



School Office Staff: Form Submitted on _____ Date _____

TUSD Expanded Learning 2023-2024 ENROLLMENT FORM FREE Program for qualified students!

To Enroll:

- Please complete 1 form for each child enrolling.
- Submit the completed form to the school front office.
- Completion of this enrollment form does NOT guarantee placement. Students must qualify for TUSD ExL. Families will be contacted to confirm enrollment and schedule a start date.
- Once capacity is reached, a waitlist will be started.

Student's School Site attending in 2023-24 _____ 2023-24 Grade Level _____

Was student enrolled in 2022-23 ExL? Yes/No If yes, 2022-23 ExL site enrolled? _____

Student: _____ / _____ / _____
First Name Last Name Gender Date of Birth

_____ (____) _____ (____) _____
Home Address City Zip Code Home Phone

_____ (____) _____ (____) _____
Parent/Guardian (Please Print) Work Phone Cell Phone Email

_____ (____) _____ (____) _____
Parent/Guardian (Please Print) Work Phone Cell Phone Email

Does student have siblings applying for care?

Sibling's Name _____ 2023-24 School Site _____ 2023-24 Grade Level _____

Sibling's Name _____ 2023-24 School Site _____ 2023-24 Grade Level _____

Sibling's Name _____ 2023-24 School Site _____ 2023-24 Grade Level _____

Accommodation Request: List any disabilities or special accommodations required so we can better support your child. Any accommodations must be arranged before a child begins the program. Parent/Guardian is responsible for providing any changes to Accommodation Requests in writing to *TUSD Expanded Learning* staff.

My signature below certifies my interest in enrolling my child in 2023-24 TUSD Expanded Learning.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: ____/____/____

For more information please visit the TUSD Website and search *After School Program* or go to:
<https://www.tustin.k12.ca.us/families-and-community/after-school-program-tusd-exl>

**TUSD Expanded learning Program - YMCA of Orange
County
Registration Packet
August 2023 – June 2024**



We are pleased to be working as your TUSD Expanded Learning program year. The Expanded Learning Program is a partnership with the Tustin Unified School District, your child's school, and the YMCA of Orange County.

The Expanded Learning program is accepting Registration Packets; however, program enrollment is based on current availability, approval from YMCA Site Coordinator, and school administrator. Please submit your child's registration packet to the YMCA of Orange County Expanded Learning Program Site Lead.

Arroyo Elementary

11112 Coronel Rd, Santa Ana, CA 92705
(949) 649-2033
jmrios@ymcaoc.org

Benson Elementary

12712 Elizabeth Way, Tustin, CA 92780
(714) 936-1781
rcorrea@ymcaoc.org

Guin Foss Elementary

18492 Vanderlip Ave, Santa Ana, CA
92705
(714) 623-3583
avilla@ymcaoc.org

Loma Vista Elementary

13822 Prospect ave Santa Ana, Ca 92691
(714) 936-2807
jmartinez@ymcaoc.org

Myford Elementary

3181 Trevino Dr, Irvine, CA 92602
(714) 657-5279
mortiz@ymcaoc.org

Red Hill Elementary

11911 Red Hill Ave, Santa Ana, CA 92705
(714) 657-3574
mlara@ymcaoc.org

Peters Canyon Elementary

26900 Peters Canyon Rd, Tustin, CA
92782
Juan Martinez
Jmartinez@ymcaoc.org
714-877-5184

Heritage Elementary

15400 Lansdowne Rd, Tustin, CA 92782
(714)951-4823
kgabon@ymcaoc.org

Ladera Elementary

2515 Rawlings Wy, Tustin, CA 92782
714-924-0254
Director: Isabel Salgado/Elizabeth Medina

Tustin Memorial Academy

12712 Browning Ave, Santa Ana, CA
92705
714-902-4476
Director: Isabel Salgado/Elizabeth Medina

Middle Schools

Hewes Middle School

13232 Hewes Ave, Santa Ana, CA 92705
714-909-6598
Director: Isabel Salgado/Elizabeth Medina

Legacy Magnet Academy

15500 Legacy Rd, Tustin CA 92782
714-863-4587
Director: Isabel Salgado/Elizabeth Medina

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YMCA OF ORANGE COUNTY EXPANDED LEARNING PROGRAM



I/we have read, understand, and agree to the YMCA of Orange County Expanded Learning Program Policies and Enrollment Contract.

