



YMCA Taylor Family Branch School Day Out Program

The Taylor Family YMCA offers a wonderful opportunity for children ages 4 thru 14 to be active during their days off school. Our school day off program meets at our main facility located in Elgin and offers a variety of daily activities, ranging from swimming daily, gym games, crafts and outdoor activities. During long break weeks field trips are offered as well. We follow D-300 and D-301 school calendars.

Rate:

\$40/day member \$60/day non member

*field trips are an additional fee

Hours:

Program runs from 9:00am-4:00pm.

Extended care available at no extra cost from 7:00am-6:00pm

Location:

Taylor Family YMCA

50 N McLean Blvd, Elgin, IL 60123

What to Bring:

2 snacks, lunch, swim suit, towel, weather appropriate clothing. Please have your child wear gym shoes.

Activities:

Games, Arts and Crafts, Swimming, park visits, field trips and MUCH MORE!

Questions:

Contact Chris MacMillan 224-699-5803 or chrism@gcfymca.org

To Register:

Visit www.taylorymca.org or fill out the register form on the back and email or fax to: 224-856-1628

SCHOOL DAY OUT PROGRAM

DATES FOR 2018-2019

- Friday 10/5/17– Institute Day
- Monday 10/8/18– Columbus Day
- Friday 11/9/18– Institute Day (D-301 only)
- Monday 11/19/18– Fall Break
- Tuesday 11/20/18– Fall Break
- Wednesday 11/21/18– Fall Break
- Wednesday 12/26/18– Winter Break
- Thursday 12/27/18– Winter Break
- Friday 12/28/18– Winter Break
- Wednesday 1/2/19– Winter Break
- Thursday 1/3/19– Winter Break
- Friday 1/4/19– Winter Break
- Monday 1/21/19– MLK Day
- Monday 2/18/19– President's Day
- Friday 3/1/19– Kane County Day
- Monday 3/25/19– Spring Break
- Tuesday 3/26/19– Spring Break
- Wednesday 3/27/19– Spring Break
- Thursday 3/28/19– Spring Break
- Friday 3/29/19– Spring Break
- Friday 4/19/19– District Holiday
- Monday 4/22/19– Institute Day (D-300 only)

(PLEASE PRINT)

2018-2019 SCHOOL DAY OUT REGISTRATION

Taylor Family YMCA, 50 N McLean Blvd, Elgin, IL 60123
Phone: (224) 699-5803 Fax: (224) 856-1628 Email: chrism@gcfymca.org

Camper's Full Name _____
Birthdate (Month/Day/Year) _____ Age as of 9/1/2018 _____
Grade at beginning of 2018-2019 School Year _____ Male ___ Female ___
Camper's Address _____ City _____ State _____ Zip _____
Mother/Guardian Name: _____ Mother/Guardian email _____
Mother Guardian Address _____ Mother/Guardian cell phone _____
Father/Guardian Name: _____ Father/Guardian email _____
Father Guardian Address _____ Father/Guardian cell phone _____
Emergency Contact: Name _____ Phone: _____
Allergies, Medical/Behavioral Issues (ADD, ADHD, Autism, etc) _____

DATES NEEDED- RATE IS \$40/ DAY FOR MEMBERS \$60/ DAY FOR NON MEMBERS .PLACE A CHECK NEXT TO THE DATES YOUR CHILD WILL ATTEND.

<input type="checkbox"/> October 5	<input type="checkbox"/> December 26	<input type="checkbox"/> January 21	<input type="checkbox"/> March 28
<input type="checkbox"/> October 8	<input type="checkbox"/> December 27	<input type="checkbox"/> February 18	<input type="checkbox"/> March 29
<input type="checkbox"/> November 9	<input type="checkbox"/> December 28	<input type="checkbox"/> March 1	<input type="checkbox"/> April 19
<input type="checkbox"/> November 19	<input type="checkbox"/> January 2	<input type="checkbox"/> March 25	<input type="checkbox"/> April 22
<input type="checkbox"/> November 20	<input type="checkbox"/> January 3	<input type="checkbox"/> March 26	
<input type="checkbox"/> November 21	<input type="checkbox"/> January 4	<input type="checkbox"/> March 27	

I do hereby give permission for the Taylor Family Branch YMCA After School Program to transfer child named above off the school property for the purpose of medical care or program activities as deemed appropriate by the Director and in the event I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the Director, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. I have received and read the policies of the Taylor Family Branch YMCA, and After School Care Parent Handbook. I understand and agree to follow these policies. Failure to follow these policies may result in termination of Break Day Camp services.

Parent Signature: _____ Date: _____

Golden Corridor YMCA Release and Waiver of Liability and Indemnity Agreement

I agree to follow all rules and regulations of the Golden Corridor YMCA while in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, and understand and agree that I may be expelled at any time, with no refund of any monies paid, for failure to abide by such rules and regulations. IN CONSIDERATION OF BEING PERMITTED TO UTILIZE THE FACILITIES, SERVICES AND PROGRAMS OF THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA WITHOUT RESPECT AS TO LOCATION, I HEREBY AGREE TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases 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.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY UNDERSTANDS THAT ACTIVITIES AT THE FACILITY OR ELSEWHERE, INCLUDING USE OF EQUIPMENT AND PARTICIPATION IN PROGRAMS, CAN INVOLVE MOVEMENT, STRAIN AND OTHER ELEMENTS THAT CREATE RISK OF SERIOUS INJURY OR DEATH. I ALSO UNDERSTAND THAT PROGRAM ACTIVITIES MAY INCLUDE FIELD TRIPS TO LOCATIONS OUTSIDE THE YMCA PREMISES, AS DESCRIBED IN DETAIL IN THE PROGRAM MATERIALS, AND THAT PUBLIC OR PRIVATE TRANSPORTATION MAY BE UTILIZED TO TRANSPORT PARTICIPANTS TO AND FROM THESE FIELD TRIP LOCATIONS. I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE OR LOSS, regardless of severity, that I or my minor child/ward may sustain from my or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, or while being transported to and from field trip locations outside the YMCA premises, except for any injury, damage or loss that is caused solely by the YMCA's gross negligence.
4. THE UNDERSIGNED HEREBY GIVES PERMISSION for the Golden Corridor YMCA, or any of its branches, to use any photographs or video footage taken of the undersigned and/or the undersigned's children participating in Golden Corridor YMCA activities in the future YMCA promotional purposes, without additional release or authorization.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made. I HAVE READ THIS RELEASE.

Signature of applicant/parent _____ Date _____ Print name of applicant _____