



We build strong kids, strong families, strong communities.

Santa Monica Family YMCA (310) 393-2721, Fax (30) 451-9906, 1332 6<sup>th</sup> Street

# CAMPER INFORMATION PACKET (CIP)

Every camper must have a completed CIP on file in order to attend camp. Campers may not attend if forms are incomplete or missing. **Medical release forms signed by a physician and medication authorization forms must be updated annually.** It is the parent's responsibility to have all paperwork turned in on time.

## Due Dates:

Spring Day Camp      March 18, 2009

Summer Day Camp      June 5, 2009

Camp ELK              July 15, 2009

Kids; Clubs must be complete before child attends.

There is a \$25 late fee for any paperwork turned in after the due date. No refunds of deposits or payments will be given for incomplete packets. Please use the following Checklist to make sure all papers are filled out and attached. Turn in all permission slips with this cover sheet to camp director. *Please make copy for your file.*

Camper's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Camp (Will your child be attending Day Camp, Overnight Camp, Kids' Clubs or all? Check all that apply):

Day Camp  
(Pre-K, Elementary, Teen Adventure, or CIT)

Overnight Camps  
(Camp ELK, Elementary Explorers, Teen Adventure Overnights)

Kids' Clubs  
(After School)

## CIP Checklist:

- PARTICIPANT INFORMATION FORM
- CAMP POLICY & PERMISSION AGREEMENT
- RELEASE & WAIVER OF LIABILITY & INDEMNITY AGREEMENT
- RULES & GUIDELINES
- CLIMBING WALL WAIVER (KID'S CLUB & DAY CAMPS ONLY)
- MEDICAL FORM (physician's signature required)
- MEDICATION ADMINISTRATION FORM  
(physician's signature required for prescription medication administration)
- CARPOOL INFO FORM (KID'S CLUB ONLY)

Santa Monica Family YMCA  
**Participant Information Form**



Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Information about the Mother/ Guardian**

Parent's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Work/Cell Phone #: \_\_\_\_\_

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

**Information about the Father/ Guardian**

Parent's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Work/Cell Phone #: \_\_\_\_\_

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

**Emergency Contacts (My child has permission to leave with the following persons.)**

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work/Cell Phone #: \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work/Cell Phone #: \_\_\_\_\_

**More Information about the Child**

Child lives with (circle all that apply):    mother    father    step-mother    step-father    other

Please list any siblings: \_\_\_\_\_

Please List any allergies: \_\_\_\_\_

My child has permission  to be photographed

to participate in water activities

Participants's swimming abilities (please circle):            does not swim            beginner            advance

How does your child react to new situations?

My child makes friends:            easy            a little shy            very shy            needs encouragement

My child's friends are:            older            younger            same age

What activities does your child enjoy the most when alone?

What activities does you child enjoy doing with others?

In what way does your child need help at home?

List strong dislikes for food or other items

What is the most common discipline problem you have with your child?

What type of discipline do you use with your child?

What types of things do you wish your child to learn while at the Santa Monica Family YMCA Camp?

Please mention anything else you would like us to know about your child:

## CAMP POLICY & PERMISSION AGREEMENT FORM

**GENERAL PERMISSION, POLICY INFORMATION, EMERGENCY RELEASE FORM,  
PROMOTIONAL WAIVER, AND FEE POLICY AGREEMENT:**

CHILD'S NAME: \_\_\_\_\_ PARENT NAME: \_\_\_\_\_

ALL ITEMS MUST BE REVIEWED AND CHECKED. SIGNATURE REQUIRED AT THE END OF THE FORM (ON REVERSE SIDE) STATING YOU HAVE READ AND AGREE WITH THE FOLLOWING ITEMS:

