



Childcare organizations with more than 10 children must book an advance reservation prior to arrival at the pool. Reservations may be booked through the YMCA Aquatics Director or through Brunswick Pool Managers. Groups may make reservations up to twice a week on weekdays throughout the summer; we will begin taking reservations Memorial Day weekend. Reserved dates and times do not imply exclusive use of the facility and are made on a first come, first served basis subject to pool availability.

Prior to the first booking each season, the organization must provide the following:

1. This signed form with up to date contact information for the Organization's Owner, Director, or other authorized representative in case of emergency.
2. A valid Certificate of Insurance for at least \$1 million in general liability and naming the YMCA of Frederick County as an additional insured.

The organization agrees to the following:

1. Organization will provide appropriate supervision in accordance with Maryland State laws governing childcare.
2. Organization will pay the standard day pass fee per person in the group, discounts will not be given for "non-swimmers".
3. Each participant must have a waiver on file at the pool. A copy of the waiver is attached to this form for copying and distribution.
4. Organization will fill out an attendance sheet at the start of each visit with the names of all participants present in their group.
5. All participants will adhere to all pool rules and staff direction.
6. Organization will contact the Pool Manager or designee regarding any schedule changes, other than for weather, at least 24 hours prior to the scheduled reservation needing to be canceled or altered.
7. Failure to adhere to this agreement will result in removal of the organization from the facility.
8. Organizations which repeatedly fail to adhere to this agreement will be denied future admission to the facility and banned from the property.
9. In the event of removal from the facility, any fees paid will be retained by the YMCA.

Childcare Organization Information

Name of Organization _____

Authorized Representative Contact Information

Name _____

Job Title _____

Phone Number _____

Email Address _____

I, the undersigned, have read and understand the Rules and Regulations of the YMCA of Frederick County. By signing below, I agree to the state standards and requirements. I also understand that the YMCA of Frederick County will not be held responsible for any accidents or injuries occurring to any attendee while using the facilities requested.

Signature of Authorized Representative _____ Date _____

INFORMED CONSENT AND RELEASE OF LIABILITY

THE FOLLOWING MUST BE INITIALED IN ORDER TO PARTICIPATE IN ANY Y PROGRAM/ACTIVITY

- _____ 1. In initialing this agreement, I certify that I/ my child am/is able to participate fully in the program unless otherwise stated in writing to the Y. In case of voluntary withdrawal, I understand that there will be no refund of fee for the period concerned.
- _____ 2. In consideration of being allowed to participate in the activities and programs of the Y (the "Y Programs") and to use the facilities, equipment, and machinery of the Y (the "Y's Facilities and Equipment"), I/We do hereby waive, release and forever discharge, and indemnify and hold harmless the Y and its officers, agents, employees, representatives, and all others from any and all responsibility or liability for injuries or damages, except those caused by the negligent act or omission of any of the foregoing persons or entities, arising out of, resulting from or in connection with my/our use of the Y's Facilities and Equipment or my/our participation in any Y programs.)
- _____ 3. I/We understand that participation in the Y Programs and the use of the Y's Facilities and Equipment is potentially hazardous. I/We also understand that fitness activities involve a risk of injury and even death and that I/We am/are voluntarily participating in the Y Programs and using the Y's Facilities and Equipment with knowledge of the dangers involved. I/We hereby agree to expressly assume and accept any and all risks of injury or death.
- _____ 4. I/We understand that the Y's Facilities and Equipment and Y Programs may not be advisable for certain individuals, including but not limited to elderly persons, pregnant women, persons suffering from heart disease, diabetes, high or low blood pressure and other conditions and illnesses, and persons taking medication. I/We hereby acknowledge that I/We have been advised to seek advice from a physician regarding my/our participation in Y Programs or in the use of the Y's Facilities and Equipment. I/We also acknowledge that it has been recommended that I/We have a yearly or more frequent physical examination and consultation with my/our physician as to my/our participation in Y Programs and my/our use of the Y's Facilities and Equipment. I/We acknowledge that I/We have either had a physical examination and have been given my/our physician's permission to participate, or that I/We have decided to participate in Y Programs and/or use the Y's Facilities and Equipment without the approval of my/our physician and do hereby assume all responsibility for my participation in the Y Programs and my/our use of the Y's Facilities and Equipment.
- _____ 5. As part of the overall Y program, participants occasionally are photographed / videotaped and have work displayed by the Y staff. If initialed, you hereby grant permission and approval that you or your child may be photographed or videotaped by Y staff, and also that the participant's likeness, name, performance, artwork or written work may be used by the Y in any Y publications, materials, advertisements, web-site, and programs. *The Frederick Y permits individuals to use photographic devices during program instruction with certain stipulations on how and where they can be used. A procedure outlining the parameters of this is posted in most program areas and a copy will be made available to individuals that request it. It is required that an individual that uses photographic devices adhere to this procedure. For your safety and security the Y may be monitoring certain areas by video surveillance.
- _____ 6. I authorize the Y to provide medical care and seek advanced medical care for myself or my child should the need arise. I also authorize the Y to arrange for transport of myself or my child for the purpose of providing medical care, if necessary, in the discretion of the Y or medical personnel.
- _____ 7. By participating in the Y Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of Y facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law."
- _____ 8. For the YMCA of Frederick County's Privacy Policy please refer to <https://frederickymca.org/join-the-y/membership-policies/privacy-policy/>
- _____ 9. The Y conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the Y reserves the right to cancel membership, end program participation, and remove visitation access.
- _____ 10. I understand that some programs involve field trips with travel from the YMCA facility and I give permission to the YMCA to transport me/my child via YMCA vehicle and indemnify and hold harmless the YMCA, its officers, agents, representatives, and employees from any claim for damage or injury to person or property arising out of such transport, except as caused by the gross negligence of the YMCA, its representative, agents or employees.

Participant Name Printed: _____

Participant Signature: _____ Date: _____

Name of Parent/Legal Guardian Printed (If applicable): _____

Parent/Legal Guardian Signature (If applicable): _____ Date: _____

YMCA OF FREDERICK COUNTY



HEALTH / EMERGENCY INFORMATION • WAIVER

- This form cannot be a copy or fax as per Maryland law.
- Form must be completed and turned in prior to participating in any non-childcare programs.
- One form is valid for all non-childcare programs.
- Participants/parents/guardians are responsible for informing the Y of any changes that occur.

1st ADULT	First Name		M.I.	Last Name		Date
	Gender	M F	Date of Birth			
	Mailing Address					
	City			State	Zip	
	Home Phone			Work Phone		
	E-Mail			Cell Phone		

2nd ADULT	First Name		M.I.	Last Name		Date
	Gender	M F	Date of Birth			
	E-Mail		Work Phone		Cell Phone	

DEPENDENTS	First Name	M.I.	Last Name	Date of Birth	M or F
	First Name	M.I.	Last Name	Date of Birth	M or F
	First Name	M.I.	Last Name	Date of Birth	M or F
	First Name	M.I.	Last Name	Date of Birth	M or F
	First Name	M.I.	Last Name	Date of Birth	M or F
	First Name	M.I.	Last Name	Date of Birth	M or F

Please list additional contacts in case of an emergency. For any youth participants, the people listed below would also be authorized to pick the child up in case of an emergency.

Emergency Contacts	Name	Relationship	Phone	Alt Phone
	Name	Relationship	Phone	Alt Phone

Please provide us with any relevant medical information for any of the members listed in this application. Please ask for separate Health Waiver if more space is needed.

Medical History	Name	Concern
	Name	Concern