trips (water shoes are highly recommended).</p>
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<input type="checkbox"/>	<p>By signing below, I acknowledge the following:</p> <ol style="list-style-type: none"> 1. I have received the most recent Program Handbook, relevant to the program that I have enrolled my child. 2. I have read the Program Handbook, in its entirety. 3. I have understood the Program Handbook, in its entirety. 4. I have accepted all policies, procedures and guidelines listed within the Program Handbook and enrollment materials. 5. I will comply with all policies, procedures and guidelines listed within the Program Handbook and enrollment materials. 6. I take responsibility for ensuring that I have the most recent Program Handbook that is relevant to the program that I have enrolled my child. If I am unsure, I will email the YMCA at Childcare@ymcala.org to ensure that I have the most recent and relevant Program Handbook. <p>By signing below, I acknowledge that the above six (6) statements are true. In addition, I agree that this Enrollment Packet may be signed by me, electronically.</p>
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Please note, due to the ongoing pandemic and the uncertainties of how each school year and each school break will be structured, the YMCA reserves the right to modify, eliminate, reduce or postpone policies, procedures and guidelines, in this document.

Name of Child being enrolled in YMCA program:

Printed Name of Parent/Guardian/Authorized Representative:	Signature of Parent/Guardian/Authorized Representative:	Date:
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YMCA OF METROPOLITAN LOS ANGELES

ASSUMPTION OF RISK, RELEASE & WAIVER OF LIABILITY AND ARBITRATION AGREEMENT

FOR CHILD CARE PARENTS

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Metropolitan Los Angeles ("YMCA") (or for my children to so participate) for any purpose, including, but not limited to, observation or use of facilities, property (which, for sake of clarity, includes, but is not limited to, parking lots and each parking lot's entrances and exits), or equipment, or participation in any YMCA program, or any program affiliated with the YMCA, the undersigned, on behalf of himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges, agrees and represents that he or she has inspected, or immediately upon entering or participating will inspect, and carefully consider such facilities, property and equipment, and/or the affiliated program. It is further warranted that such entry into and/or onto the YMCA for observation or use of any facilities, property, or equipment, or participation in such affiliated program constitutes an acknowledgement that such premises, property, and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

The undersigned agrees that, by entering or using the facilities, property or equipment, or participating in any YMCA program or any program affiliated with the YMCA, the undersigned and anyone with the undersigned, including children, will comply with all rules and procedures established by the YMCA.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES, PROPERTY, OR EQUIPMENT, OR PARTICIPATION IN ANY YMCA PROGRAM, OR ANY PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, volunteers and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all personal representatives, assigns, heirs, and next of kin of the undersigned for any loss or damage, and any claim or demands on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence, active or passive, of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein, or participating in any YMCA program or a program affiliated with the YMCA.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY, DEFEND, AND HOLD HARMLESS the releasees, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned understands and agrees that the YMCA does not provide insurance to cover the undersigned or such children in the event they suffer injury, death, property loss, theft or damage of any sort upon, or about the premises or any facilities or equipment therein or participating in any YMCA program or a program affiliated with the YMCA.

The undersigned hereby acknowledges that the YMCA does not have its own medical facility and that sometimes visitors with medical or alternative health care training may offer help or advice. The undersigned agrees and understands that, if the undersigned chooses to accept their help, they are acting entirely on their own initiative and not on behalf of, or under the direction of, the YMCA, which shall not be liable for any action or inaction on their part.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence, active or passive, of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any YMCA program, or a program affiliated with the YMCA. In this regard, the undersigned specifically recognizes that activities involving physical activity, including sports and health activities, are inherently risky and may result in harm to the participant.

Health: Members and any accompanying children, guests or participants will be temperature screened and will not be permitted to enter the YMCA and/or participate in any YMCA programs if the individual's temperature is 100.4 degrees Fahrenheit or higher and/or if the individual exhibits any of the symptoms identified by the Centers for Disease Control and Prevention ("CDC") as being associated with COVID-19, or related illness, including, but not limited to, cough, shortness of breath or difficulty breathing, chills, sore throat or new loss of taste or smell. Any individual who refuses to be temperature screened will not be permitted to utilize the facilities, services and/or programs of the YMCA (other than any exclusively online services and programs).

Initials: _____

In addition, the undersigned acknowledges that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including in Southern California. In accordance with the most recent guidance and protocols issued by the CDC, the California Department of Public Health, and the Los Angeles County Department of Public Health (together, the "Public Health Agencies") for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of the YMCA (other than any exclusively online services and programs) within 14 days after (i) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice; (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice; or (iii) exposure to any person who has a suspected or confirmed case of COVID-19. The CDC Travel Health Notices list is updated regularly. The undersigned agrees to check the CDC Travel Health Notices list (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>) prior to utilizing the facilities, services, and/or programs of the YMCA, on a daily basis if necessary. The undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children, guest or participants are permitted to visit or utilize the facilities, services and/or programs of the YMCA (other than any exclusively online services and programs) for 14 days if he/she/they: (i) are currently experiencing, or have experienced, symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath; or (ii) has/have a suspected, diagnosed or confirmed case of COVID-19. The undersigned agrees to notify the YMCA immediately if he/she/they believe(s) that any of the foregoing access/use restrictions may apply.

