

AYCC After School Program Counselor in Training Application



CIT APPLICATION REQUIREMENTS

Counselor's in Training (CIT's) must be between the ages of 13-15 by August 31, 2021.

1. Have a valid AYCC Youth, Family or Teen Membership through the school year.
2. Completion of the CIT Application
3. Two written recommendations from persons, other than relatives or friends, who are familiar with your leadership abilities (i.e. teachers, club advisors, coaches, etc.)
4. Answer the questions found on the second to the last page of this application.

The CIT Program will assist in providing instruction through practical experience and hands-on learning to acquire life and leadership skills through leadership development, values clarification, and problem solving-techniques.

PURPOSE & PHILOSOPHY

The CIT program is for teens who have a desire to become a childcare counselor. There is no fee to become a CIT with the After School Program. CIT's are considered volunteers and will be expected to complete required tasks and duties as assigned. There will be a limit of 12 accepted applicants per week into the CIT program.

CIT PROGRAM INFO

During the school year, CIT's will focus on behavior management, communication, team building, and learning to get along with other CIT's, children, and staff members. The CIT's will assist group counselors in leading games, songs, activities, and will be assigned daily duties around the facility. CIT's will be allowed to participate in activities with their assigned groups as well as swimming and field trips.

APPLICATION SUBMISSION

All applications must be submitted to the Welcome Center at the Alford Youth & Community Center or to the Director listed below.

DJ Adams, Childcare Coordinator - Waterville
AYCC - After School Program
126 North Street
Waterville, ME 04901
dadams@clubaycc.org
P: 207-873-0684
F: 207-861-8016

AYCC CHILDCARE REGISTRATION



Child's Last Name	Child's First Name	Middle Initial	US Citizen?
Gender	Date of Birth	T-Shirt Size	Shoe size
Home Address	City	State	Zip

Parent/Guardian Name	Cell Phone	Home Phone	Work Phone
Email Address	Employer	Employer Address	Employer Phone

Parent/Guardian Name	Cell Phone	Home Phone	Work Phone
Email Address	Employer	Employer Address	Employer Phone

With whom does the child live? _____

In which county does the child live? ___ Kennebec ___ Somerset Other _____

Emergency Contact (other than parent)	Contact Phone
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Emergency Contact (other than parent)	Contact Phone
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School Name _____

Teacher Name _____ **Grade** _____

<u>Welcome Center Use Only</u>			
Member _____	ID# _____	Staff Initial _____	Date _____ Registered _____
Program Start Date: _____			

PICK-UP AUTHORIZATION

I, _____ (parent/guardian) give permission for the following people to pick up my child _____ from the childcare programs at the Alford Youth & Community Center. I understand I may modify my child's pick-up list at any point by completing a Pick-Up Authorization form or by speaking to a supervisor.

The only person(s) allowed to pick up my child(ren) from the program are:

Parent/Guardian _____ **Phone** _____

Parent/Guardian _____ **Phone** _____

Other _____ **Phone** _____

Other _____ **Phone** _____

Other _____ **Phone** _____

PLEASE INCLUDE PARENT'S/GUARDIANS on the pick-up list to assure accuracy of those with permission to pick the child up.

If at any time during the child's enrollment in AYCC childcare, parental or guardianship rights change, I will notify a childcare supervisor and provide proper documentation immediately.

*Please indicate if you are using a taxi service for transportation. We will not release a child to a taxi driver without written or verbal permission from the parent/guardian. The pick-up person(s) must be of legal age (18+). Special permission will be required for those under age 18 by written note only. No pick-up person(s) under the age of 14 will be allowed to sign out or take custody of a child. ID's are required for pick-up.

SURVEY RELEASE

In order for our childcare to continue offering low rates, the AYCC is required to apply for grants to fund the program. All data that is collected goes towards improving our childcare programming.

I _____ (your signature), understand that my child may need to fill out pre/post tests or surveys to fulfill our requirements.

