



**\*\*Please email or fax completed form to [ymcaofacadiana@gmail.com](mailto:ymcaofacadiana@gmail.com)  
or Fax to 337-993-9632\*\***

## THE YMCA OF ACADIANA

### Summer Camp Registration Form 2020

**Please Print!**

**Name of Camper** \_\_\_\_\_ **Age** \_\_\_\_\_ **Male/Female** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **School Attending** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **St.** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Father's Name** \_\_\_\_\_

**Cell Ph: (Mother)** \_\_\_\_\_ **Cell Phone: (Father)** \_\_\_\_\_

**Work Ph: (Mother)** \_\_\_\_\_ **Work Ph: (Father)** \_\_\_\_\_

**Mom's Email Address\*:** \_\_\_\_\_ **Father's Email** \_\_\_\_\_

**EMERGENCY CONTACT (other than parent): Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**ADULTS AUTHORIZED TO PICK UP CAMPER (other than parent)** Please supply photo of Drivers License at time of pick up.

1. \_\_\_\_\_ **Phone:** \_\_\_\_\_

2. \_\_\_\_\_ **Phone:** \_\_\_\_\_

3. \_\_\_\_\_ **Phone:** \_\_\_\_\_

4. \_\_\_\_\_ **Phone:** \_\_\_\_\_

5. \_\_\_\_\_ **Phone:** \_\_\_\_\_

6. \_\_\_\_\_ **Phone:** \_\_\_\_\_

7. \_\_\_\_\_ **Phone:** \_\_\_\_\_

**T-Shirt size**    **YS**   **YM**   **YL**   **YXL**   **AS**   **AM**   **AL**   **AXL**   **AXXL**

### MEDICAL INFORMATION.

Special Considerations/Allergies \_\_\_\_\_

1. Is there any reason for physical restriction and to what extent?
2. Does your child require medication to be taken during camp hours? (If so, please ask about our medical release form.)
3. If medical attention is required, what Doctor or Hospital do you prefer?

The YMCA of Acadiana reserves the right to refuse administering any medication that would present a conflict of faith or conscience for our staff. The YMCA will require a full explanation of the medication and its effects on the camper. We will also require a full release of liability from the parents of the camper.

**YMCA STAFF IS NOT TRAINED to ADMINISTER any MEDICATION.** Approval of administration of medication will be granted on a case by case bases by the C.E.O. of the YMCA of Acadiana. Failure to provide all information concerning medication of your camper will result in removal from the YMCA of Acadiana Program.

**HELP US HELP YOUR FAMILY! WE NEED A FULL UNDERSTANDING OF ANY & ALL MEDICAL CONDITIONS.**

### SUMMER CAMP DATES

**\*\*Reminder:** You are required to pay the **weekly absentee fee** when your child does not attend camp. **If you know when your child will NOT be attending camp, please check those weeks below.**

**Weekly Absentee Fee is \$65 per child.**

- |                                    |  |
|------------------------------------|--|
| _____ Session 1 (June 1 – 5)       | _____ Session 7 (July 13 – 17)                         |
| _____ Session 2 (June 8 – 12)      | _____ Session 8 (July 20 – 24)                         |
| _____ Session 3 (June 15 – 19)     | _____ Session 9 (July 27 – 31)                         |
| _____ Session 4 (June 22 – 26)     | _____ Session 10 (August 3 – 7)                        |
| _____ Session 5 (June 29 – July 3) | _____ Session 11 (August 10 – 14) <b>*Tentatively*</b> |
| _____ Session 6 (July 6 – 10)      | _____ Session 12 - <b>TBA</b>                          |

### PAYMENT AGREEMENT

1. I understand fees **MUST** be paid each Monday (**payments made after Monday will accrue a \$10.00 fee**)
2. **I understand that even if my child(ren) do not attend a full week, I am still responsible for the absentee fee of \$65 per child per week.**
3. The YMCA requires a credit card to be on file for all charges not paid by the end of our Summer Camp Program. This includes all absentee fees, weekly fees, registration fee and activity fee.
4. Returned check charge - \$25.
5. **All fees are non-refundable**(please sign)\_\_\_\_\_

## **THE YMCA OF ACADIANA SUMMER CAMP PROGRAM**

### **STANDARDS OF CONDUCT**

It is our intent that each child enjoys the activities planned by understanding that he/she is responsible for his/her actions. With prior knowledge of our basic rules of safety and good conduct, each child is made aware of how to exercise self-discipline, that we are here to help him/her, and that we want him/her to succeed.

