

# AYCC Summer Camp

## Counselor in Training Application



### Counselor's in Training (CIT's) must in the following age categories by June 21, 2021:

SEP - ages 13-15

CT - ages 14-16

#### CIT APPLICATION REQUIREMENTS

1. Have a valid AYCC Youth, Family or Teen Membership through the school year.
2. Completion of the CIT Application
3. Two written recommendations from persons, other than relatives or friends, who are familiar with your leadership abilities (i.e. teachers, club advisors, coaches, etc.)
4. Answer the questions found on the second to the last page of this application.

#### PURPOSE & PHILOSOPHY

The CIT Program will assist in providing instruction through practical experience and hands-on learning to acquire life and leadership skills through leadership development, values clarification, and problem solving-techniques.

The CIT program is for teens who have a desire to become a childcare counselor. There is no fee to become a CIT with the After School Program. CIT's are considered volunteers and will be expected to complete required tasks and duties as assigned. There will be a limit of 12 accepted applicants per week into the CIT program.

#### CIT PROGRAM INFO

During the school year, CIT's will focus on behavior management, communication, team building, and learning to get along with other CIT's, children, and staff members. The CIT's will assist group counselors in leading games, songs, activities, and will be assigned daily duties around the facility. CIT's will be allowed to participate in activities with their assigned groups as well as swimming and field trips.

All applications must be submitted to the Welcome Center at the Alfond Youth & Community Center or to the Director listed below.

#### APPLICATION SUBMISSION

##### Camp Tracy

##### Abbie Charrier

*Director of Camps & Trips*

[acharrier@clubaycc.org](mailto:acharrier@clubaycc.org)

207-873-0684 (school year)

207-465-9261 (Jun-Aug)

##### Summer Enrichment Program

##### DJ Adams

*Childcare Coordinator*

[dadams@clubaycc.org](mailto:dadams@clubaycc.org)

207-873-0684

Boys & Girls Clubs and YMCA of Greater Waterville  
at the **Alfond Youth & Community Center**

126 North Street, Waterville, Maine 04901 P: 207-873-0684 F: 207-861-8016

[clubaycc.org](http://clubaycc.org) [camptracy.org](http://camptracy.org)

[facebook.com/clubaycc](https://facebook.com/clubaycc)

[facebook.com/aycc.childcare](https://facebook.com/aycc.childcare)

[facebook.com/camptracy1968](https://facebook.com/camptracy1968)

[instagram.com/clubaycc](https://instagram.com/clubaycc) [instagram.com/camptracyaycc](https://instagram.com/camptracyaycc)

## **Camp Tracy CIT Training**

During training sessions, the CIT will focus on building a foundation of knowledge about Camp Tracy policies, procedures and programs. Topics of emphasis will include behavior management, camper characteristics, and communication. During the camp season, CIT's will learn specific skills in specialty areas, work directly with village groups, and concentrate on developing leadership skills.

CIT's are required to attend as much of Staff training as they can. CIT's are also required to attend the first two sessions of camp (June 21-25 and June 28-Jul 2) and minimum of two additional sessions.

Information will be provided to you regarding training sessions once accepted to the program.

## **Summer Enrichment Program Training**

During training sessions, the CIT will focus on building a foundation of knowledge about the Summer Enrichment Program's policies, procedures and programs. Topics of emphasis will include behavior management, camper characteristics, and communication. During the camp season, CIT's will learn specific skills in specialty areas, work directly with groups, and concentrate on developing leadership skills.

CIT's are required to attend as much of CIT trainings/meetings as they can. Meetings will be held every **Monday at 11am.**

# AYCC Summer Camp

## Counselor in Training Application



<b>Child's Last Name</b>	<b>Child's First Name</b>	<b>Middle Initial</b>	<b>US Citizen?</b>
<b>Gender</b>	<b>Date of Birth</b>	<b>T-Shirt Size</b>	<b>Shoe Size</b>
<b>Home Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

<b>Parent/Guardian Name</b>	<b>Cell Phone</b>	<b>Home Phone</b>	<b>Work Phone</b>
<b>Email Address</b>	<b>Employer</b>	<b>Employer Address</b>	<b>Employer Phone</b>