Parent Signature Date Parent Signature Date

Child's First and Last Name Student ID Number

2023-2024 Teacher's Name Email Address

COMPLETED REGISTRATION FORMS CHECKLIST:

Check off by Parent

Check off by YMCA Director

- | | |
|--|--------------------------|
| <input type="checkbox"/> Policies & Enrollment Contract Signature Sheet | <input type="checkbox"/> |
| <input type="checkbox"/> Late Arrival/Early Release Policy | <input type="checkbox"/> |
| <input type="checkbox"/> Enrollment Form | <input type="checkbox"/> |
| <input type="checkbox"/> Emergency Medical information & Consent for Medical Treatment | <input type="checkbox"/> |
| <input type="checkbox"/> School Records Release | <input type="checkbox"/> |
| <input type="checkbox"/> Parent Handbook Acknowledgement | <input type="checkbox"/> |
| <input type="checkbox"/> Photo/Audio Release | <input type="checkbox"/> |
| <input type="checkbox"/> Transportation Passenger Profile | <input type="checkbox"/> |
| <input type="checkbox"/> Registration Agreement | <input type="checkbox"/> |
| <input type="checkbox"/> Release & Liability Waiver | <input type="checkbox"/> |
| <input type="checkbox"/> TUSD Expanded learning parents Handbook (last Page) | <input type="checkbox"/> |
| <input type="checkbox"/> Sunscreen utilization Permission Form | <input type="checkbox"/> |

YMCA Of Orange County Staff Use Only:

Start Date: _____ **Exit Date:** _____

YMCA OF ORANGE COUNTY EXPANDED LEARNING POLICIES & ENROLLMENT CONTRACT



Please initial next to each agreement:

_____ The YMCA of Orange County/TUSD Expanded Learning program is a non-fee program provided Monday-Friday, immediately after school until 6:00pm. The Expanded Learning program will operate on some TUSD Holidays, Non-School Days, or during breaks (winter, spring, non-student days and some holidays). Please look at the Expanded Program for closure dates.

_____ Participants will be offered a snack every day. Designated water breaks are incorporated in our daily program schedule, and/or as needed by our program members. I have read and understand "Snack" in the parent handbook.

_____ Screen time during the YMCA of Orange County – Expanded Learning Program is allowed for educational/academic activity purposes.
I have read and understand "Technology & internet" usage in the parent handbook.

_____ DO NOT allow your child to bring toys or items from home. These items will be taken away and returned to you when you pick up your child.

_____ The YMCA of Orange County is not responsible for any lost or stolen items.
I have read and understand "Lost and found" in the parent handbook.

_____ Medication: If medication must be administered while your child is attending the YMCA of Orange County Expanded Learning program, a "Medicine Authorization" form must be completed. NO MEDICATION WILL BE GIVEN BY THE STAFF WITHOUT THE COMPLETED AUTHORIZATION FORM. All medication must be in its original container, both over the counter and prescription, with the child's name indicated on the container. I have read and understand "Medication and other Health Needs" in the parent handbook.

_____ If a child shows any signs of illness, the parents will be contacted to pick up the child within 30 minutes to prevent the spread of any illness. Students need to be symptom-free for 24 hours prior to returning to the program.
I have read and understand "Medication and other Health Needs" in the parent handbook.

_____ The parent/guardian agrees to sign out his/her child with the pin code provided by site lead each day. Individuals who are authorized to sign out a child must be on our system prior to pick up.
I have read and understand "Sign-out Procedures" in parent handbook.