As in any group activity, the inappropriate behavior of a few children can spoil the experience for the entire group. Therefore, the following conduct policies apply directly to each child and will be used in determining his/her eligibility to continue as a participant. In accordance with the severity of the inappropriate behavior and the number of times the behavior occurs, a child may:

1. Lose the privilege of participation in a specific activity.
2. Be suspended from the program, for a specified amount of time.
3. Be expelled from the program.

#### **Inappropriate behaviors that are grounds for dismissal from the program:**

1. Intentionally and repeatedly going to unauthorized areas of the facility without permission.
2. Repeatedly using foul language and being repeatedly rude and discourteous to staff and peers.
3. Defacing Y property.
4. Repeatedly refusing to follow basic rules of safety while at the program site.
5. Stealing or defacing other's property.
6. Smoking, gambling, extortion, arson.
7. The possession, use or sale of drugs or alcohol.
8. Possession of weapons.
9. Any other behavior that is deemed inappropriate and dangerous or contrary to the best interest of the participants and staff.

We desire that every child enjoy his/her experience at the Y Summer Program. For this reason, we have initiated policies we feel are fair, easily complied with any child, and of benefit to everyone involved.

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **THE YMCA OF ACADIANA DISCIPLINARY PROCEDURES**

1. Child will be given a verbal warning for misbehavior the first time.
2. If the misbehavior continues, the child will be given:
  - a. 5 minutes from group activity
  - b. Behavior warning listing consequences (step 4 & 5)
3. If the behavior has not stopped, he/she will lose activity privileges and will be sent to the Program Director. The Program Director, Counselor, and Child will talk about proper behavior and given suggestions on how to improve.

### **PARENTS WILL BE NOTIFIED BY CALL**

4. If a child misbehaves again, your child will receive a BEHAVIOR REPORT. The counselor, director, parent, and camper will sign the behavior report. A reward system will be in effect for improving behavior and it will be written what actions will come into effect if behavior continues.
5.
  - a. SUSPENSION FOR 1 DAY – FIRST OFFENSE
  - b. SUSPENSION FOR 3 DAYS – SECOND OFFENSE
  - c. EXPULSION FROM CAMP

### **\* A CHILD WILL BE SENT TO THE PROGRAM DIRECTOR WITH THE POSSIBILITY OF IMMEDIATE EXPULSION FOR THE FOLLOWING:**

1. HARMS ANOTHER CHILD OR COUNSELOR
2. STEALS
3. DAMAGES PROPERTY
4. USES FOUL LANGUAGE
5. TOTALLY DISRUPTIVE TO THE GROUP
6. LEAVES AREA WITHOUT PERMISSION

### **\*\* IN THE EVENT THAT A CAMPER DAMAGES ANY PROPERTY OR EQUIPMENT (INCLUDING BUSES AND FIELD TRIP PROPERTY) THAT THE YMCA IS USING, THE PARENTS WILL BE RESPONSIBLE FOR THE REPLACEMENT.**

### **THERE WILL BE NO REFUNDS GIVEN FOR SUSPENSIONS FROM CAMP!**

### **PROPER BEHAVIOR INCLUDES THE FOLLOWING:**

1. RESPECTING THE RIGHTS OF OTHERS
2. USING APPROPRIATE BEHAVIOR FOR EACH ACTIVITY
3. STAYING WITH YOUR GROUP
4. LISTENING AND FOLLOWING DIRECTIONS
5. RESPECTING STAFF
6. HAVING FUN!!

