



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LAUGH, LEARN, GROW

School Days Out

Marion Family YMCA

The YMCA is the place to be when school is out. Swimming, crafts, games, nutrition, and character development, are just a few activities that will be offered each day. Children will need to bring a swimsuit, wear tennis shoes, and be ready for an educational and fun filled day.

- **Y Household Members:** Free (if registered 2 days in advance).
- **Y Youth Members:** \$10.00 per day
- **\$10 fee for "No Show"**
- **Y members late registration:** \$10 per day
- **Non-Members:** \$18.00 per day

LUNCH AND SNACK ARE NOT PROVIDED
 PLEASE SEND CHILDREN WITH LUNCH AND SNACK

Ages: 5-12 7:30am-5:30pm
Payment is due at the time of registration.

Participant **must arrive** by 10am on each day to participate in SDO activities.

Child's Name _____ DOB _____ Age _____
 Address _____
 Parents Name _____ Cell Phone _____
 Emergency Contact _____ Phone _____
 Dates Registering for (please circle) : **SEE BACK OF FORM**
 Allergies _____ Special Needs _____
 School Attending: _____
 Authorization to Participate: _____

____ Yes ____ No I acknowledge that I will send my child with lunch and a snack.
 ____ Yes ____ No My child has permission to swim in deep water.
 (You acknowledge that your child will be swim tested by Y staff. This means your child can successfully jump feet first into water and can swim the length of the pool and tread water for one min.)

Waiver of Liability and Promotion for School Days Out

The Marion Family YMCA (herein after referred as the "Y") is not obligated to furnish any insurance under activities or programs, although it may do so without any obligation as to the adequacy of any insurance it might furnish. I, the parent or guardian of the applicant, agree that the Y and all individuals participating in any Y activity or program in any capacity, will not be liable for any causes of actions, claims, and/or injuries arising out of the participation of the applicant in the activity or program, and hereby release all said individuals from such claims and liability. The undersigned acknowledges that in all programs, and activities, there are certain risks of physical injuries and all participants participate at their own risk. I, as legal guardian or parent of the applicant, hereby consent to the participation of any Y activity and/or program under the above mentioned conditions. We (I) give consent for this participant to be photographed, videotaped, and/or filmed while participating in any Y activity and/or program and for the resulting photos, etc., to be used by the Y for educational or promotional purposes. I have read and understand the above.

Parent/Guardian Signature _____ Date _____

FOR OFFICE STAFF ONLY: Date of registration _____

MARION FAMILY YMCA
WOPAT YMCA CENTER
 645 Barks Road East, Marion, OH 43302
 P 740 725 9622 F 740 389 1287

AVAILABLE DATES FOR SDO

NOVEMBER DATES: 22, 24, 27

DECEMBER DATES: 20, 21, 22, 26, 27, 28, 29

JANUARY DATES: 15, 2

FEBRUARY DATES: 19

MARCH DATES: 2, 26, 27, 28, 29, 30

APRIL DATES: 16, 27