_____ The YMCA of Orange County Expanded Learning program closes promptly at 6:00pm. If your child has not been picked up by 6:00pm, the site lead will call the provided emergency contact numbers. If no one can be contacted and your child is not picked up by 6:30pm, the police department will be contacted to assist the YMCA of Orange County. The YMCA of Orange County Expanded Learning program will withdraw the child from the program after the 3rd time they pick up late. I have read and understand "Late Pick-Up Procedures" in parent handbook.

_____ The parent understands that the Department of Social Services has the authority to interview children and/or staff, and to inspect and audit child or childcare center records, without prior consent. The Department has the authority to observe the physical condition of the child, including conditions that could indicate abuse, neglect, or inappropriate placement.

_____ Attendance: The Expanded Learning grant requires that the program stay open until 6:00 pm and that child must attend the full extent of the program when possible. Students may start getting picked up at 5:00 PM. Students may, however, leave the program early or arrive late for reasons outlined by the Early Release policy. I have read and understand "Early Release Policy" in parent handbook.

_____ Absences: If you know in advance your student will be absent from the Expanded Learning program please notify your site coordinator, it is important to know for the safety and accountability of all of our students. If your student is absent from the regular school day, he/she cannot attend the after-school program. Please do not depend on the school office to report your student's absence to our program; it is not always the case. Repeated failure to properly communicate absences may result in dismissal from program. If the child accumulates 5 unexcused absences in a semester, it will result in an immediate withdrawal from the program. I have read and understand "Attendance Policy" in parent handbook.

_____ Homework: It is the student 's responsibility to make sure they have completed all their homework. The YMCA of Orange County Expanded Learning program is not responsible for students forgetting about or refusing to do their homework. **It is the parent/guardian's responsibility to ensure that all homework is completed, corrected, and turned in.** The YMCA will work closely with the school faculty (teachers and teacher liaison) and administration to support all program members with academics. Students must arrive at the Expanded Learning program with all of their homework assignments and material needed to complete them.

_____ Behavior: Fighting, threats, and other forms of physical aggression, vulgarity, dangerous behavior, and/or lying will not be tolerated at the YMCA of Orange County Expanded Learning program. All children will follow the Tustin Unified School District school behavior policies. Students must arrive ready to learn and participate in the Expanded Learning program. Refusal to follow agreements listed above will result in a referral and consequences such as loss of activity participation. In extreme cases of violence or disruptive behavior on behalf of child, parent, or any family member, the child will be removed from the Expanded Learning program. The YMCA reserves the right to remove a child from the program if he/she disrupts the class or endangers the well-being of themselves or others. Students who are dismissed from our program cannot return into the program until the following school year. I have read and understand "Disciplinary Process" and Dismissal from the Program with Same Day Notice" in parent handbook.

_____ Inclusion Commitment for Children with Special Needs: The YMCA Child Care Program staff strives to respond to the needs of each individual child in a group care setting, with a ratio of one staff member to 20 children. The YMCA provides opportunities for involvement in large and small groups with a balance of teacher-directed and child-initiated activities. The YMCA Expanded Learning Program is unable to provide one-to-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues, and certain personal care needs customarily provided to other children. The YMCA Child Care Program welcomes all children. To the extent it is reasonably able to do so, the YMCA program will provide services to children with disabilities or any special needs in the same manner as services provided for other children of comparable age.

_____ It is essential that all pertinent information about the child's needs be available to staff from the outset of enrollment and that a continuing bond of trust and mutual partnership exists for the benefit of the child. Therefore, a parent has the obligation to disclose significant medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. If it is unclear whether The YMCA Program can reasonably accommodate the unique needs of a child, we will arrive at a

final decision by reviewing the circumstances on a case-by-case basis. I have read and understand "Enrollment Policy" in parent handbook.

_____ I understand that should a person arrive to pick up my youth who appears to be under the influence of drugs or alcohol, for the youth's safety, staff may contact the police.

