

# STORM CLUB REGISTRATION

<b>PARTICIPANTS</b>	CHILD #1 NAME <input type="checkbox"/> M <input type="checkbox"/> F	<b>ANY ALLERGIES, DRUG SENSITIVITIES, MEDICAL CONDITIONS OR MEDICATIONS?</b>
	SCHOOL BIRTHDAY AGE	
	CHILD #2 NAME <input type="checkbox"/> M <input type="checkbox"/> F	<b>ANY ALLERGIES, DRUG SENSITIVITIES, MEDICAL CONDITIONS OR MEDICATIONS?</b>
	SCHOOL BIRTHDAY AGE	
	CHILD #3 NAME <input type="checkbox"/> M <input type="checkbox"/> F	<b>ANY ALLERGIES, DRUG SENSITIVITIES, MEDICAL CONDITIONS OR MEDICATIONS?</b>
	SCHOOL BIRTHDAY AGE	
<b>FAMILY DATA</b>	HOME ADDRESS CITY/ST/ZIP	
	MOTHER/GUARDIAN HOME PHONE	
	EMAIL ADDRESS CELL PHONE	
	PLACE OF EMPLOYMENT WORK PHONE	
	FATHER/GUARDIAN HOME PHONE	
	EMAIL ADDRESS CELL PHONE	
	PLACE OF EMPLOYMENT WORK PHONE	
<b>MEDICAL</b>	<b>DOES YOUR CHILD HAVE ANY ALLERGIES, DRUG SENSITIVITIES, MEDICAL CONDITIONS OR MEDICATIONS?</b>	
	DOCTOR'S NAME DOCTOR'S PHONE	
<b>EMERGENCY</b>	<b>PERSONS TO WHOM CHILD MAY BE RELEASED TO (OTHER THAN PARENTS/GUARDIANS)</b>	
	NAME PHONE 1 PHONE 2 RELATIONSHIP	
	NAME PHONE 1 PHONE 2 RELATIONSHIP	
	<b>PERSONS TO WHOM CHILD MAY NOT BE RELEASED (MUST PROVIDE DOCUMENTATION)</b>	
	NAME RELATIONSHIP	

## PHOTO RELEASE

I give permission for the program to use without limitation or obligation my child's photograph, film footage or tape recordings which may include images or voice recordings in YMCA promotional materials.

## INSURANCE WAIVER

I do hereby assume full responsibility for any and all damages, injuries, or losses that my child may sustain or incur, if any, while attending or participating in Storm Club, whether on or off-site. I/we hereby waive all claims against the Wallingford Family YMCA, its agents, staff, or partners of said program, individually, or otherwise, for any and all claims for injuries or damages that my child may sustain. I/We understand that there is a risk of injury associated with participation in any YMCA program and I/we certify that my child is in good physical condition and has no disabilities or other ailments that might hamper his/her participation.

I give permission for emergency medical care, emergency surgery and/or anesthesia to be administered to my child in the event that I can not be reached. Should my child need to be transported to any Emergency Room, I give permission for an ambulance to be called and will be responsible for payment of this transportation.

## STORM CLUB DAY USAGE

I/We understand that if my child does not attend Storm Club on days where there is no school, I will not be refunded. If my child does not attend the first five Storm Clubs that have been paid for, but attends additional days, I understand that I am required to pay for these days at time of service.

Parent/Guardian Signature

Date



# STORM CLUB

at the Wallingford Family YMCA

**REGISTER TODAY & SAVE YOUR SICK DAYS!**

Storm Club runs from **7:00AM-6:00PM** on days when the Wallingford Public Schools are closed due to inclement weather.

Your child will enjoy a jam-packed day of swimming, active play, arts & crafts, group games and more, supervised by our caring staff and surrounded by friends. **Who could ask for a better day off?**

	<b>BLOCK PLAN</b> (Additional Days)	<b>DROP IN RATE</b>
SAGE/ELMS Participants	\$100 (\$30)	\$45
YMCA Members	\$150 (\$45)	\$60
Community Participants	\$200 (\$60)	\$75



**With the BLOCK PLAN, purchase 3 Storm Club days at a reduced price!** You can use them for any of the first 5 snow days this school year. Additional days can be purchased at a savings of \$15 off the Drop In rate. The Block Plan is considered an insurance policy and is non-refundable. You must enroll your child 24 hours prior to a Storm Club day, otherwise you will be charged the Drop In rate.

**QUESTIONS?** Contact Emily Walter at [ewalter@wallingfordymca.org](mailto:ewalter@wallingfordymca.org)