<b>Parent/Guardian Name</b>	<b>Cell Phone</b>	<b>Home Phone</b>	<b>Work Phone</b>
<b>Email Address</b>	<b>Employer</b>	<b>Employer Address</b>	<b>Employer Phone</b>

<b>With whom does the child live?</b>
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<b>Is either parent/guardian on Active Duty or Reserve in the Military? If yes, please list branch.</b> Your family may qualify for grant funding for programming or family membership. Email Wendy at <a href="mailto:wgrenier@clubaycc.org">wgrenier@clubaycc.org</a> for details.
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<b>Emergency Contact</b> (other than parent)	<b>Contact Phone</b>
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<b>Emergency Contact</b> (other than parent)	<b>Contact Phone</b>
----------------------------------------------	----------------------

<b>Please select the camp you wish to become a CIT at:</b> ____ CT ____ SEP					
<b>Please choose the weeks that you will be attending.</b>					
	Jun 21-25		Jul 11-16		Aug 2-6
	Jun 27-Jul 2		Jul 18-23		Aug 9-13
	Jul 5-9		Jul 26-30		Aug 15-20

<b><u>Welcome Center Use Only</u></b>	Approved by Director initials: _____ Date: _____
Member _____ Staff Initial _____ Date _____ Registered _____	
ID# _____ Start Date: _____	

## PICK-UP AUTHORIZATION

I, \_\_\_\_\_ (parent/guardian) give permission for the following people to pick up my child \_\_\_\_\_ from the programs at the Alford Youth & Community Center or Camp Tracy. I understand I may modify my child's pick-up list at any point by completing a Pick-Up Authorization form or by speaking to a supervisor.

The only person(s) allowed to pick up my child(ren) from the program are:

**Parent/Guardian** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Other** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Other** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Other** \_\_\_\_\_ **Phone** \_\_\_\_\_

**PLEASE INCLUDE PARENT'S/GUARDIANS on the pick-up list to assure accuracy of those with permission to pick the child up.**

*If at any time during the child's enrollment in AYCC camp, parental or guardianship rights change, I will notify a childcare/camp supervisor and provide proper documentation immediately.*

\*Please indicate if you are using a taxi service for transportation. We will not release a child to a taxi driver without written or verbal permission from the parent/guardian. The pick-up person(s) must be of legal age (18+). Special permission will be required for those under age 18 by written note only. No pick-up person(s) under the age of 16 will be allowed to sign out or take custody of a child. ID's are required for pick-up.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## CONFIDENTIAL DEMOGRAPHICS

The following information is necessary for our records and the grant and donor funding our organization receives. This funding helps us provide quality staff, training, and quality programs to your child as well as to our members and to the community. The answers you provide are confidential. Your cooperation in providing this information is both appreciated and necessary.

**Estimated Annual Family Income** (Choose the option that best fits this household information)

\_\_\_ Decline to answer \_\_\_ \$0-\$15,150 \_\_\_ \$15,151-\$30,150 \_\_\_ \$30,151-\$40,600 \_\_\_ \$40,601-\$51,050

\_\_\_ \$51,051-\$61,500 \_\_\_ \$61,501-\$71,950 \_\_\_ \$71,951-\$82,400 \_\_\_ \$82,401-\$92,850

\_\_\_ \$92,851-\$103,300 \_\_\_ \$103,301+

**Family Setting:** \_\_\_ Foster Care \_\_\_ Two parent family \_\_\_ Single parent family \_\_\_ Extended Family  
\_\_\_ Other

**Is your child a Maine Resident?** \_\_\_\_\_ **Is your child a U.S. Citizen?** \_\_\_\_\_

**Race-Nationality:**

\_\_\_ African-American \_\_\_ Arab \_\_\_ Native American \_\_\_ Asian \_\_\_ Hispanic