_____ I understand that YMCA of Orange County staff and volunteers are not allowed to baby-sit or transport youth at any time outside of the YMCA program. The YMCA of Orange County will take immediate staff and volunteer disciplinary action if a violation occurs.

_____ I understand that my child must follow all school rules including bus, while in the Expanded Learning YMCA program. Youth behavior that is disruptive or dangerous will result in suspension of services and/or termination. I have read and understand "Bus Rules" in parent handbook.



ELO-P Afterschool Early Release Form
ELO-P Programa Despues De La Escuela-permisso para salir temprano

Student's LEGAL Name: Last Name <i>Nombre LEGAL del alumno: Apellido</i>	First Name <i>Normbre</i>	Middle Name <i>Segundo Nombre</i>
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School Name <i>Nombre de Escuela</i>	Grade <i>Grado</i>	Date <i>Fecha</i>
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In order for the YMCA to qualify for state funding ELO-Program, students should attend the entire program on every regular school day, pursuant to section 8483(a)(1) of the Education Code. Students who do not attend regularly may be subject to disenrollment (If, for any reason, a child is unable to attend the program up until 5:00 p.m. every day, the parent/guardian must complete and submit the Early Release Authorization section below specifying the days and hours the child will not attend and the reason for requesting the modified attendance schedule).

Para que el programa extraescolar del YMCA califique para recibir fondos estatales ELO-P, los estudiantes deben asistir a la totalidad del programa en cada día escolar regular, de conformidad con la sección 8483 (a)(1) del Código de Educación. Los estudiantes que no asistan regularmente pueden ser sujetos a la cancelación de su inscripción (si, por cualquier razón, el estudiante no puede asistir al programa hasta las 5:00 pm cada día, el padre o tutor debe completar este formulario de liberación temprana que se encuentra debajo especificando los días y horas en que el estudiante no asistirá y la razón por la cual solicita un horario de asistencia modificada).

Date Range of Early Release Request (maximum 2 days pr week) <i>Fechas de permiso para salir temprano (maximo 2 dias por semana)</i>	Start Date _____ <i>Comenzando el dia</i>	Check Days that Apply <i>Marque los dias que no asistira</i>	<input checked="" type="checkbox"/> Mon <i>Lunes</i>
	End Date _____ <i>Terminando el dia</i>		<input type="checkbox"/> Tue <i>Martes</i>
			<input type="checkbox"/> Wed <i>Miercoles</i>
			<input type="checkbox"/> Thur <i>Jueves</i>
			<input type="checkbox"/> Fri <i>Viernes</i>

Early Release Time
Horario programado de liberación temprana/hora de salida

Reason/Activity for Request *Razon del permiso*
(Example:sports, reigious holiday, medical, etc.) *(ejemplo: depotes, ceremonia relijiosa, Cita Medica, etc.)*

In signing below, I give my child permission to be excused from attending the program, according to the above schedule. I understand that this authorization is contingent upon staff approval, and I understand that I may be required to provide documentation to support the reason for early release. I understand that Tustin Unified School District or, the YMCA of Orange County are not accountable for incidents involving my child which occur before or after his/her authorized arrival and/or departure time.

Mediante esta firma doy permiso para que mi hijo/a salga del programa de acuerdo al horario arriba mencionado. Entiendo que esta petición esta sujeta a la autorización del personal, y entiendo que es probable que tenga que presentar documentación que compruebe la razón por la cual tiene que salir temprano. Entiendo que el Distrito Escolar de tusin, ni el YMCA de Orange county, son responsables por incidentes que ocurren antes de el orario autorizado o despues del horario de salida.

