

YMCA of Columbia Youth Program Policy

Please read each of the following and sign below to indicate your understanding of these policies.

Waivers/Permission

1. I permit my child to participate in activities the YMCA conducts outside the YMCA facilities.
2. **Field Trips** - I permit my child to leave the YMCA on authorized trips under the supervision of the YMCA staff. I may review a written schedule of activities to be conducted off the YMCA premises.
3. **Photography** - I permit the YMCA to use images of my child as a YMCA program participant in internal and external promotional material. This includes any printed material, broadcast and print advertising, promotional videos and the YMCA Web Site which are published by the YMCA. I also permit the YMCA to use images of my child in broadcast and print media news coverage of the YMCA. I understand that my child's name is not published.

Payment Policies

I understand policies concerning payment, cancellation and refunds. I may not register my child for a new program until outstanding balances due on past programs are paid in full.

4. **Insufficient Funds** - If my bank returns a draft or check, due to insufficient funds, immediate payment is required to keep my child's account up to date. I understand that I will be charged \$30 for each returned check or draft. I will need to send cash, money order, or a certified check for the draft or check within 5 business days after I receive a notification letter from the Business office. Payment in full is required before my child can continue to participate in YMCA programs. **If I have two returned drafts or checks within a six-month period, I will no longer have bank draft or check writing privileges and will be required to pay full programs fees in cash, in advance.**
5. **Cancellations** - Non-attendance does not relieve me of the responsibility to pay for the program. **Day Camp Participants** - I understand that cancellations will result in a refund minus a \$20 processing fee per were cancelled. **Bank Draft Participants** I understand that I must cancel, in writing, on the 25th of the month prior to date of bank draft in order to stop payment.
6. **Refunds** - I understand that non-attendance does not entitle me to a refund. I understand that no refund or adjustments are granted for illness, vacation, cancellation or when YMCA programs are cancelled due to inclement weather. Please refer to our refund policy in the signed draft payment form. **Please be aware that Registration fee are NON-REFUNDABLE.**

Medical Treatment Policies

7. **Accident Insurance** - Participants are responsible for their own accident insurance when using the YMCA and when participating in YMCA programs.
8. **Medication** - The YMCA does not normally administer any medication and will do so only when directed in writing by the child's medical doctor in the prescribed bottle. However, in the event of an emergency in which the parent cannot be contacted, Emergency Medical Staff and the YMCA may take appropriate action the best interest of the child.
9. **Blood Borne Pathogen Exposure** - I understand that while my child is in the care of the YMCA, if a child is exposed to a body fluid on broken skin or mucous membrane, (e.g. splashing in the mouth or eye), from another child, the YMCA will contact the parents of both children. They will explain what has occurred, and then provide the name of the attending physician of the source child to the parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, the YMCA will provide the name and telephone number of the child's attending physician to the staff member.

I have read and agree with the statement and specifically authorize the YMCA to release the name and telephone number of my child's physician and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or any staff member who experiences such an exposure from my child

Program Policies

10. **Babysitting Policy** - The YMCA strives to employ the very best staff possible in all of our programs. During staff time off or after they are no longer employed with us, these persons are private citizens and no longer subject to our employment rules and procedures. The YMCA cannot and does not endorse or recommend its present or former staff members as babysitters to any parent or guardian of any child in any of our programs. Any babysitting arrangements with present or former staff of the YMCA is separate and independent from any YMCA program and must be based on the independent investigation, responsibility and judgment of the parent or guardian. I agree that the YMCA shall not be responsible and will be held harmless from any claims or liability in connection with such employees acting in such a private, independent capacity.
11. **Inclement Weather** - I understand that programs are not available when school is closed due to inclement weather. This includes all school aged and preschool programs.
12. I understand the YMCA is not responsible for any personal items lost or stolen at our programs.

I have read and understand all the policies stated above.

Parent/Guardian Signature: _____ Date: _____

YMCA Behaviors Expectations and Discipline Policy

It is important that staff maintain good order and discipline in all programs. Top objectives in all YMCA programs are safety and a positive atmosphere for learning and developing social skills. The YMCA makes every effort to help children understand clear definitions of acceptable and unacceptable behavior.

The YMCA does not condone and will not permit:

1. Corporal punishment
2. Ridiculing, threatening, using an inappropriate loud voice
3. Leaving children unsupervised
4. Use of profanity

A child's behavior is expected to be consistent with the following:

1. Use appropriate language at all times.
2. Cooperate with staff and follow directions
3. Respect other children and staff, equipment and facilities, and yourself
4. Maintain a positive attitude
5. Stay in the program areas - running away is no acceptable

The Discipline Policy

1. If a child is unable to comply with the behavior expectations, a conference will be held by the program director with the child. The parent(s)/guardian will be notified in writing.
2. If after the above meeting the child is still unable to comply with the behavior expectations, the program director will set up a conference with the parent(s)/guardian. A behavior contract will be established and signed by the child (if appropriate) parent(s) guardian and the program director.

3. If the child's behavior continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal.
4. Failure of the parent(s)/ guardian to attend conference(s) and cooperate will subject the child to suspension or dismissal

Behaviors which may result in immediate dismissal include but are not limited to:

1. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff
2. Fighting (Includes shoving, pushing and/or any intimidating act towards a counselor or program participant)
3. Possession of a weapon of any kind
4. Vandalism or destruction of YMCA property or property of others
5. Inappropriate conduct
6. Swearing or Cursing
7. Possession of or use of alcohol or controlled substances unless under the prescription of a doctor
8. Running away
9. Biting

Special Circumstances

Parents or guardians are required to inform the YMCA in writing, prior to a child's acceptance in a YMCA program, of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions.

Please sign, indicating you have read and understand the above:

Parent/legal guardian

Date

I have read, understand and agree with the policies as stated in this document and have discussed the expectations of behavior with my child/ren.

Parent/legal guardian

Date

YMCA Staff

Date

Medical / Special Needs Information Form

Child's Name: _____
(First) (Last)

Height: _____ Weight: _____

Identify any medical or emotional illness or disorder which would affect the child's functional ability to participate safely:

Is this child taking prescription medication on a daily basis for a chronic illness/condition? YES NO

If yes, indicate prescription and directions for administration of the medicine:

Is the camper allergic to: Medication Bees Food Other _____

Does the camper have: Asthma Diabetes Seizures

If yes please explain & note if an medication is needed:

Is the child on a special diet? YES NO

Explain:

Is there any other behavioral / medical information that we need to be aware of?