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **PARENTS/GUARDIANS RIGHTS & RESPONSIBILITIES**

### **Parents/Guardians have the right to:**

1. Know their children are in a safe environment where they are free to choose from a variety of activities.
2. Participate in all levels of decision-making concerning how their children spend the day.
3. Know what types of programs and activities are being planned and offer feedback on the kinds of activities the children enjoy.
4. Share concerns with staff at any time about anything they do not feel is in the best interest of the children.
5. Know if the child is misbehaving and to spend time talking with the staff concerning a solution.
6. Know if their child does not report to the program as intended.
7. Know when the children will be going any place other than where the program is usually being held.
8. Voice special concerns and considerations not covered in the handbook and discuss special cases where occasional exceptions may be made from the rules set forth in this manual.

### **Parents/Guardians have the responsibility to:**

1. Let the staff know if their child will not be attending for the day.
2. Observe the rules of the program as set forth in the handbook and in any additional policy statements.
3. Share their concerns with staff members if the program is not meeting their child's needs.
4. Listen to concerns that staff members have about their child's behavior and work through an agreeable solution to any problems that might occur.
5. Know about any changes in policy or procedures.
6. Know the discipline procedure of the program as explained in the handbook.
7. Replace any equipment that their child is responsible for misusing.
8. Sign in/out their child at the end of the day; notify a staff member when taking a child from the program, notify a staff member when another authorized person is picking up a child.
9. Inform staff if a child has been exposed to a contagious illness.
10. Notify staff of planned vacation and other absences in advance.
11. Notify staff in writing of campers withdrawal.
12. Pay fees on time.
13. Keep the child's record up-to-date with changes in phone numbers and addresses.
14. Pick up children on time.

**I have read and understand my rights and responsibilities.**

**PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

## **POLICIES AND PROCEDURES**

1.) I agree to pay a one-time registration fee of \$\_\_\_\_\_ for the Y Summer Camp. I understand for my child/ren to attend each session, payment of \$\_\_\_\_\_ must be paid by said due date. (See payment schedule)

2.) I understand all fees are Non-Refundable and Non-Transferable.

3.) Fees are due and payable as payment schedule states.

**No money will be accepted at the Y after Monday, or a late fee of \$10 will be charged.**

4.) A \$25.00 charge will be assessed on checks returned NSF.

5.) An absentee fee of \$65.00 per camper for every week your child is absent will be charged in order to hold your child's place in camp.

6.) For your child's safety: Parents are expected to ensure their child's safe arrival at camp. Only those listed on the Authorization section of the registration form will be allowed to remove the child from camp.

7.) I agree to hold the Y and representatives free and harmless against injuries sustained during camp hours unless such injuries occur as a result of the gross negligence or willful misconduct of the Y or its authorized representatives.

8.) I understand that in cases of severe discipline problems, bad behavior, lewd conduct, or physical confrontation with another camper or Y staff personnel, the Y has the right to discontinue service.

9.) I understand if circumstances warrant, the Y will be available to discuss with me the terms set forth in this agreement.

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FIELD TRIP PERMISSION SLIP**

I give my permission for my child/ren \_\_\_\_\_ to go on any scheduled YMCA field trips. I understand that I will not hold the YMCA responsible for any injury or loss during my child's participation in any scheduled YMCA program.

**PARENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**YMCA OF ACADIANA SUMMER DAY CAMP CONTRACT**

Dear Parents,

**By signing below, you agree to the following:**

All fees including registration, weekly, and the activity fee are non-refundable. The weekly fee is due each Monday morning. If your child is absent a whole week, you must pay the agreed upon fee of \$65 per child to hold your spot. If your child is withdrawn from the program by your choice or expelled by the Y, all paid fees are still non-refundable. Thank you for your understanding in this matter.

**THE YMCA OF ACADIANA**

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

## WAIVER

I understand that The YMCA of Acadiana assumes no responsibility for injuries or illness that my child may sustain as a result of physical condition or resulting from participation in any athletic activities.

