2019-2020 After School Activity Transportation Form

Activity Site (circle one): Winona Middle School - Winona Senior High School

Start and End Date of the Activity: ________________________________

Week Days Participating: _________________________________________

Start Time of the Activity: ________________________________

Child Info
Child's Full Name ____________________________________________
Birthdate _________ Age _____ Grade (5th-8th) _____

Emergency Contacts (2):
Name (Primary) ___________________________ E-mail _______________________
Home Address _________________________________________________________
Phone numbers
H______________________W_____________________C_____________________
Name (Secondary) _________________________ E-mail _______________________
Home Address _________________________________________________________
Phone numbers
H______________________W_____________________C_____________________

(Program communication will be sent to primary contact via email, unless otherwise specified)

Parent/Guardian Consent Form
➢ I understand that the Y's responsibility for my child begins after s/he has entered the program area and has been signed in and ends when s/he has been dropped off at the designated area. ______
➢ I give my permission for my child to participate in photographs that may be taken for YMCA promotional purposes or program updates and social media communication. ______
➢ I hereby state that the information is accurate and complete. I understand that it is my responsibility to provide any changes/updates regarding emergency and health information to the Y. ______
➢ I give the YMCA permission to render emergency care as needed and for EMS to be contacted (even before I am contacted), if the nature of the emergency warrants it. ______
➢ Public/private transportation by van or bus may be provided as needed to my child for program purposes including transportation to and from school, as well as field trips. (All children 7 and under riding in vans will use a booster seat provided by YMCA, unless otherwise noted by parents.) ______
Waiver of Liability I understand that all community agencies, staff, and volunteers involved in the YMCA After School Care assumes no responsibility for injuries or illnesses which my minor child may sustain as a result of any physical condition or resulting from participation in any program activities or experiences. I expressly acknowledge on behalf of my minor child and heirs that I assume the risk for any and all injuries and illnesses which may result from their participation in these activities. If my child requires use and administration of an epi-pen or inhaler, it is my responsibility to ensure that the epi-pen is on my child or within their personal belongings every day of the program. I give my permission for the YMCA to administer sunscreen and authorized medications as needed.

Parent/Guardian Signature: ____________________________ Date: ______________

Please return completed forms to: Winona Family YMCA ATTN: Alexa Shapiro - 207 Winona Street Winona, MN 55987 or email them to ashapiro@winonaymca.org.