



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# FREE RFA AFTERSCHOOL PROGRAM

PROGRAM WILL RUN FROM JANUARY 15,2024 - MAY 23,2024  
MONDAY-THURSDAY @ 2:30PM-5:30PM  
ACTIVITIES INCLUDING BUT NOT LIMITED TO

BASKETBALL - SWIMMING - CORNHOLE - TEEN WELLNESS – TEEN CENTER – GUEST SPEAKERS  
SNACKS WILL BE PROVIDED UPON ARRIVAL

CHILD MUST HAVE THEIR OWN SOURCE OF TRANSPORTATION OR HAVE PERMISSION TO WALK, TO AND FROM THE YMCA. TRANSPORTATION WILL NOT BE PROVIDED.

THIS PROGRAM IS FREE. PLEASE SUBMIT THIS FORM, STATING YOU GIVE YOUR CHILD PERMISSION TO ATTEND. CIRCLE BELOW WHICH APPLIES TO YOU.

HAND SLIP IN AT SCHOOL OR EMAIL [VNICHOLAS@YMCATRIVALLEY.ORG](mailto:VNICHOLAS@YMCATRIVALLEY.ORG)

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

CONTACT: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

CHILD WALKING HOME (CIRCLE): YES    NO    CHILD BEING PICKED UP AND DROPPED OFF: YES    NO

CHILD BEING PICKED UP & DROPPED OFF PLEASE PROVIDE CONTACT INFO: \_\_\_\_\_

**Promotion:** I hereby grant consent and authorize the use of photographs, slides, videotapes and file of myself and my minor child participating in YMCA activities for commercial and art purposes in any medium of advertising, communication, publication or publicity that will promote YMCA programs and services, and/or recognition of participants.

**Waiver:** I submit my child is willing and physically able to participate in this activity and waive the YMCA of the Greater Tri-Valley Association of all responsibility for injury or illness. I understand that my child’s participation in this activity involves certain risk and regardless of the precautions taken by the YMCA staff and volunteers’ injuries can occur, with this being said, I hereby authorize the directors/staff/volunteers of the YMCA of the Greater Tri-Valley to act for me according to their best judgment in any emergency requiring medical attention. I understand that I am solely responsible for the payment of any such medical expenses and must provide this organization with proof of medical and accident insurance before program participation. Knowing this you agree to absolve, and hold harmless the YMCA of the Greater Tri Valley, the organizers, coach/instructors along with any volunteers, in the case of an injury to my child while participating in this program. To participate in any YMCA program, you must provide proof of health insurance. Lack of proof will result in no participation. I have executed the youth program waiver release and medical certification form with full knowledge of its contents.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

ANY QUESTIONS PLEASE CONTACT: VIVIAN NICHOLAS  
[VNICHOLAS@YMCATRIVALLEY.ORG](mailto:VNICHOLAS@YMCATRIVALLEY.ORG)