I specifically waive, give up, and release the Y and staff from liability from any claim for damages which I or my child may have relating to injuries or illness that he/she may sustain at the Y while participating in Y activities. I agree to indemnify and hold harmless the Y from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the Y premises or in any way observing or using any facilities equipment of the Y or participating in any programs affiliated with the Y whether caused by the negligence of the Y or otherwise.

In signing the waiver, I certify that my child is in good health with no chronic illness or abnormal tendencies. In the event of any emergency in which my child requires medical care, I authorize the Y to act for me, and to obtain for him/her whatever medical treatment the staff in its best judgment deems necessary and appropriate; including, but not limited to, whatever medical and/or dental examination, diagnosis, and/or treatment is deemed necessary.

I understand The YMCA of Acadiana is **NOT** responsible for personal property lost or stolen while members and/or program participants are using Y facilities or on Y premises. The Y reserves the right to expel any camper for bad behavior, lewd conduct, or physical confrontation with another camper or Y staff personnel.

I give permission to The YMCA of Acadiana to use, without limitation or obligation, photographs, film footage, or tape recordings, which may include my child's image or voice for purposes of promoting or interpreting Y programs.

1. I agree to pick up my child/ren by 6:00 p.m. or I agree to pay a late fee of \$1.00 per minute thereafter.
2. **IF YOUR CHILD IS PICKED UP LATE 3 TIMES, THEY WILL BE RELEASED FROM THE PROGRAM.**

I further understand that if my child is not picked up from camp by 6:30 p.m. and the Y has tried to contact all authorized persons, the Y will notify the necessary agencies to come and get my child. The Y has been instructed by the Lafayette Police Department to carry out this procedure.

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**Crawfish Aquatics in Lafayette**  
**Swimming Pool Waiver and Release of Liability Form**  
*Release of Liability, Waiver of Claims, Assumption of Risk, and Indemnity Agreement*

Please read this form carefully and be aware that in utilizing the swimming pool amenities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of utilizing any and all amenities connected with and associated with the pool.

I agree to familiarize myself with the rules set by Crawfish Aquatics and agree to abide by them. I understand Crawfish Aquatics, its officials, directors, agents, employees, and representatives retain the right to suspend or expel swimming pool users from use of the swimming pool amenities for failure to comply with the pool rules.

**DISCLAIMER CLAUSE**

Crawfish Aquatics, its officials, directors, agents, employees, and representatives (hereafter referred to as the "Organization") are not responsible for any injury, loss or damage of any kind sustained by any person while utilizing the Organization's swimming pool amenities, including injury, loss or damage.

**DESCRIPTION OF RISKS**

I recognize and acknowledge that there are certain dangers and risks of physical injury while swimming and using the pool amenities. I also understand that in order to be allowed to use the swimming pool I must give up my rights to hold Crawfish Aquatics liable for any injury or damage which I may suffer while utilizing the swimming pool amenities. I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of using the swimming pool. I further agree to waive and relinquish all claims against the Organization that I may have as a result of using the swimming pool.

**INDEMNIFICATION AND RELEASE OF LIABILITY**

In return for the Association allowing me to voluntarily utilize its swimming pool amenity, I agree:

1. TO ASSUME AND ACCEPT ALL RISKS arising out of, associated with or related to my use of the swimming pool amenities.
2. TO BE SOLELY RESPONSIBLE FOR ANY INJURY, LOSS OR DAMAGE which I may sustain while using the swimming pool amenities.
3. TO INDEMNIFY AND HOLD HARMLESS the Organization, its officials, directors, agents, employees, and representatives from any and all claims, demands, actions and costs which might arise out of my use of the Organization's swimming pool amenities.

I understand and agree that this Agreement will have the effect of releasing, discharging, waiving, and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my use of the swimming pool amenity. This Release constitutes a complete release, discharge and waiver of any and all actions or causes of action against the Organization.

I understand and agree that this Agreement applies to personal injury, property damage, or wrongful death which I may suffer, even if caused by the negligent acts or omissions of others.

I understand and agree that by signing this Agreement, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while utilizing the swimming pool amenity.

I understand and agree that this Agreement will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children and any guardian ad litem for said children.