Mentoring with Impact Release

I, _____ (your signature), give permission for the AYCC staff and volunteers to mentor my child. I understand that the program involves trained and screened mentors.

HEALTH HISTORY

Has your child ever been hospitalized?	If yes, please explain.
Does your child take medication during childcare hours?	If yes, please complete the Medication Form within this document.
Does your child have any medication allergies? (ex. penicillin, aspirin, ibuprofen, etc.)	
Does your child have any product or environmental allergies? (ex. latex, seasonal, insects, trees, etc.)	
Does your child have any medical conditions that childcare staff should be aware of? (ex. Asthma, Excema, heart disease, cancer, sensitive skin, etc.)	
Does your child have any emotional concerns that we should be aware of? (ex. Behavior challenges, ADHD, ODD, OCD, etc.)	
Does your child have any food allergies or dietary restrictions? (ex. Vegan, vegetarian, lactose intolerant, celiac disease, etc.) A doctor’s note is required for allergies and suggestions/substitutions are helpful.	
Date of last Tetanus shot:	
Family Doctor Name/Practice	Phone
Family Doctor Address	
Family Dentist Name/Practice	Phone
Family Dentist Address	
In case of emergency, my child should be treated at: Please circle one.	
MaineGeneral Medical Center	Northern Light Inland Hospital

EMERGENCY INFORMATION

In case of emergency, illness or accident to your child, while in attendance in childcare, please state your preference for the procedure we take.

Please number the contacts in the order in which you would like us to proceed:

() Contact the mother/guardian at: _____ Phone _____

() Contact the father/guardian at: _____ Phone _____

() Contact the family doctor: _____ Phone _____

() Contact the family dentist: _____ Phone _____

() Use discretion and seek medical attention if I cannot be contacted. It is understood that my child will be transported to the hospital (of your choice) in an emergency situation.

() Please list any other instruction you wish:

Consent: In the event that neither parent/guardian can be contacted by telephone, I hereby give my consent to the childcare staff to follow the above order or procedure. My permission continues until I revoke it by notifying the Childcare Director in writing. I will be responsible for any/all costs of medical attention and treatment.

AYCC CHILDCARE PROGRAM Medication Permission Form

207-873-0684 www.clubaycc.org

DJ Adams dadams@clubaycc.org

Child Last Name		Child First Name	
DOB		Prescribing Physician	
Name of Medication(s)			
Date of Medication Order			
Dosage			
Time & Frequency of Medication to be administered			
Continue this medication until			
I have given the first dosage on _____.			
Date			
I hereby verify that _____ has a valid prescription for the medication(s) listed above.			
_____		_____	
Parent/Guardian First & Last Name (Printed)		Parent/Guardian Signature	

		Date	

Date	Number of Pills & Dosage	Parent/ Guardian Initial	Staff Received	Date	Number of Pills & Dosage	Parent/ Guardian Initial	Staff Received

Boys & Girls Clubs and YMCA of Greater Waterville
 at the **Alfond Youth & Community Center**
 126 North Street, Waterville, Maine 04901
 P: 207-873-0684 F: 207-861-8016



AYCC CHILDCARE PROGRAM Epi Pen & Inhaler Permission Form

Phone 207-873-0684 Fax 207-861-8016
DJ Adams dadams@clubaycc.org

Last Name _____	First Name _____
DOB _____	Epi Pen _____ Inhaler _____
My child has permission to carry his/her Epinephrine Auto-Injector and/or Asthma Inhaler while in attendance of an AYCC childcare.	
Parent/Guardian Name _____	Phone _____
Signature _____	Date _____

A Licensed Medical Professional must complete the bottom section of this form.

OR

A copy of a recent Asthma Action Plan or Anaphylaxis Emergency Care Plan should be submitted to the Childcare Director.