\_\_\_ Caucasian (white) \_\_\_ Multi-Racial Other: \_\_\_\_\_

## HEALTH HISTORY

Has your child ever been hospitalized?	If yes, please explain.
Does your child take medication during camp	If yes, please complete the Medication Form within this document.
Does your child have any medication allergies? (ex. penicillin, aspirin, ibuprofen, etc.)	
Does your child have any product or environmental allergies? (ex. latex, seasonal, insects, trees, etc.)	
Does your child have any medical conditions that childcare/camp staff should be aware of? (ex. Asthma, Excema, heart disease, cancer, sensitive skin, etc.)	
Does your child have any emotional concerns that we should be aware of? (ex. Behavior challenges, ADHD, ODD, OCD, etc.)	
Does your child have any food allergies or dietary restrictions? (ex. Vegan, vegetarian, lactose intolerant, celiac disease, etc.) A doctor's note is required for allergies and suggestions/substitutions are helpful.	
Date of last Tetanus shot:	
Family Doctor Name/Practice	Phone
Family Doctor Address	
Family Dentist Name/Practice	Phone
Family Dentist Address	
In case of emergency, my child should be treated at: Please circle one.	
<input type="checkbox"/> MaineGeneral Medical Center	<input type="checkbox"/> Northern Light Inland Hospital

## EMERGENCY INFORMATION

In case of emergency, illness or accident to your child, while in attendance in childcare/camp, please state your preference for the procedure we take.

Please number the contacts in the order in which you would like us to proceed:

- ( ) Contact the mother/guardian at: \_\_\_\_\_ Phone \_\_\_\_\_
- ( ) Contact the father/guardian at: \_\_\_\_\_ Phone \_\_\_\_\_
- ( ) Contact the family doctor: \_\_\_\_\_ Phone \_\_\_\_\_
- ( ) Contact the family dentist: \_\_\_\_\_ Phone \_\_\_\_\_
- ( ) Use discretion and seek medical attention if I cannot be contacted. It is understood that my child will be transported to the hospital (of your choice) in an emergency situation.
- ( ) Please list any other instruction you wish:
- \_\_\_\_\_
- \_\_\_\_\_

**Consent: In the event that neither parent/guardian can be contacted by telephone, I hereby give my consent to the childcare/camp staff to follow the above order or procedure. My permission continues until I revoke it by notifying the Childcare/Camp Director in writing. I will be responsible for any/all costs of medical attention and treatment.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# AYCC Childcare & Camps

## Medication Permission Form

207-873-0684    [www.clubaycc.org](http://www.clubaycc.org)    [www.camptracy.org](http://www.camptracy.org)

SEP: DJ Adams    [dadams@clubaycc.org](mailto:dadams@clubaycc.org)    Camp Tracy: Abbie Charrier    [acharrier@clubaycc.org](mailto:acharrier@clubaycc.org)

<b>Child Last Name</b>		<b>Child First Name</b>	
<b>DOB</b>	<b>Prescribing Physician</b>		
<b>Name of Medication(s)</b>			
<b>Date of Medication Order</b>			
<b>Dosage</b>			
<b>Time &amp; Frequency of Medication to be administered</b>			
<b>Continue this medication until</b>			
<b>I have given the first dosage on</b> _____ <b>Date</b>			
<b>I hereby verify that</b> _____ <b>has a valid prescription for the medication(s) listed above.</b>			
Parent/Guardian First & Last Name (Printed)		Parent/Guardian Signature	Date

Date	Number of Pills & Dosage	Parent/ Guardian Initial	Staff Received	Date	Number of Pills & Dosage	Parent/ Guardian Initial	Staff Received

Boys & Girls Clubs and YMCA of Greater Waterville  
at the **Alfond Youth & Community Center**  
126 North Street, Waterville, Maine 04901  
P: 207-873-0684 F: 207-861-8016  
[clubaycc.org](http://clubaycc.org)    [camptracy.org](http://camptracy.org)



## AYCC Childcare & Camps

Phone 207-873-0684 Fax 207-861-8016

SEP: DJ Adams dadams@clubaycc.org

Camp Tracy: Abbie Charrier acharrier@clubaycc.org

### Epi Pen & Inhaler Permission Form

Last Name _____		First Name _____	
DOB _____	Epi Pen _____		Inhaler _____
My child has permission to carry his/her Epinephrine Auto-Injector and/or Asthma Inhaler while in attendance of an AYCC childcare/camp.			
Parent/Guardian Name _____		Phone _____	
Signature _____		Date _____	