Parent/Legal Guardian signature: <i>Firma del padre/tutor legal</i>	Date <i>Fecha</i>
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Office use only
Para uso de oficina solamente

Staff Signature	<input type="checkbox"/> Student is a walker (Student need to be escorted home by an adult)
	<input type="checkbox"/> Student is picked up by parent/guardian
	<input type="checkbox"/> One-time Early Release
	<input type="checkbox"/> Recurring Early Release

Student Identification Number



Emergency Medical Information / Información Para Emergencias Médicas:

Participant/Participante: _____ Date/Fecha: _____

Physician/Médico: _____ Phone/Teléfono: _____

Dentist/Dentista: _____ Phone/Teléfono: _____

Medical Insurance/Seguro Médico: _____ Policy number/numero de póliza: _____

Health Information / Información de Salud:

Has your child had any serious or severe illness or accidents in the past 3 years? / El niño ha tenido enfermedad o accidente grave en los últimos 3 años? Circle/Circula: Yes/Sí No

If yes, explain / si la respuesta es sí, explique: _____

Does the child take medication in the afternoon?/El niño(a) toma medicamentos en el día? Circle/Circula: Yes/Sí No

If yes, medication form required with doctors signature/ Se requiere forma de medicación si la respuesta es sí con firma de doctor.

Allergies? / Alergias? Circle/Circula: Yes/Sí No

If yes, list and describe reaction / Lista de alergias y reacción: _____

Special needs or fears? / Necesidades especiales o temores? Circle/Circula: Yes/Sí No

If yes, explain / si la respuesta es sí, explique: _____

Medical Authorization: As the parent, authorize representative, or legal guardian, I hereby give consent to the YMCA of Orange County to provide emergency, dental, or medical care prescribed by fully licensed physician (M.D.), dentist (D.D.S.), or osteopath (D.O.) for my child. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of the child named above.

Autorización Médica: Como padre, representate autorizado, o guardián legal, doy mi permiso al YMCA del Condado de Orange para conseguir servicios médicos o dentales prestados por un doctor con licencia (M.D.), dentista (D.D.S.), para mi niño. Estos servicios se podrán dar en cualquier condición donde sean necesarios para conservar la vida o el bienestar del niño(a) nombrado arriba.

Parent/Guardian Signature/Firma de padre

Date/Fecha

Child's Health Statement: I the undersigned, understand that at a YMCA program site physical activity is a regular part of the program. To the best of my knowledge, my child is an excellent physical health and meets no restrictions (except what is listed above under "special needs") from strenuous activity. If I have any questions regarding my child's health I understand that it is my obligation to seek professional medical advice and to inform the YMCA of any restrictions on my child's activities.

Declaración Del Salud Del Adolescente: Entiendo que en el programa del YMCA, la actividad física podrá ser parte del programa. A mi entender, mi hijo(a) tiene excelente estado de salud y no requiere restricciones (excepto lo señalado como "necesidades especiales") en cuanto a actividades físicas. Si tengo preguntas con respecto a la salud de mi hijo(a), entiendo que tengo la obligación de buscar consejos médicos y de informa al YMCA de cualquier restricción en las actividades de mi hijo(a).

Parent/Guardian Signature/Firma de padre

Date/Fecha

SCHOOL RECORDS RELEASE REQUEST/ PETICION PARA SOLTAR RECORDS DE LA ESCUELA



Because many of our programs are provided at no cost to the student, parent, school, or district, it is necessary for us to apply for grants and solicit for donations. Your student's data will be used for evaluation purposes only – to measure the effectiveness of our programs.

Porque muchos de nuestros programas son proveídos sin ningún costo al estudiante, padre, escuela o distrito escolar, es necesario para nosotros aplicar para becas y solicitar donaciones. Los datos de su hijo/a serán usados para propósitos de evaluación solamente-para medir la efectividad de nuestro programa.

I hereby authorize the release of complete school records to the YMCA including:
Doy la autorización completa para que suelten records escolares completos a YMCA incluyendo:

- Grades/ GPA or evaluations for the current year. • Grados/GPA o evaluaciones del año actual.
- Transcripts of previous years. • Transcripciones del año previo.
- Records of standardized achievement and aptitude tests. • Records de estandarizarlo y exámenes de aptitud.
- Attendance records. • Records de asistencia a la escuela.

