The following information is important to the safety and protection of your child. Please read the information and sign this form.

I understand that the adult who registers the child for the program is responsible for payments to the YMCA.

I understand that all financial, attendance, enrollment, and other business documents will be provided only to the adult who signs the child up for the program and is responsible for payment.

I understand that YMCA staff are not allowed to babysit or transport children outside of the YMCA program.

I understand that I have free access, at all times, to areas of the program used by my child. I also understand that I will have opportunities to participate in program activities, and that participation may require me to go through a screening process. I also understand that if my participation obstructs the program in any way, this privilege will be revoked.

I understand that I am not to leave my child at the YMCA or program site unless my child is registered to attend and a YMCA staff is there to receive and supervise my child.

I understand that my child will not be allowed to leave the program alone or with an unauthorized person.

I understand that YMCA staff will engage children in discussions to help them understand how they can set their own personal safety and touching limits. These discussions will emphasize respect, set the ground rules for appropriate behavior and encourage children to tell a trusted adult if someone touches them in way that makes them uncomfortable. The YMCA of Snohomish County respects the diversity and rights of the individuals it serves.

I understand that I will be provided information about my child’s progress and/or any issues related to his/her care. However, both parents may receive this information upon request.

I understand that employees in all YMCA programs are mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation. I also understand that YMCA staff are protected from liability for good faith reporting.

I understand that the Health Care Plan and Disaster Response Handbook are posted on-site and available for my review.

I have read and understand the statements above and have access to copies of:

- _______ Family Handbook (containing all policies, procedures, philosophy, medical procedures and Statement for Prevention of Abuse).
- _______ Keeping Kids Safe brochure is available at your YMCA branch or program site.

______________________________________________________
Child’s Full Name (Please print)                                _______________________

_________________________________________________________________
Parent/Guardian Signature      Date

COPY OF STATEMENT WILL BE KEPT WITH CHILD’S RECORDS