**A Licensed Medical Professional must complete the bottom section of this form.**

**OR**

**A copy of a recent Asthma Action Plan or Anaphylaxis Emergency Care Plan  
should be submitted to the Childcare/Camp Director.**

Fax Attention to the appropriate camp to 207-861-8016 or email

SEP: DJ Adams dadams@clubaycc.org

Camp Tracy: Abbie Charrier acharrier@clubaycc.org

Name of Medication(s) _____		
Date of Medication Order _____		_____
Route & Dosage of Medication _____		
Frequency & Time of Medication Administration/Assistance _____		
Specific recommendations for administration (what type of symptoms would indicate need for medication?) _____ _____		
Diagnosis and any other medical conditions requiring medication. _____ _____		
Any special side effects, contraindications and adverse reactions to be observed? _____ _____		
I hereby verify that _____ has a valid prescription and the knowledge and skills to safely possess and use the following medication while in the care of the AYCC.		
Physician's Office Name _____	Office Address _____	Phone _____
Physician's Name _____	Physician's Signature _____	Date _____

<b>Release &amp; Policy Information</b> <b>for BOTH Summer Enrichment Program AND Camp Tracy</b>	<b>REQUIRED PAGE FOR ALL</b>	<b>Parent/ Guardian Initials</b>
<b>Photos</b> - I grant permission for the AYCC to take video and/or photographs of my child for the purpose of marketing and promoting the AYCC. Circle one: <b>Yes</b> <b>No</b>		
<b>Pick-Up Policy</b> - SEP closes PROMPTLY at 5:30pm / Camp Tracy closes PROMPTLY at 5:15pm. A late fee of \$5.00 per 15 minute intervals will be charged for any child who is picked up after this time. The fee will be paid at the Welcome Center immediately. Your child <b>may not return</b> until this fee is paid. Multiple occurrences of non-payment and/or non-compliance of our pick up schedule, could result in increase in late fees at the Director's discretion or termination of services.		
<b>Transportation Release</b> - I give the AYCC permission to transport my child to and from camp; including Camp Tracy bus transportation (if applicable) on field trips and agree to provide a note if other transportation is to be used or if other adults will be dropping off or picking up.		
<b>Lost and Found</b> - I understand the childcare & camp programs & AYCC are not responsible for lost or stolen items.		
<b>Scanning Into AYCC Facility</b> - Each person entering the AYCC Waterville location will be required to check in through the turnstiles. Each child and adult using the facility/programs must have an assigned scan tag or must be allowed into the facility by Welcome Center Staff. Those who have not completed the AYCC Liability Waivers, or who have invalid membership status or balances due must stop at the Welcome Center prior to continuing.		
<p><b>Pandemic Measures</b> <i>effective March 30, 2021 and subject to change at any time</i> - Safety remains the number one priority of the AYCC, and we are doing everything possible to keep the AYCC Community protected from the COVID19 virus. We continue to monitor all updates from the CDC, our partners from MaineGeneral Medical Center, and the State of Maine, DHHS. <i>Full policy information can be found in the <b>Handbook</b>.</i></p> <p>I understand that children attending AYCC Camps as well as anyone at an AYCC facility, must comply with the following guidelines:</p> <ul style="list-style-type: none"> <li>• Masks required at all times in all locations; except for while actively eating, drinking a beverage or actively swimming</li> <li>• Health Screenings &amp; Temperatures will be taken upon entrance to all AYCC facilities</li> <li>• Constant hand washing and/or sanitizing required</li> </ul> <p><b>General Pick-Up &amp; Health Policy</b> - Parents/guardians are required to make an immediate pick-up for behavior challenges, illness, lice, vomiting, fever of 100.4 or higher, diarrhea, or bathroom accidents. If your child did not attend school for illness or behavioral challenges, your child may not attend childcare. If the illness is contagious, a doctor's note or approval from the Director will be required upon return.</p> <p><b>Parent/Guardian Signature</b> _____ <b>Date</b> _____</p>		
<b>Bullying Policy</b> - It is the intent of the AYCC to provide all youth with a safe, orderly, and respectful recreational environment. Administration and staff will provide clear expectations and consequences for all participants and be consistent with NO TOLERANCE for any bullying behavior. Bullying behavior is defined by repeated comments, name calling, gestures, or actions made with the intent to harm, distress, intimidate, threaten, or coerce another individual. I have read and understood the bullying policy stated in the <b>Handbook</b> .		
<b>Child Guidance &amp; Dismissal Policy</b> - The AYCC wants all children to feel safe and cared about while attending the AYCC and any of its programs. We understand that children attending our programs may still be learning emotional skills and self-regulation strategies. Our goal is to help support and guide children in navigating and honing these critical skills during their time in childcare. Staff will guide and provide behavioral support as necessary, however, children may be sent home due to incidents involving physical aggression, safety or health concerns (ie. spitting, biting) and high levels of elopement or other behavioral challenges that require consistent support and/or multiple staff person support. Repeated occurrences or extreme cases may result in further action, to include temporary dismissal, up to permanent dismissal from the program.		

