

Noah's Ark Trip

Join us for a day of fun in the sun and experience Noah's Ark wave pools, water slides, lazy rivers and obstacle courses.



Grades 6 - 12

Friday, June 11th

8:00 am - 8:00 pm

Y Member - \$30

General Public - \$38

Fee includes:

- Transportation
- Y Staff Supervision
- Park Admission
- Hot Dog Lunch

Bring:

- Money for Dinner & Snacks
- Swim Suit, Towel, Sun Screen
- Water Shoes & Change of Clothes

Register Now!

Registration deadline is Wednesday, June 9th. Space is Limited!

Signed Consent/Release Form is required upon registration



Stevens Point Area YMCA 1000 Division St. 342-2980
We build strong kids, strong families, strong communities.



Stevens Point Area YMCA
PARENT/GUARDIAN CONSENT/RELEASE FORM
YMCA Teen Noah's Ark Trip on Fri. June 11, 2010 Grades 6-12

____ *P/G Initials* I hereby certify that my child is in good health and capable of safe participation, and can participate in the **YMCA Teen Noah's Ark Trip in the Wisconsin Dells on Fri., June 11th at 8:00am to 8:00 pm.**

____ *P/G Initials* I understand and acknowledge that the activity in which my child is about to participate in has inherent risks. I agree that my child's voluntary participation in this YMCA activity shall be undertaken at his/her sole risk, and that the YMCA, its directors, employees, and volunteers shall not be liable for any claims, injuries, damages, losses, illness, diseases, death, actions or causes of action whatsoever, to my child and his/her property, arising out of or connected to participation in this program.

____ *P/G Initials* In the event that I or emergency contact listed below cannot be reached in an emergency, I give my consent for YMCA staff to act in my behalf in granting permission for my child to receive emergency treatment. I will be responsible for the payment of any and all medical services rendered.

____ *P/G Initials* I give my permission for the YMCA or other media to use photographs, slides, and/or videotapes of my child for promotional purposes.

____ *P/G Initials* Participants with special needs or challenges will be accepted provided that reasonable accommodations can be made for their participation in the program and/or their participation does not require an inordinate amount of staff time. I understand that if my child or I requires an unusual amount of one to one attention, whether due to special needs or behavior, my child may be denied or removed from the program without refund.

Participant Name _____ **Birth Date** _____ **Grade** _____ **M or F**

Participant Address _____
Street City State Zip

Parent/Guardian Name(s) _____

Home Phone(s) _____ **Other Phone(s)** _____

Emergency Contact Name & Relationship _____

Phone(s) _____ **Other Emergency Info** _____

Please list and describe any participant **Allergies** (medications, food, insects, animals, plants, etc...) _____

Please name any **Medications** taken by participant (Also describe reason for taking) _____

Will participant medication need to be taken during this program ___ Yes ___ No ___ Maybe *If yes or maybe a medication authorization form must be completed at check-in. All medications are required to be in their original container and be clearly labeled.*

Please list and describe any other participant **Health or Behavioral Conditions/Disorders/Impairments/Special Needs and indicate if there are any Restrictions** _____

____ *P/G Initials* The information I provided above is accurate and complete and I understand that it is my responsibility to provide any changes/updates to the YMCA. I have carefully read and initialed each of the above parental/guardian consent sections. I fully understand that by signing this form I have given my consent on all sections contained within.

I _____ (participant) agree to abide by the Stevens Point Area YMCA polices and guidelines and the Teen Leaders Club/Teen Adventure Club Code of Conduct. If I fail to follow these guidelines and code of conduct, I understand that the YMCA will notify my parents and send me home immediately. I also understand that my parents will be expected to pick me up, or to pay for my transportation home, and that no fee refunds will be issued.

Signature of Participant _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____