I understand and agree that by signing this Agreement, I am agreeing to release, indemnify and hold the YMCA of Acadiana harmless from any and all liability or costs, including attorney's fees, associated with or arising from my use of the swimming pool amenities.

I do hereby fully release and forever discharge the Organization from any and all claims for injuries, damages, or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with the swimming pool amenities.

I acknowledge that I have read this Agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to utilizing the swimming pool amenities. Knowing this and in consideration of being permitted to use the swimming pool, I hereby voluntarily release the Organization from any and all liability resulting from or arising out of my use of the swimming pool amenities.

I understand and agree that I am releasing not only Crawfish Aquatics, but also the officials, directors, agents, employees and representatives of that entity.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT. It is binding upon me as well as upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity. I have read, understood and voluntarily sign this release and waiver of liability and indemnity agreement, on behalf of myself and any representatives, heirs and next of kin.

I am over the age of 18.

---

Signature (must be over 18 years of age)

---

Printed Name

---

Date

---

Emergency Contact: Name / Relationship / Phone Number

# *Acadiana* GYMNASTICS

## Participation & Release Form- Field Trip

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Birthday/Age

\_\_\_\_\_  
Male/Female

### Participation Consent:

I realize that participation in gymnastics or related activities is not risk-free, and that the possibility of serious or catastrophic injury from participant is possible. understanding this, I agree to grant permission for my child to participate in activities at Acadiana Gymnastics.

### Medical Release:

I hereby grant permission for the staff of Acadiana Gymnastics to render a judgment on the needs of my child and to seek immediate treatment, if necessary, in the event of my absence or inability to grant permission. I further agree to hold Acadiana Gymnastics, its staff, and management harmless in the event of an injury to my child through participation in activities or programs at Acadiana Gymnastics.

Having read and agreeing to the above, I give my permission for my child to participate in the birthday party at Acadiana Gymnastics.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# BE ACTIVE BE YOURSELF BELONG

Summer Camp



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## The YMCA of Acadiana!

Camper's Name: \_\_\_\_\_

**Please help us with your answers! Thank You!**

Does your Camper have any physical or personal restrictions?

\_\_\_\_\_.

Does your Camper do well with high-energy activities?

\_\_\_\_\_.

What activities does your Camper enjoy?

\_\_\_\_\_.

Does your Camper do well with change & moving place to place?

\_\_\_\_\_.

Does your Camper like large groups or small groups?

\_\_\_\_\_.

How would you describe your Campers personality?

\_\_\_\_\_.

What previous camp experience has your Camper truly enjoyed?

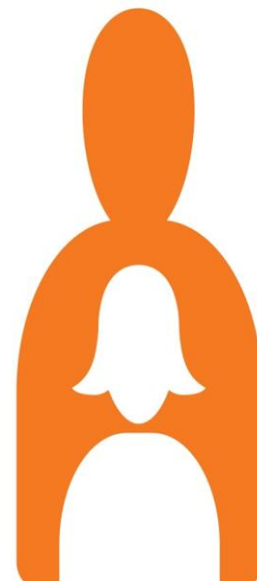
\_\_\_\_\_.

\_\_\_\_\_.

Do you have any concerns or thoughts about the YMCA Summer Camp that you would like to share with us?

\_\_\_\_\_.

\_\_\_\_\_.





# YMCA SUMMER Camp FAQ'S

**Why does pick up take so long?** The kids want to play every minute of everyday! We do our best to pack 11 hours of fun into your Campers day. Often times, your Camper will be out back playing when you arrive. Every effort to speed up your Camper will be made!

**Can my Camper bring toys or games to Summer Camp?** We ask that you do not bring any games or toys to summer camp. A baseball glove with their name on it is all we allow. We have everything your Camper will need for a great summer.

**Can my Camper bring Soft Drinks, Cakes or Candy to Camp?** Sorry, we do not allow Soft Drinks, Cakes or Candy on our campus. We have a daily snack for every Camper everyday.