Fax to 207-861-8016 or email
DJ Adams dadams@clubaycc.org

Name of Medication(s)		
Date of Medication Order		
Route & Dosage of Medication		
Frequency & Time of Medication Administration/Assistance		
Specific recommendations for administration (what type of symptoms would indicate need for medication?)		
Diagnosis and any other medical conditions requiring medication.		
Any special side effects, contraindications and adverse reactions to be observed?		
I hereby verify that _____ has a valid prescription and the knowledge and skills to safely possess and use the following medication while in the care of the AYCC.		
_____ Physician's Office Name	_____ Office Address	_____ Phone
_____ Physician's Name	_____ Physician's Signature	_____ Date

Release & Policy Information	Parent/ Guardian
Photos - I grant permission for the AYCC to take video and/or photographs of my child for the purpose of marketing and promoting the AYCC.	
Pick-Up Policy - Childcare closes PROMPTLY by 6:00pm. A late fee of <u>\$5.00 per 15 minute</u> intervals will be charged for any child who is picked up after this time. The fee will be paid at the Welcome Center upon arrival. Your child may not return until this fee is paid. Multiple occurrences of non-payment and/or non-compliance of our pick up schedule, could result in termination of services.	
Transportation Release - I give the AYCC permission to transport my child to and from childcare of field trips and agree to provide a note if other transportation is to be used or if other adults will be dropping off or picking up the child.	
Homework Club - I would like my child to participate in the Homework Club, and understand that the childcare staff will not force my child to participate. I give permission for the Youth Educator to contact my child's school to discuss academics.	
Lost and Found - I understand the childcare programs & AYCC are not responsible for lost or stolen items.	
Open Swim Release - I would like my child to participate in open swim time on as available during the week. I understand that my child may not be able to go every day offered due to the bus schedule and limited space. There are limited options of swim attire to borrow. Please list your child's ability in the water: Beginner Moderate Advanced	
Adventure Playland (inflatable playground), Climbing Wall & Gronk Zone Release - I give permission for my child to participate in the Adventure Playland, Climbing Wall and Gronk Zone programs. I understand that these areas are not part of the childcare center, but childcare staff will be supervising at all times. Children are required to wear socks in Adventure Playland and socks and sneakers on the Climbing Wall and in the Gronk Zone areas.	
Kid Fit & Other Youth Fitness Options - I give permission for my child to participate in youth fitness options that may be offered by AYCC Certified Group Fitness Instructors. Children must have socks and sneakers to participate.	
Technology Use Policy - As a member of childcare, your child will have access to the internet. In order to maximize the benefits of the internet use and minimize any possible dangers, we have created specific guidelines that are to be followed at all times. All parents must review guidelines with their child(ren) and provide consent for their child(ren) to view and/or use the network. I have reviewed the technology policy with my child(ren), located in the Childcare Handbook and understand that if my child(ren) misuses the policy guidelines; he/she will lose their network privileges and may undergo disciplinary action.	
Bullying Policy - It is the intent of the AYCC to provide all youth with a safe, orderly, and respectful recreational environment. Administration and staff will provide clear expectations and consequences for all participants and be consistent with NO TOLERANCE for any bullying behavior. Bullying behavior is defined by repeated comments, name calling, gestures, or actions made with the intent to harm, distress, intimidate, threaten, or coerce another individual. I have read and understood the bullying policy stated in the Childcare Handbook .	
Child Guidance & Dismissal Policy - The childcare program wants all children to feel safe and cared about while attending the AYCC and any of its programs. We understand that children attending our programs may still be learning emotional skills and self-regulation strategies. Our goal is to help support and guide children in navigating and honing these critical skills during their time in childcare. Staff will guide and provide behavioral support as necessary, however, children may be sent home due to incidents involving physical aggression, safety or health concerns (ie. spitting, biting) and high levels of elopement or other behavioral challenges that require consistent support and/or multiple staff person support. Repeated occurrences or extreme cases may result in further action, to include temporary dismissal, up to permanent dismissal from the program.	