1.  I hereby grant permission for the above named minor to use all of the equipment and to participate in all of the activities of the Santa Monica Family YMCA Camps. I will notify the Camp Director in writing if and when I do not wish the above named minor to participate in a specific activity.
2.  I hereby grant permission for the above name minor to leave the Santa Monica Family YMCA facility premises under the supervision of staff member for off campus events in YMCA authorized vehicles, on foot, or in a chartered bus.
3.  I hereby grant permission for the Santa Monica Family YMCA to seek EMERGENCY MEDICAL AND/OR SURGICAL TREATMENT for the above named minor.
4.  I hereby grant permission for the above named minor to be included in promotional pictures for the Santa Monica Family YMCA brochures and publications.
5.  I hereby consent to the photographing, recording, or reproduction in any other manner (including videotapes and audio tapes) of the likeness, voice and/or activities of my child and further authorize the Santa Monica Family YMCA and it's employees to make unlimited use of such reproductions for YMCA advertising and recruitment, including, but not limited to, broadcasting to the public of the reproductions over radio and television stations. I understand that I will not receive any monetary compensation, now or in the future, for participating.
6.  I agree to be responsible for paying all fees in a timely manner when due and understand that **ALL FEES must be paid in full and ALL PAPERWORK turned in prior to attending program activities.**
7.  I understand that the Santa Monica Family YMCA reserves the right to refuse service and/or cancel a participant's program when fees and paperwork are not received when due.
8.  I understand that the Santa Monica Family YMCA will not be responsible for anything that may happen as a result of false information given or for information that has not been updated when changes in address or phone numbers occur. I further understand that I must have a working phone number where I may be reached or a message left (that I check regularly) so that the Santa Monica Family YMCA may contact me when needed.
9.  I understand that there will be a \$25.00 charge plus bank charges for the first check returned from a bank. If a second check is returned unpaid, the fee will be a \$35.00 plus bank charges. After a 2<sup>nd</sup> check is returned unpaid, I understand that no further checks will be accepted, I hod and I must pay all future payments in cash, cashier's check or money order.

**CONTINUE ON REVERSE SIDE**

10.  I understand that there are no refunds, credits or transferring of deposits, credit given or prorates for participants who are absent or ask to leave the program due to behavioral issues.

**DAY CAMP ONLY**

11.  I understand that the Santa Monica Family YMCA Camp will not assume responsibility for the above named minor if s/he has not been properly signed in when s/he arrives.

12.  I understand that my child may be visiting the Santa Monica State Beach as part of the daily curriculum of the Santa Monica Family YMCA Day Camp. I understand that my child will be walking to the beach and I will provide proper footwear, swimwear, beach towel, sunscreen & water.

13.  I give my child permission to attend fieldtrips to the beach or elsewhere or will otherwise provide alternate care on those days. I understand there are no refund of fees for not participating or attending on fieldtrip days.

14.  I also understand while at the beach, I hold the city of Santa Monica, its agents, officers, and employees, harmless and indemnifies the same from any claims relating to the campers activities on the Santa Monica State Beach that arise from or are in any manner connected with the Santa Monica Family YMCA Day Camp.



I AM THE CUSTODIAL PARENT/GUARDIAN OF THE ABOVE NAMED MINOR AND HAVE READ AND AGREE TO UNDERSTAND THE 11 STATEMENTS LISTED ON THE SANTA MONICA FAMILY YMCA CAMP POLICY & PERMISSION AGREEMENT FORM.

*(FOR SINGLE PARENT/GUARDIANSHIP FAMILIES, THE CUSTODIAL PARENT OR GUARDIAN MUST SIGN BELOW.)*

Mother's/Guardian's Name *(please print)* \_\_\_\_\_

Mother's/Guardian's Signature \_\_\_\_\_ DATE \_\_\_\_\_

Father's/Guardian's Name *(please print)* \_\_\_\_\_

Father's/Guardian's Signature \_\_\_\_\_ DATE \_\_\_\_\_

# SANTA MONICA FAMILY YMCA CAMP

## RELEASE AND WAIVER OF LIABILITY & INDEMNITY AGREEMENT



In consideration of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to the observation or use of the facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for him/herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he/she has or immediately upon entering will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA 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 HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE YMCA, its directors, officers, employees, and agents from all liability to the undersigned, his personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises of any facilities or equipment therein or participating in any program affiliated with the YMCA.

2. The undersigned hereby agrees to indemnify and save and hold harmless the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or anyway observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

3. The undersigned hereby assumes responsibility for and risk of bodily injury, death or property damage due to negligence of releasee or otherwise while in, about or upon the premises of the YMCA and/or while using the premises of any facility or equipment thereon or participating in any program affiliated with the YMCA.

The undersigned further expressly agrees that the foregoing release, waiver 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.

The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I Have Read This Release.

Date: \_\_\_\_\_ Signature Parent/Guardian: \_\_\_\_\_

# Santa Monica Family YMCA RULES & GUIDELINE



In order to protect the Santa Monica Family YMCA, other YMCAs, staff, volunteers, and program participants, the following guidelines will be observed. Furthermore, participants in the program could be immediately dismissed if any of the following guidelines are broken.

In the event a participant is sent home from any activity the program fees will not be reimbursed. The participant's guardian must provide transportation. The participant's guardian is responsible for all costs that are incurred due to the participant's dismissal.