<hr/>	
Student Name – print/Nombre del estudiante	Student date of birth/Fecha de nacimiento
<hr/>	
School Name/Nombre de Escuela	Student I.D. number/número de I.D.
<hr/>	
Parent/Guardian signature/Firma de padre	Date/Fecha

ACKNOWLEDGMENT OF AVAILABILITY OF Expanded Learning PARENT HANDBOOK/RECIBIMIENTO DE MANUAL DE PADRES

I acknowledge that at any time, I may request a copy of the Expanded Learning Expanded Learning Program Parent Handbook. I understand that failure to abide by the policies and procedures can result in termination of services.

Reconozco que en cualquier momento puedo pedir una copia personal del manual de padres programa de Expanded Learning y que el no acatar las políticas y procedimientos puede resultar en la terminación de los servicios.

Student Name – Print / Nombre del estudiante

Parent or Guardian Signature / Firma de padre

Date / Fecha



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

Consent & License. For my participation in activities to be conducted by the YMCA of Orange County or any of its chartered member associations in the United States (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All works shall belong to YMCA of Orange County;
- The Y has no duty of confidentiality regarding any licensed uses;
- YMCA of Orange County shall exclusively own all known or later existing rights to the uses throughout the world;
- The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

Release from Liability. By signing below I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

I do consent for myself and spouse (if applicable) I do not consent

I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child(ren). I am the parent or legal guardian of _____ I do not consent.

Signature of Member/Parent or Legal Guardian

Date

Printed Name

Spouse/Child(ren)'s Names (if applicable)



YMCA OF ORANGE COUNTY

TRANSPORTATION PASSENGER PROFILE

Participant's Name: _____

Phone: _____

Site/Location Name: _____

Branch: CYD

Sex: *Male* *Female*

Height: _____

Hair Color: _____

Birth Date: _____

Age: _____

Eye Color: _____

For identification purposes, please attach a recent photo:

ATTACH PHOTO HERE

YMCA OF ORANGE COUNTY

REGISTRATION AGREEMENT & ACCOUNTABILITY/ACUERDO DE REGISTRACION Y RESPONSABILIDAD

I understand that the 2023-2024 Expanded Learning program will begin in alignment with the TUSD. If program is required to transition to being offered virtually, during this time my child is expected to log-on at the scheduled times for daily roll-call, check-ins, and activities. I understand that if my child does not maintain regular attendance with the Expanded Learning program during virtual programming that he may be dropped from the program and it will affect his enrollment when school/Expanded Learning resumes in-person instruction. Expanded Learning registration during this time will be on a first come-first serve basis, and is subject to change at any time.

Entiendo que el programa Expanded Learning 2023-2024 comenzará virtualmente en alineación con TUSD. Si es requerido que el programa se lleve a cabo de manera virtual, durante este tiempo, se espera que mi hijo/a inicie sesión a las horas programadas para la llamada diaria, los registros de asistencia y las actividades. Entiendo que si mi hijo/a no mantiene la asistencia regular con el programa Expanded Learning durante la programación virtual que puede ser retirado del programa y afectará su inscripción cuando la escuela / Expanded Learning se reanude en la instrucción en persona. La inscripción de Expanded Learning durante este tiempo será por orden de llegada y está sujeto a cambios en cualquier momento.

Parent/Guardian Signature/Firma de padre/Tutor

Date/Fecha

**YMCA OF ORANGE COUNTY
ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND
INDEMNITY AGREEMENT**

Adult Member/Participant Name _____
(Please Print)

Child Member/Participant Name _____
(if applicable)(Please Print)

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of the YMCA of Orange County (the "YMCA") and/or for my children listed above to so participate for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, on behalf of himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges, agrees and represents that he or she has inspected and carefully considered such premises, equipment and facilities and/or the affiliated program and that the undersigned finds and accepts same as being safe and reasonably suited for the use or participation by the undersigned and such participating children.