**Is there a Lost & Found?!** YES! We also do several loads of wash everyday. Most of the time an item is not lost, it is just misplaced. A quick note to the Summer Camp Director will probably find the missing item. Shoes and Socks are the most misplaced items!

**Are Sport Drinks allowed at Camp?** Yes! The YMCA of Acadiana provides water to every Camper. Hydration is our #1 goal during and after outside activities! (Powerade or Gatorade type!)

**How are Bumps, Bruises, and Cuts cared for?** Bumps and Bruises are cared for with ice packs and rest. Cuts are cared for with washing with soap and a bandaid. All occurrences will be followed up with a phone call to the parent.

**Does my Camper Nap?** 5 & 6 year olds nap everyday. A nap mat would be a great thing to bring. We have blankets and beach towels.

**What time do field trips start?** All children go on our field trips. We begin boarding buses at 8 a.m. Children can not be dropped off at the Field Trip sites. All waivers must be signed for your child to participate.

**Does my Camper need to bring anything with him/her daily?** Yes! Each Camper needs a lunch (Monday-Thursday). **NO NUT PRODUCTS!** Your child will also need to bring a change of clothes. Your camper will need tennis shoes(close toe shoes, we run a lot).No CROCs or FLIP-FLOPs please! A swim suit is a good item to have with them! We like to play in water here at The YMCA! Campers who need personal items will also need to bring them in a carry bag. Deoderant is very important!

**Friday!** We like to cook for our Campers! Hot Dogs, Hamburgers, Corn Dogs etc. There is no need to send lunch on Friday as long as your Camper eats what is on the menu.

If you have any question, Please call 337-993-9622. Thanks for choosing the YMCA Summer Camp for your child. We will have a GREAT SUMMER together! **BEST SUMMER EVER!** Peace & Love!



## **The YMCA of Acadiana Medication & Medication Administration Policy.**

**The YMCA of Lafayette Louisiana Inc. (DBA The YMCA of Acadiana) reserves the right to refuse administering any medication that would present a conflict of faith, conscience, or morality for our staff.**

**The YMCA of Acadiana requires a full medical explanation of the medication and its effects on the child for which the medication is requested.**

**The YMCA of Acadiana requires a full release of liability from the parents/guardians in writing sign by both parents or guardians.**

**The YMCA of Acadiana requires any medication that has been agreed to be administered by our staff must be secured in a locked metal box. 2 keys must be distributed to the YMCA staff.**

**The YMCA is not responsible for the loss of any medication.**

**The YMCA will not possess or administer any schedule 2,3,4,5,6,7 medication.**

**The YMCA will not possess or administer any medication that has a possible side effect to the person administering the medication.**

**The YMCA requires written approval from our C.E.O. Dennis Doc Stepanek II in order to possess or administer any medication to your child.**

**Approval of the administration of any medication will be granted on a case-by-case bases.**

**Failure to provide all information concerning medication or illness of your child will result in immediate dismissal of your child from the YMCA of Acadiana program.**

**HELP US HELP YOUR FAMILY! WE NEED A FULL UNDERSTANDING OF ANY & ALL MEDICAL CONDITIONS!**

**THE YMCA STAFF IS NOT TRAINED or CERTIFIED to ADMINISTER any MEDICATION.**

**Parents signature \_\_\_\_\_**

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



**The YMCA of Acadiana Medication Administration Agreement.**

**The YMCA of Acadiana C.E.O. Dennis “Doc” Stepanek has met with the parent/guardian of \_\_\_\_\_ and has agreed upon the proper course of administration of the medication \_\_\_\_\_.**

**The YMCA of Acadiana employees are trained and certified in First Aid/CPR and also RED CROSS trained and certified in the administration of Anaphylaxis & Epinephrine Auto-injectors (on-line course).**

**The YMCA of Acadiana will accept the medical release form from the parent/guardian, \_\_\_\_\_ provided all information presented is honest and complete.**

**It is the policy of the YMCA of Acadiana to call 911 in any emergency situation.**

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

**C.E.O. Signature \_\_\_\_\_ Date \_\_\_\_\_.**