

PSD Collaboration Wednesdays - YMCA Morning Program Elementary Schools



We build strong kids, strong families
and strong communities.

We are excited the YMCA has partnered with the Peninsula School District for a second year and will provide before school supervision at each of the elementary schools for late start on Wednesdays at no charge.

The one-hour program will emphasize health and wellness.

Thirty minutes will be spent in physical activity. Please bring active wear and non-marking athletic shoes. (No black shoes or rollers) Late arrivals (10min+) will be directed to study club.

For registration questions, please contact:
Kirstin Hawkins
(253) 534-7855 or
Khawkins@ymcatacoma.org.

2009-10 School Year

Registration Begins: August 25, 2009

Enrollment open year-round.

Please print clearly

Date: _____

First Name: _____

Last Name: _____

Phone # : _____

Birth Date: _____

Email: _____

Address: _____

PSD Elementary Schools

Wednesdays, 8:45-9:45am

- Artondale; Grade: _____
- Discovery; Grade: _____
- Evergreen; Grade: _____
- Harbor Heights; Grade: _____
- Minter Creek; Grade: _____
- Purdy; Grade: _____
- Vaughn; Grade: _____
- Voyager; Grade: _____

Form incomplete until waiver is signed on the back.

See back side
of form

Office Use Only Form Entered By: _____
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I recognize that YMCA participants must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to oneself or others. I understand that failure to adhere to program policies will be cause for participant's dismissal.

I am aware that my child may have an opportunity to participate in and I approve of his/her participation in program activities involving a degree of risk and grant permission for my child's participation. I hereby release the YMCA of Tacoma-Pierce County from any and all responsibility and liability of any nature resulting from my child's participation in YMCA activities. I understand it is my responsibility to provide my own accident and health insurance while participating in all YMCA activities and that the YMCA does not provide any health or accident coverage for its participants.

I give the YMCA permission to use photographs of my child in YMCA records, program projects, marketing and public relations. In the event that my child is injured, I give YMCA First Aid and CPR certified staff the authority to provide basic first aid and CPR as the situation requires including splinter removal if necessary, and/or if they become seriously ill or injured and I cannot be reached, I authorize any emergency transportation, hospitalization, x-ray, medical, dental, and/or emergency surgical treatment advisable by the circumstances by any member of the medical staff of the medical facility.

I give the YMCA permission to call an ambulance, at my expense, in case of emergency.

All Peninsula School District Rules apply.

Life-Threatening Illness:

- My child has a life-threatening illness.
- I give permission to YMCA of Pierce-Tacoma to access my child's health care plan from Peninsula School District.

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.

Parent's or Guardian's Signature

Date