Release & Policy Information	Parent/ Guardian
<p>Impairment Policy - If the program staff feel the adult picking up the child(ren) is under the influence of drugs or alcohol, the staff will strongly recommend that another person is called for pick-up. If the recommendation is not acted upon, the staff will notify the police department. I understand the impairment policy.</p>	
<p>Parent/Guardian Signature _____ Date _____</p>	
<p>Child Abuse & Neglect Policy - We are licensed by the State of Maine, Department of Health & Human Services, which means we are required to report any suspected cases of child abuse or neglect. Identity and information shared in this report are kept strictly confidential. All AYCC employees are mandated reporters.</p>	
<p>Pick-Up & Health Policy - Parents/guardians are required to make an immediate pick-up for behavior challenges, illness, lice, vomiting, fever of 100.4 or higher, diarrhea, or bathroom accidents. If your child did not attend school for illness or behavioral challenges, your child may not attend childcare. If the illness causes the child to be unable to actively participate in the activities, then they will be sent home. If the illness is contagious, a doctor's note or approval from the Director will be required upon return. The child will be unable to return until they have been symptom free for a minimum of 24 hours.</p>	
<p>Parent/Guardian Signature _____ Date _____</p>	
<p>Family Connection Group - Are you looking for more family-focused educational and wellness opportunities or are you looking for a way to connect with other families in a fun, safe, and familiar setting? <input type="checkbox"/> Yes <input type="checkbox"/> No, thank you.</p> <p>Please include the best email address to use for group communications.</p> <p>_____</p> <p>The group will meet every other month during the school year. Meeting times will vary and childcare will be provided when necessary. Feel free to reach out to any of the supervisors with questions.</p>	
<p>Registration - I acknowledge that the information included in this packet is current and correct to the best of my abilities. If any of the information (such as contact or custody information) changes, I will notify the Childcare Director immediately.</p>	
<p>Parent/Guardian Signature _____ Date _____</p>	

To better serve our community, we would like to know why you picked us for your childcare needs.

Please check all that apply.

Safe for my child(ren) Convenient for child(ren)'s activities (karate, swim, dance or gymnastics)

Socialization Affordability Other _____

KVCAP Van Drop Off (for Waterville Residents only)

The Boys & Girls Club and YMCA of Greater Waterville at the Alford Youth & Community Center contracts with KVCAP and transports **Waterville residents** with no other means of transportation. Parents are required to be at the location when children are dropped off. If your location is on the north end of town, the estimated time of arrival is between 4:00pm to 4:55pm. If your location is in the south end of town, the estimated time of arrival is between 5:15pm to 5:30pm. Parents must complete the permission slip, located at the bottom of this sheet and return it to the Director, or your child will not be permitted to ride the van. **The van runs Monday - Friday, only when school is in session** (not on in-service or vacation days). When signing up for this service, please understand that your child has to take the van everyday they attend the program.

If you are not in need of this service, please leave this page blank.

In case of inclement weather, the van run will be cancelled (ex. early release for weather reasons or snow days). You may call the school and change your child's drop off location if this is a difficulty. **To check for van**

cancellations, please call (207) 873-0684 or KVCAP at 207) 859-1500. Follow KVCAP on facebook.com/KVCAP

It is the parent's responsibility to check for cancellations.

_____ **North End (Armory area Run) - check one**

<u>Location</u>	<u>Estimated Time of Arrival</u>
1. Chaplin St. (Grondin's Cleaners)	4:40pm
2. North End Variety	4:50pm
3. Ace Tire	4:45pm
4. Armory	4:55pm

_____ **South End (KVCAP area Run) - check one**

<u>Location</u>	<u>Estimated Time of Arrival</u>
1. Corner of Pleasant & North Streets	5:15pm
2. Albert S. Hall School	5:20pm
3. Lutheran Church/Cool Street	5:25pm
4. KVCAP Transportation	5:30pm

Please indicate the address of drop off, if different than home address:

Address _____

I _____ (parent/guardian name), give permission for

_____ (child(ren) name) to take the van home. If I am unable to meet the van, I understand that the driver will not drop my child off and I will be required to pick my child up at the Alford Youth & Community Center. I understand that if I don't make my payment, I will be expected to immediately pick up my child. If I make changes to the schedule, I must notify the Childcare Director. I will provide an up-to-date contact number to make sure I am reachable. I will also make sure I sign and return all incident/behavior reports before my child returns. (Reports can be given to the driver if this is a hardship).