In addition, the undersigned acknowledges that there is widespread, ongoing transmission of novel coronavirus ("COVID-19") worldwide, including throughout Orange County and Los Angeles County, California. In accordance with the most recent (as of the revision date set forth above) orders and recommended guidance and protocols issued by various governmental and public health agencies, including without limitation the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), the Orange County Health Care Agency (OCHCA), the Los Angeles County Department of Public Health, and, with respect to the YMCA's child care facilities, services and programs, the California Department of Social Services (Community Care Licensing Division), for slowing the transmission of COVID-19 (collectively, "COVID-19 Risk Mitigation Guidance"), the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of the YMCA (other than any exclusively online services and programs) if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify the YMCA immediately if he or she believes that any of the foregoing access/use restrictions may apply.

The YMCA has taken certain steps to implement COVID-19 Risk Mitigation Guidance for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above, enhanced cleaning and disinfecting protocols, and physical distancing measures. The COVID-19 pandemic is a challenging and fluid situation, and COVID-19 Risk Mitigation Guidance may change frequently. The undersigned acknowledges and agrees that the YMCA may revise its procedures at any time based on updated COVID-19 Risk Mitigation Guidance and further agrees to comply with the YMCA's revised procedures prior to utilizing the facilities, services, and programs of the YMCA. The undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by the YMCA, social and physical distancing of 6 feet per person among participants (including children, caregivers and staff) is not possible. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of the YMCA and acknowledges that use thereof by the undersigned and/or such participating children may, despite the YMCA's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FACILITIES OR PROGRAMS FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH PARTICIPATING CHILDREN, HEREBY RELEASE, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, volunteers and agents (hereinafter referred to as "Releasees") from all liability to the undersigned or such participating children and all personal representatives, assigns, heirs, and next of kin of the undersigned or such participating children for any loss or damage, and any claim or demands on account of any property damage or any injury to, or an illness or the death of, the undersigned or such participating children (or any person who may contract COVID-19, directly or indirectly, from the undersigned or such participating children) whether caused by the negligence, active or passive, of the Releasees or otherwise while the undersigned or such participating children are in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned expressly and knowingly waives all rights under California Civil Code Section 1542, which provides: **"A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party."**

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, of the Releasees or otherwise while the undersigned or any participating child is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned understands and agrees that the YMCA is not required to provide insurance to cover the undersigned or such participating children in the event they suffer illness, injury, death, property loss, theft or damage of any sort upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned agrees and acknowledges that use of the YMCA facilities and services, and participation in the YMCA programs, may involve inherent danger and risk, including, without limitation, the risk of physical illness or injury, death or property damage. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF ILLNESS, BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such participating children due to negligence, active or passive, of Releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA. The undersigned acknowledges that any illness or injuries that the undersigned or such participating children contract or sustain may be compounded by negligent first aid or emergency response of the Releasees and waives any claim in respect thereof.

THE UNDERSIGNED further expressly agrees that the foregoing ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN

AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM THE YMCA IN CASE OF ILLNESS, INJURY, DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO COVID-19 AT ANY YMCA FACILITY OR PROGRAM AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS. IF SIGNING ON BEHALF OF MINOR: I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I REPRESENT AND WARRANT TO THE YMCA THAT I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

I have read and understand the terms of this Assumption of Risk, Release and Waiver of Liability, and Indemnity Agreement and agree to its terms.

Signature

Date

Emergency Contact Name

Emergency Contact Number

YMCA of Orange County – Sunscreen Utilization Permission Form

Date: _____

Name of Child: _____

As the parent or guardian of the above child, I give permission for staff at _____ to apply a sunscreen product of SPF 15 or higher to my child, as specified below, when he or she will be engaging in outdoor activities especially during the months of April through September and between the daily times of 10:00 am to 4:00 pm. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, and bare shoulders, arms and legs.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen:

The staff at _____ may use the sunscreen of their choice (sunscreen must be provided), in keeping with applicable state standards, except for the following (if specified):

Only use the following type(s)/SPF of sunscreen: (please provide)

For medical or other reasons, please don't apply sunscreen to the following areas of my child's body

Parent's full name (print): _____

Parent's signature: _____