<b>Release &amp; Policy Information</b> <b>for BOTH Summer Enrichment Program AND Camp Tracy</b>	<b>REQUIRED PAGE FOR ALL</b>	<b>Parent/ Guardian Initials</b>
<p><b>Impairment Policy</b> - If the program staff feel the adult picking up the child(ren) is under the influence of drugs or alcohol, the staff will strongly recommend that another person is called for pick-up. If the recommendation is not acted upon, the staff will notify the police department. I understand the impairment policy.</p> <p><b>Parent/Guardian Signature</b> _____ <b>Date</b> _____</p>		
<p><b>Child Abuse &amp; Neglect Policy</b> - We are licensed by the State of Maine, Department of Health &amp; Human Services, which means we are required to report any suspected cases of child abuse or neglect. Identity and information shared in this report are kept strictly confidential. All AYCC employees are mandated reporters.</p>		
<p><b>Handbook</b> - It is very important to us to make sure parents/guardians are well informed of all our policies and guidelines. All of the policies are written in detail in the <b>Handbook</b>, located at the Welcome Center or available on our website at <a href="http://www.clubaycc.org">www.clubaycc.org</a>. (Full policies are not written in the registration form). Parents/Guardians are required to read and understand all the information both in the registration form and the <b>Handbook</b>. Please see one of the directors with any questions/concerns. I have read and understood both the registration form and <b>Handbook</b>.</p>		
<p><b>Dismissals</b> - Children dismissed from either program, are immediately dismissed from both day camp programs. Families with children who have been dismissed for behavioral issues are ineligible for refunds or credits.</p>		
<p><b>Registration</b> - I acknowledge that the information included in this packet is current and correct to the best of my abilities. If any of the information (such as contact or custody information) changes, I will notify the Childcare/Camp Director immediately.</p> <p><b>Parent/Guardian Signature</b> _____ <b>Date</b> _____</p>		

<b>Release &amp; Policy Information</b> <b>For Summer Enrichment Program</b>	<b>Parent/ Guardian Initials</b>
<p><b>Open Swim Release</b> (if CDC restrictions allow) - I would like my child to participate in open swim time as available. I understand my child may not be able to go everyday it is offered due to the schedule and limited space. There are limited options of swim attire to borrow.</p> <p>Please list your child's ability in the water (circle one):    <b>Beginner</b>    <b>Moderate</b>    <b>Advanced</b></p>	
<p><b>Release for Climbing Wall / Gronk Zone / Synthetic Ice Rink / Adventure Playland</b> (inflatable &amp; structured playground) - I give my permission for my child to participate in the Adventure Playland, Climbing Wall, synthetic ice rink, and Gronk Zone programs. I understand that these areas are not a part of the childcare center, but childcare staff will be supervising at all times. Children are required to wear socks in the Adventure Playland area and both socks and sneakers on the Climbing Wall and in the Gronk Zone. Socks are also required for skating; skates and safety equipment will be provided.</p>	
<p><b>Youth Fitness Classes</b> I give permission for my child to participate in Kid Fit, yoga, boxing or other fitness classes with certified wellness instructors/personal trainers. I understand that this area (Gronk Zone) is not part of childcare and that a certified wellness instructor will be supervising at all times. Children must have socks and sneakers to participate.</p>	
<p><b>Technology Use Policy</b> - Your child will have access to the internet in our Tech Lab. In order to maximize the benefits of the internet use and minimize any possible dangers, we have created specific guidelines that are to be followed at all times. All parents must review guidelines with their child(ren) and provide consent for their child(ren) to view and/or use the network. I have reviewed the technology policy with my child(ren), located in the <b>Handbook</b> and understand that if my child(ren) misuses the policy guidelines; he/she will lose their network privileges and may undergo disciplinary action.</p>	