Parent/Guardian Signature _____ **Date** _____

ACTIVITIES FORM

Children participating in another activity within the Alford Youth & Community Center while attending any pay-for-play program (such as swimming lessons, dance, karate) must complete this form, so we will know when and where your child should arrive. Activity sessions are seven-weeks in length. The childcare activities list will clear at the conclusion of each session so **parents/guardians must submit a new form for each session of classes.** (Forms are available in the check-in area).

It is the parent/guardian's responsibility to inform the childcare program of any changes in this schedule. If a child refuses to participate in an activity, childcare staff will not be held responsible.

Child's Name _____ Grade _____

Activity/Class Name _____

Activity/Class begin time _____

Activity/Class end time _____

Activity/Class day(s) of the week _____

Session - must complete registration process first:

Fall I

Fall II

Winter

Spring I

Spring II

Comments

I understand that my child leaves the custody of the licensed childcare program when attending activities/activities.

Parent/Guardian Signature _____ **Date** _____

CONFIDENTIAL DEMOGRAPHICS

The following information is necessary for our records and the grant and donor funding our organization receives. This funding helps us provide quality staff, training, and quality programs to your child as well as to our members and to the community. The answers you provide are confidential. Your cooperation in providing this information is both appreciated and necessary.

Estimated Annual Family Income (Choose the option that best fits this household information)

Decline to answer \$0-\$15,150 \$15,151-\$30,150 \$30,151-\$40,600 \$40,601-\$51,050
 \$51,051-\$61,500 \$61,501-\$71,950 \$71,951-\$82,400 \$82,401-\$92,850
 \$92,851-\$103,300 \$103,301+

Family Setting: Foster Care Two parent family Single parent family Extended Family
 Other

Is your child a U.S. Citizen? _____ **Is your child a Maine Resident?** _____

In which county do you reside? Kennebec Somerset Other _____

Race-Nationality:

African-American Arab Native American Asian Hispanic
 Caucasian (white) Multi-Racial Other: _____

Is either parent/guardian in the home in the United States Military? Yes No

If yes, is he/she: Active Duty Reserve Veteran

SKILLS

On a scale of 1-5, rate your skill in each area (1=Low; 5=High):

<input type="checkbox"/> Swimming	<input type="checkbox"/> Sports	<input type="checkbox"/> Musical Instrument
<input type="checkbox"/> Canoeing	<input type="checkbox"/> Nature Identification	<input type="checkbox"/> Drama/Performing Arts
<input type="checkbox"/> Paddle Boarding	<input type="checkbox"/> Nature Crafts	<input type="checkbox"/> Arts & Crafts
<input type="checkbox"/> Kayaking	<input type="checkbox"/> Orienteering	<input type="checkbox"/> Drawing/Painting
<input type="checkbox"/> Ropes Course	<input type="checkbox"/> Outdoor Cooking	<input type="checkbox"/> Fishing
<input type="checkbox"/> Rock Climbing	<input type="checkbox"/> Outdoor Living Skills	<input type="checkbox"/> Story Telling
<input type="checkbox"/> Knots	<input type="checkbox"/> Ecology	<input type="checkbox"/> Archery
<input type="checkbox"/> Games	<input type="checkbox"/> Singing	

EXPERIENCE IN CLUBS, ORGANIZATIONS OR TEAMS

Club/Organization/Team Name	# Years Experience	Position

Tell Us About Your Child

Name _____ Date of Birth _____

What 5 words would you use to describe your child?