The YMCA has taken certain steps to implement recommended guidance and protocols issued by the Public Health Agencies for slowing the transmission of COVID-19, including, without limitation, the screenings/access/use restrictions set forth above. The undersigned acknowledges and agrees that the YMCA may revise its procedures at any time, including, but not limited to, those based on updated recommended guidance and protocols issued by the CDC and the Public Health Agencies, and further agrees to comply with the YMCA's revised procedures prior to utilizing the facilities, services, and programs of the YMCA. The undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by the YMCA, appropriate social distancing is not always possible. However, the undersigned agrees that he/she/they will attempt to observe these regulations at all times. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of the YMCA and acknowledges that use thereof by the undersigned and/or such participating children may, despite the YMCA's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability and/or death.

Photo & Video Waiver/Consent: The undersigned gives permission to the YMCA to use the undersigned's picture/video or other likeness or a picture/video or other likeness of the undersigned's children for any purpose, including, but not limited to, general marketing and publicity, social media presence and/or campaign or other promotional materials.

Initials: _____

ARBITRATION

The parties agree that any and all disputes, claims, or controversies arising out, of or relating to, the use by the undersigned or such children while in, about, or upon the premises of the YMCA and/or while using the premises, property, or any facilities or equipment thereon, or participating in any program affiliated with the YMCA, shall be submitted to the Judicial Arbitration and Mediation Services ("JAMS") for final and binding arbitration.

The undersigned, on his or her own behalf, and on behalf of the undersigned's children, hereby waive their constitutional right to have any such dispute, claim, or controversy decided in a court of law before a jury, and instead is accepting the use of arbitration, except as California law provides for judicial review of arbitration proceedings. If the undersigned attempts to circumvent this arbitration clause by filing a lawsuit in a court of law, the undersigned shall pay the YMCA all costs, expenses, attorney's fees, and related expenditures incurred as a result of the filing of any such lawsuit. Further, if the undersigned files a lawsuit in a court of law, the undersigned hereby waives his or her right to recover any monetary damages in that forum, and instead promises to indemnify the non-filing party for any monetary damages that may be awarded against it.

The parties agree that this ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND ARBITRATION AGREEMENT may be used as evidence to bar claims in the arbitration and/or in any related proceeding, including court. Either party may commence arbitration by providing JAMS and the other party a written request for arbitration, setting forth the subject of the dispute, a summary of the relevant facts, and the relief requested. The request for arbitration must be submitted to JAMS and the other party within the applicable statute of limitations and, if not, the dispute, claim or controversy is waived.

The arbitration shall be administered by JAMS pursuant to the Streamlined Arbitration Rules and Procedure, which may be found at www.jamsadr.com. The parties may file a motion for summary judgment of summary adjudication, except that the motion shall be scheduled at least 30 days before the arbitration hearing, notice of motion and supporting papers shall be served on the other party to the arbitration at least 30 days before the time appointed for the motion hearing, the opposition to the motion shall be served and filed not less than 14 days preceding the hearing date, and any reply papers shall be served and filed by the moving party not less than 4 days preceding the hearing date. The arbitrator shall issue a signed opinion setting forth the essential findings and conclusions on which the decision to grant or deny the motion is based.

Following the arbitration hearing, the arbitrator shall issue a signed opinion and award setting forth the essential findings and conclusions on which the award is based. The opinion and award shall decide all issues submitted and be final and binding to the fullest extent permitted by law. To the extent not expressly waived in this Agreement, the arbitrator shall only award those remedies in law or equity requested by the parties and that the arbitrator determines are supported by credible and relevant evidence presented.

To the extent permitted by applicable law, the fees and expenses of the arbitrator shall be split equally between the parties. Further, each party shall bear its own attorney's fees and costs. If the initiating party does not pay its share of the arbitrator's fees and expenses within 30 days of receipt of an invoice from JAMS, the arbitration will be dismissed, with prejudice. The prevailing party in any arbitration and in any court proceeding to confirm or modify an arbitration award shall be entitled to recovery of actual and reasonable costs of suit, including attorney's fees.

THE UNDERSIGNED further expressly agrees that this AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect and that any portion held to be invalid may be severed.

Initials: _____

THE UNDERSIGNED HAS CAREFULLY READ AND VOLUNTARILY SIGNS THIS AGREEMENT AND FURTHER AGREES THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT THIS IS AN AGREEMENT RE: ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND I KNOW THAT I AM GIVING UP VALUABLE RIGHTS. I ALSO UNDERSTAND THAT THAT THIS AGREEMENT CONTAINS AN ARBITRATION PROVISION, AND I EXPRESSLY AGREE TO IT, INCLUDING RELINQUISHING MY CONSTITUTIONAL RIGHTS, AND THOSE RIGHTS OF MY MINOR CHILDREN, TO A JURY OR COURT TRIAL. I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

I HAVE READ AND UNDERSTAND THE TERMS OF THIS RELEASE. I AGREE THAT THIS FORM MAY BE SIGNED ELECTRONICALLY.

Printed Name

Date

Signature of Applicant/Guardian

Name(s) and Birthdate(s) of Child(ren) in Child Care Program(s)

Name Date of Birth

Name Date of Birth

Name Date of Birth

Name Date of Birth