

FOR YOUTH DEVELOPMENT FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

Campanelli YMCA KASPER Before & After School Program WAIVER, RELEASE, INDEMNITY & HOLD HARMLESS

We, the undersigned parents/guardians of _______, a student in Community Consolidated School District 54 (the "School District), hereby give our full permission for the Student to participate in programs, including without limitation the Kids' After School Program with Enrichment and Recreation (KASPER), conducted by the Campanelli YMCA (the "YMCA") in facilities and/or schools owned by the School District. We understand that this is a voluntary activity, and is solely provided, supervised and sponsored by the Campanelli YMCA and not by the school District. Further, we acknowledge that the School District has no responsibility for such activity and that the School Distract will not provide supervision and is in no way affiliated with the Campanelli YMCA or the Campanelli YMCA KASPER Program.

For and in consideration of the School District permitting the Student to participate in programs conducted by the Campanelli YMCA, we hereby waive, release and warrant that we shall not bring any claim, by lawsuit or otherwise, against the School District, its Board of Education or its members, officers, employees, agents and volunteers directly or on behalf of the Student or any other persons in connection with the Students participation in programs conducted by the Campanelli YMCA.

We further agree to indemnify and hold harmless the School District, its Board of Education and its members, officers, employees, agents and volunteers (the Indemnitees") from any claim, loss or expense whatsoever, including without limitation reasonable attorneys' fees, brought against or connection with the Student's participation in programs conducted by the Campanelli YMCA, or as a result of the Student's acts or omissions in connection with this participation, or arising out of a claim directly or indirectly related to this participation brought by any other person and arising out of a claim directly related to this participation brought by any other person and arising out of a claim directly related to this participation brought by any other person and arising out of a claim directly related to this participation brought by any other person and arising out of a claim directly related to this participation brought by any other person and arising out of a claim directly related to this participation brought by any other person and arising out of a claim directly related to this participation brought by any other person and arising out of a claim directly related to this participation brought by any other person and arising out of a claim directly related to this participation brought by any other person and arising out of a claim directly related to this participation brought by any other person and arising out of a claim directly related to this participation brought by any other person and arising out of the Student's acts or omissions.

Child's Name:	KASPER Program Site:
Child's Name:	Parent/Guardian:
Child's Name:	Signature:
Child's Name:	Date:



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2020-2021 KASPER PARENT HANDBOOK RECEIPT & WAIVER

As a participant of the KASPER Program, I understand that any child who, after attempts have been made to meet the child's individual needs, demonstrates inability to benefit from group-centered care, as offered by our facility, may be discharged from the KASPER Program.

Parent Initial:____

Many sports, activities, and programs have inherent elements of danger. As a parent of a child enrolled in YMCA child care programs, I understand that my child's participation in YMCA activities, regardless of location, is at my own risk. In the event I cannot be reached in an emergency, I hereby give my permission to the emergency physician to hospitalize, secure proper medical assistance, and to order the necessary treatment for my child/children.

Parent Initial:_____

On occasion, pictures or video may be taken by authorized YMCA staff for benefit of promoting YMCA programs to the public or local businesses OR as a means of monitoring or improving the program.

Parent Initial:_____

As a parent of a child in YMCA child care programs, I understand that the KASPER Program closes at 6:00 pm. If my child is picked up after 6:00 pm, I understand that a fee of \$15.00 is assessed for the first 10 minutes, **or portion thereof**, and an additional \$1.00 per minute thereafter will accrue and be charged to my monthly bill. Further, I understand that three (3) late pick-ups may result in discharge from the program.

Parent Initial:_____

The YMCA asks that all adults abide by appropriate rules of conduct. Please be mindful of the YMCA's character code of conduct to enable **CARING**, **SHARING**, **RESPECT**, and **RESPONSIBILITY**. **The following behaviors are NOT allowed**:

- Being disrespectful
- Physical abuse/verbal abuse of any kind
- Under the influence of alcohol/drugs
- Loitering
- Smoking on site
- Confronting/correcting other children enrolled in the program
- Confronting other parents in the program

Please note all YMCA staff are carefully screened and background checked to care for your children. Program parents may not loiter and are expected to sign out their child and leave. The YMCA's first responsibility is the safety of every child.

Parent Initial: