



**RARITAN BAY AREA YMCA  
BUILDING BEYOND BARRIERS- B3  
NITA M. LOWEY 21<sup>st</sup> CCLC  
2020-2021 PROGRAM APPLICATION**

Today's Date: \_\_\_\_\_

**Please select school currently attending:**

Samuel E. Shull Middle School       William C. McGinnis Middle School       Freshman Academy

**Participant's Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Gender:       Male       Female      Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Grade: \_\_\_\_\_

**Demographic Information:**

Race:     Asian/Pacific Islander       African American/Black       Alaskan Native       Caucasian/White  
 Hispanic       Native American       Other: \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

Special Needs:       Yes       No       Unspecified

Limited English Proficiency:       Yes       No       Unspecified

Lunch Subsidy:       Free       Reduced       N/A

**Parent/Guardian Information:**

Mother's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Alternate Ph. No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_


Father's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Alternate Ph. No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Who is Guardian?**     Both Parents       Mother       Father       Grandparents       Guardian

 May we contact you via SMS text or email regarding important information and updates?     Yes     No

**Emergency Contact**

Person(s) authorized to contact in case of emergency, if neither parent is available. These people are required to show identification if your child requires picking-up. All people listed must be a **minimum 18-years old**.

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone No.: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone No.: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Health and Insurance Information:**

Does your child have health insurance?     No     Yes

If no, would you like information/resources regarding health insurance?     No     Yes

Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Emergency Medical Information:**

**\*\*ALL INFORMATION BELOW MUST BE COMPLETED IN ORDER FOR APPLICATION TO BE PROCESSED.**

Please check, if the participant has a history of any of the following:		PLEASE LIST ANY ALLERGIES, BEHAVIORAL, PHYSICAL OR MEDICAL PROBLEMS/CONCERNS:
<input type="checkbox"/> ASTHMA	<input type="checkbox"/> DIABETES	
<input type="checkbox"/> HEART TROUBLE	<input type="checkbox"/> FAINTING SPELLS	
<input type="checkbox"/> HIGH BLOOD PRESSURE	<input type="checkbox"/> CONVULSIONS	
<input type="checkbox"/> CONTACT LENS		
<input type="checkbox"/> ANY OTHER CONDITIONS REQUIRING SPECIAL CARE, MEDICATION OR KNOWLEDGE. IF SO, PLEASE EXPLAIN?		<p><b>DOES YOUR CHILD REQUIRE ANY LIFESAVING MEDICATION?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>IF YES, WHAT MEDICATION?</b> _____</p>
<b>REQUIRED:</b> Date of last Tetanus shot ____/____/____		

**HEALTH VERIFICATION, ACTIVITY AUTHORIZATION, AND PHOTOGRAPHY RELEASE**

As the parent/guardian, I verify my child is in good physical health and is authorized to participate in all activities including but not limited to HIKING, WALKING TRIPS (within the YMCAs neighborhood), WATER ACTIVITIES, ARTS & CRAFTS and SPORTS, etc. I give consent for the YMCA to walk or transport my child to the Y facility for activities, to the Waterfront and/or any local parks during program hours.

**Initial** \_\_\_\_\_

I understand in the event of an emergency I give the YMCA consent to transfer my child’s health record to the health provider. In the event of an emergency, transportation by any necessary means to obtain medical care or assistance for my child, as circumstance may require in the discretion of the YMCA staff, its employees or agents, is hereby authorized. I further give consent to any rescue squad or emergency personnel to render transportation and/or medical care deemed necessary in their discretion and in the best interest of the life, health and well-being of my child.

**Initial** \_\_\_\_\_

I give consent and understand the site coordinator will be provided the Emergency Medical Information for the safety of my child.

**Initial** \_\_\_\_\_

I understand in the event of a minor accident or sudden illness my child will be treated on the premise of the YMCA by staff with emergency standard first aid procedures, as deemed necessary, for the well-being of my child. I understand I will be notified immediately and will be required to pick-up my child or in my absence an authorized person I designate will pick-up my child from the YMCA.

**Initial** \_\_\_\_\_

I understand my child may be photographed while at activities, camp, and programs. I give the Y permission to use the pictures/videos of my child for the Y’s promotional and marketing materials such as newsletters, local newspaper, website and or brochures.

**Initial** \_\_\_\_\_

**STATEMENT OF VERIFICATION**

I have completed this application accurately and I understand that misinformation can result in immediate dismissal from all YMCA programs.

I have received the Parent Handbook which outlines the general organizational information, fees, and certain child care policies including the Required Parent Information Statement, Guidelines for Positive Discipline Policy, Child Release Policy, Expulsion Policy, and Management of Communicable Diseases.

**Parent/Guardian Name (Please print):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent’s Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Program: B3 Program 2020-2021  
 App. rec’d by: \_\_\_\_\_  
 Date rec’d: \_\_\_\_/\_\_\_\_/\_\_\_\_



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**2020-2021 B3 Program Participant Authorization to Walk Home\***

**Student Name** (Please Print): \_\_\_\_\_

The purpose of this waiver/permission slip is to provide consent for your child in **grades 7<sup>th</sup>-9<sup>th</sup>** to walk home after participation in the RARITAN BAY AREA YMCA's B3 Program without adult supervision.

**Parent Name** (Please Print): \_\_\_\_\_

With my signature below, I hereby give permission/consent for the above named student to walk home after participation in the B3 Program without adult supervision **during the duration of the program (September 28, 2020 thru June 4, 2021)**. I understand the RARITAN BAY AREA YMCA, B3 Program, and its staff will not be responsible or in any way liable for the conduct, or safety, of any student in the B3 Program at any time when such student is released at the conclusion of the program day. With this permission slip, I am consenting to assume all responsibility for the above named student and relinquish the RARITAN BAY AREA YMCA, B3 Program, its staff, and volunteers of any responsibility once my child is released from the program.

With my signature below, I agree to waive all claims against the RARITAN BAY AREA YMCA, B3 Program, its staff, and volunteers and hold the aforementioned harmless from any and all liability or claims, which may arise out of my child leaving the B3 Program without an authorized adult sign out or adult supervision.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

**\*This form is ONLY valid for students in grades 7<sup>th</sup>-9<sup>th</sup> and attending the B3 Program which will run from September 28, 2020 thru June 4, 2021.**

<p><b>Office use only:</b></p> <p>Date received: ____/____/____</p> <p>Date the Form was verified: ____/____/____</p> <p>Verified by: _____</p>	<p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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### Food Allergy & Illness Form

As a student in our program your child will be receiving meals/snacks. While we make every attempt to compile food menus that are food allergy conscious, we are aware some students may have specific food allergies that our staff must be aware of. Please complete the form and return to program staff prior to the start of program:

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

To the best of my knowledge my child has **NO** food allergies.

Our Staff are CPR and First Aid Certified, however **we do not administer any medication.** If your child is not feeling well you (and/or another emergency contact) will be contacted to pick-up your child. Children that do not feel well will not be permitted to walk home at the conclusion of program and will require an adult pick-up.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

\_\_\_\_\_

**YES**, my child has food allergies (please complete and sign the bottom portion of this document).

Our Staff are CPR and First Aid Certified, however **we do not administer any medication.** If your child is not feeling well you (and/or another emergency contact) will be contacted to pick up your child. Children that do not feel well will not be permitted to walk home at the conclusion of program and will require an adult pick up.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Students **WITHOUT** food allergies

Students **WITH** food allergies



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### Medical Disclosure Form/Formulario de Divulgación Médica

Parents/Guardians of all B3 Program participants,

As you may know the YMCA After School program is licensed under the NJ Department of Children and Families (NJDCF). As a licensed site there are several policies, guidelines and laws we must adhere to in ensuring your child's safety. Our objective is to always meet these regulations as we work toward providing your family the highest quality program.

Those who suffer from life threatening medical conditions understand the importance of being prepared for triggers that may require lifesaving medication. As a NJDCF licensed site you (parent/guardian) are required by law to inform us if your child has a medical condition that requires a lifesaving medication (such as an Epipen). If your child requires this care please complete the information listed below and return to the Site Coordinator. If we require further information we will set up a date and time to meet.

Name of participant: \_\_\_\_\_

Type of medication the child requires: \_\_\_\_\_

Does the child carry his/her own medication?  Yes  No

Does the child know how to administer his/her medication?  Yes  No

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

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Padres y/o guardianes de todos los participantes del programa del YMCA,

Como usted sabe, el programa de después de escuela del YMCA tiene licencia bajo el Departamento de Niños y Familias de NJ (NJDCF). Como un lugar con licencia, hay varias reglas y regulaciones que tenemos que seguir para garantizar la seguridad de su hijo. Nuestro objetivo desde el primer día es cumplir siempre con estas reglas mientras trabajamos para facilitar a su familia un programa con la más alta calidad.

Aquellos que sufren con alguna condición médica (que amenazan la vida) entienden la importancia de estar preparados para cualquier momento que pueda requerir medicamentos para salvar su vida. Como un lugar con licencia del NJDCF usted (padre / guardián legal) está obligado por ley a informarnos si su hijo tiene una condición médica que requiere un medicamento para salvar su vida (como un Epipen). Si su hijo requiere esta atención, llene la información que se detalla a continuación y devuelva el formulario al Coordinador de la escuela de su hijo/a. Si necesitamos más información, configuraremos una fecha y una hora para reunirnos.

Nombre del participante: \_\_\_\_\_

Tipo de medicamento que requiere el niño/a: \_\_\_\_\_

¿El niño lleva su propia medicación?  Sí  No

¿Sabe el niño cómo administrar su medicamento?  Sí  No

Firma: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

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**My Child DOES NOT require lifesaving medication. (Mi hijo/a NO NECESITA un medicamento para salvar su vida.)**

Signature/Firma: \_\_\_\_\_ Date/Fecha: \_\_\_\_/\_\_\_\_/20\_\_\_\_



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## **ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT**

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of the Raritan Bay Area YMCA and/or for my children listed above to so participate for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site 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 and carefully considered such premises, equipment and facilities and/or the affiliated program and that the undersigned finds and accepts same as being safe and reasonably suited for the use or participation by the undersigned and such participating children.

In addition, the undersigned acknowledges that novel coronavirus (COVID-19) infections have been confirmed throughout the United States, including many cases in Middlesex County. In accordance with the most recent guidance and protocols issued by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the Department of Public Health (CDPH), and the Middlesex County Public Health Department, 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 and currently includes China, Iran, South Korea, and most of Europe. 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 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 shall visit or utilize the facilities, services, and programs of the YMCA if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify the YMCA immediately if he or she believes 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 access/use restrictions set forth above. The undersigned acknowledges and agrees that the YMCA may revise its procedures at any time based on updated recommended guidance and protocols issued by the Public Health Agencies and further agrees to comply with the YMCAs 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, social distancing of 6 feet per person among children and their caregivers in a childcare setting is not possible. 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 YMCAs reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

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

THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH PARTICIPATING 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 participating children and all personal representatives, assigns, heirs, and next of kin of the undersigned or such participating children for any loss or damage, and any claim or demands on account of any property damage or any injury to, or an illness or the death of, the undersigned or such participating children (or any person who may contract COVID-19, directly or indirectly, from the undersigned or such participating children) whether caused by the negligence, active or passive, of the Releasees or otherwise while the undersigned or such participating children are in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE 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 any participating child 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 is not required to provide insurance to cover the undersigned or such

participating children in the event they suffer illness, 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 program affiliated with the YMCA.

The undersigned agrees and acknowledges that use of the YMCA facilities and services, and participation in the YMCA programs, may involve inherent danger and risk, including, without limitation, the risk of physical illness or injury, death or property damage. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF ILLNESS, BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such participating 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 program affiliated with the YMCA. The undersigned acknowledges that any illness or injuries that the undersigned or such participating children contract or sustain may be compounded by negligent first aid or emergency response of the Releasees and waive any claim in respect thereof.

THE UNDERSIGNED further expressly agrees that the foregoing ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New Jersey and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM THE YMCA IN CASE OF ILLNESS, INJURY, DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO COVID-19 AT ANY YMCA FACILITY OR PROGRAM AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS. IF SIGNING ON BEHALF OF MINOR: I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I REPRESENT AND WARRANT TO THE YMCA THAT I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

**I HAVE READ AND UNDERSTAND THE TERMS OF THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND AGREE TO ITS TERMS.**

**Primary** Adult Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Secondary** Adult Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date : \_\_\_\_\_

Name(s) of minor child(ren) I am responsible for:

_____	_____
_____	_____
_____	_____