What significant life experiences has your child had that we should know about to better meet his/her needs within our programs.

Fire at home Chronic illness Death of family member
 Divorce/separation of parents Foster care Adoption
 Recent move New family member(s) Domestic Violence
 Child Abuse/Neglect
 Behavioral/Mental/Developmental/Physical Diagnosis (please list) _____

 Other _____

What does your child like to do in his/her spare time at home?

Does your child have any stressors or triggers that you would like staff to be aware of?

What helpful tools/strategies your child uses when they are upset to help calm themselves down?

Are there other activities you would like us to consider adding to the program?

What way(s) would you like to help the program? Donations, volunteer, read books, help with events....

Are you interested in having a mentor for your child? _____yes _____no

Are there any other useful information or helpful strategies for childcare staff to know to best support your child?

OTHER RELATED LEADERSHIP OR WORK EXPERIENCE

Leadership Courses Taken: _____

Leadership Experience: _____

Work or Volunteer Experience: _____

CERTIFICATIONS

Please list date and place certified as well as level achieved and certifying organization:

Swimming (circle verifying organization) American Red Cross YMCA BSA _____

First Aid/CPR _____

AFTER SCHOOL PROGRAM QUESTIONS (REQUIRED FOR ASP)

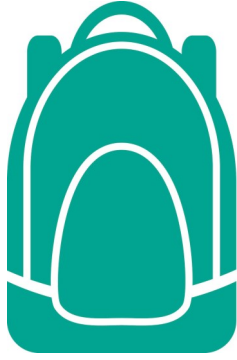
Why are you interested in working as a CIT in our program? _____

What are some skills and interests that you bring with you into this role? _____

What are some skills you wish to improve through this role? _____

What experience do you have overseeing and mentoring youth? _____

Do you have a particular age group you are interested in working with? _____



Weekend Backpack

Shawn Forkey, AYCC Food Service Director
207-873-0684 sforkey@clubaycc.org

The AYCC's Kid's Kitchen, through generous sponsors, provides backpacks full of nutritious snacks/meal items to youth in our childcare programs. The children take the packs home with them on Fridays and return them on the following Monday. These backpacks provide children with supplemental food and nutrients that some of them may not have access to over the weekend. Any child attending an AYCC childcare program is eligible. Families interested in participating should complete the registration and turn it into the AYCC's Welcome Center or appropriate childcare program.

This is a free program, all families with children attending childcare at the AYCC are invited to join.

The Weekend Backpack Nutrition Program is optional.

***Please sign and return the bottom portion of this notice to participate in the program.
Please print clearly.***

Please list all children living in the home _____

Address _____

City _____ State _____ Zip Code _____

Parent/Guardian Name _____ Phone Number _____

Number of people living in the home _____

Which AYCC Childcare Program does your child attend? _____

Parent/Guardian Signature _____ **Date** _____



Boys & Girls Clubs and YMCA of Greater Waterville
at the **Alfond Youth & Community Center**
126 North Street, Waterville, ME 04901
P: 207-873-0684 F: 207-861-8016
clubaycc.org facebook.com/clubaycc facebook.com/aycc.childcare

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Boys & Girls Clubs and YMCA of Greater Waterville at the Alfond Youth & Community Center (herein known as AYCC) Programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in AYCC activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with AYCC participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with AYCC participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in AYCC programs or accessing AYCC facilities could increase the risk of contracting COVID-19.** The AYCC in no way warrants that COVID-19 infection will not occur through participation in AYCC programs of accessing AYCC facilities.

Initial _____

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in AYCC activities/programs I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the AYCC, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the AYCC on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of AYCC facilities/equipment or participation in AYCC programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in any AYCC activities/programs, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's AYCC activities/programs participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in AYCC activities/programs participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in AYCC activities/programs and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in AYCC activities/programs.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Initial _____

Participant Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)