## SKILLS

On a scale of 1-5, rate your skill in each area (1=Low; 5=High):

\_\_\_\_Swimming

\_\_\_\_Sports

\_\_\_\_Musical Instrument

\_\_\_\_Canoeing

\_\_\_\_Nature Identification

\_\_\_\_Drama/Performing Arts

\_\_\_\_Paddle Boarding

\_\_\_\_Nature Crafts

\_\_\_\_Arts & Crafts

\_\_\_\_Kayaking

\_\_\_\_Orienteering

\_\_\_\_Drawing/Painting

\_\_\_\_Ropes Course

\_\_\_\_Outdoor Cooking

\_\_\_\_Fishing

\_\_\_\_Rock Climbing

\_\_\_\_Outdoor Living Skills

\_\_\_\_Story Telling

\_\_\_\_Knots

\_\_\_\_Ecology

\_\_\_\_Archery

\_\_\_\_Games

\_\_\_\_Singing

## EXPERIENCE IN CLUBS, ORGANIZATIONS OR TEAMS

**Club/Organization/Team Name**

**# Years Experience**

**Position**


## OTHER RELATED LEADERSHIP OR WORK EXPERIENCE

Leadership Courses Taken: \_\_\_\_\_  
\_\_\_\_\_

Leadership Experience: \_\_\_\_\_  
\_\_\_\_\_

Work or Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_

## CERTIFICATIONS

Please list date and place certified as well as level achieved and certifying organization:

Swimming (circle verifying organization) American Red Cross YMCA BSA \_\_\_\_\_

First Aid/CPR \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## AFTER SCHOOL PROGRAM QUESTIONS (REQUIRED FOR ASP)

Why are you interested in working as a CIT in our program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are some skills and interests that you bring with you into this role? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are some skills you wish to improve through this role? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What experience do you have overseeing and mentoring youth? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a particular age group you are interested in working with? \_\_\_\_\_  
\_\_\_\_\_

## MINOR Participant Waiver, Release, Indemnification

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Boys & Girls Clubs and YMCA of Greater Waterville at the Alfond Youth & Community Center (herein known as AYCC) Programs, now or any time in the future.**

### Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in AYCC activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with AYCC participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with AYCC participation and that said list in no way limits the operation of this Agreement.

### Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in AYCC programs or accessing AYCC facilities could increase the risk of contracting COVID-19.** AYCC in no way warrants that COVID-19 infection will not occur through participation in AYCC programs of accessing AYCC facilities. \_\_\_\_\_ **Initials**

### Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of \_\_\_\_\_'s participation in AYCC activities/programs I, \_\_\_\_\_, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the AYCC, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the AYCC on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of AYCC facilities/equipment or participation in AYCC programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees. \_\_\_\_\_ **Initials**

In consideration of the named minor's participation in any AYCC activities/programs, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's AYCC activities/programs participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in AYCC activities/programs participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in AYCC activities/programs and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in AYCC activities/programs.

I further certify that my date of birth is \_\_\_\_\_ (MM/DD/YYYY), that my present age is \_\_\_\_\_, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

**Participant Name (Print Clearly)** \_\_\_\_\_

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

**Parent/Guardian Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_