*Please initial you have read this and understand the above policy.*

**Guardian** \_\_\_\_\_

**Participant** \_\_\_\_\_

1. Participants shall not use or be in the possession of any Cigarettes, Alcohol, or any Illegal Drugs.
2. Participants shall be responsible for all guidelines set forth by the Santa Monica Family YMCA.
3. Participants will respond with respect and consideration and treat others equally, regardless of sex, race, religion, culture, or special needs.
4. Participants will refrain from ANY intimate displays of affection towards others.
5. Participants will respect rights not to be touched in ways that make them feel uncomfortable, and the right to say no. Inappropriate jokes or sharing of any intimate details of one's personal life fall under this category.
6. Participants shall not abuse others, including:
  - a. Physical Abuse (ex. Strike, spank, shake, slap)
  - b. Verbal Abuse (ex. Humiliate, degrade, threaten, BULLYING)
  - c. Sexual Abuse (ex. Inappropriate touch or verbal exchange)
  - d. Mental Abuse (ex. Shamming, cruelty)

All paper work is to be turned into the Santa Monica Family YMCA before camp begins.

If parents have a concern about the Camp or other program issues they may contact Audrey Meyer, Director of Youth and Family Programs at the Santa Monica Family YMCA, at 310-393-2721 \*123

*I have read and understand that any of these actions will not be tolerated and may lead to my immediate dismissal from Camp.*

**Participant Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Legal Guardian Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Santa Monica Family YMCA

## CLIMBING WALL WAIVER



**NOTICE:** THIS IS A LEGALLY BINDING AGREEMENT. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any injury to your child or your child's property or for your child's death however caused arising out of your use of the Climbing Wall, now or any time in the future.

### Acknowledgement of Risk

I hereby acknowledge and agree that the sport of rock climbing and the use of the Climbing Wall (hereinafter referred to as the Climbing Wall) has inherent risks. I have full knowledge of the nature and extent of all the risks associated with rock climbing and the use of the Climbing Wall, including but not limited to:

1. All manner of injury resulting in falling off the Climbing Wall and hitting rock faces and projections, whether permanently or temporarily in place, or the floor;
2. Rope abrasion, entanglement and other injuries resulting from activities on or near the Climbing Wall such as, but not limited to, climbing, belaying, rappelling, lowering on rope, rescue systems, and any other rope techniques;
3. Injuries resulting from falling climbers or dropping items, such as, but not limited to ropes or climbing hardware;
4. Cuts and abrasions resulting from skin contact with the Climbing Wall;
5. Failure of rope, slings, harnesses, climbing hardware, anchor points, or any part of the Climbing Wall Structure.

I further acknowledge that the above list is not inclusive of all possible risks associated with the use of the Climbing Wall and that the above list in no way limits the extent or reach of this release and covenant not to sue.

### Waiver / Release

In consideration of my child's use of the Climbing Wall, I, \_\_\_\_\_,  
The undersigned user, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, **HEREBY DO RELEASE THE SANTA MONICA FAMILY YMCA, its officers, agents and employees** from any cause of action claim, or demand of any nature whatsoever, including but not limited to, a claim of **NEGLIGENCE**, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against **The SANTA MONICA FAMILY YMCA** on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my child's use of the Climbing Wall whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to the **NEGLIGENCE** of **THE SANTA MONICA FAMILY YMCA, its officers, agents, and employees.**

In consideration of my use of the Climbing Center, I, the undersigned user, agree to **INDEMNIFY AND HOLD HARMLESS THE SANTA MONICA FAMILY YMCA, its officers, agents, and employees** from any and all causes of action, claims, demands, losses, or costs of any nature whatever arising out of or in any way related to my use of the Climbing Center.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the use of the Climbing Wall and that I am voluntarily assuming the risks. I understand that I will be solely responsible for any loss or damage, including death, my child sustains while my child uses the Climbing Wall and that release by this agreement **THE SANTA MONICA FAMILY YMCA** of any and all liability for such loss, damage, or death.

I further certify that my child is in good health and that my child has no physical limitations that would preclude my child's safe use of the Climbing Center.

I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after have carefully read it, of my own free will.

\_\_\_\_\_  
Climbing Users' Name

\_\_\_\_\_  
Climbing Users Age

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Witness' Name (Print Clearly)

\_\_\_\_\_  
Parent / Guardian if user is under 18

\_\_\_\_\_  
Parent / Guardian's Name (Print Clearly)

## Medical Form

**Must be signed by your child's physician**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_      AGE: \_\_\_\_\_ Child's SSN: \_\_\_\_\_

Child's Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Health Insurance Information

Insurance Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Emergency/Medical Release

For Single Parent Families

I, \_\_\_\_\_, am the custodial parent/guardian of the above named child and hereby authorize the Santa Monica Family YMCA or its delegated representative to seek emergency medical and/or surgical treatment for said child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency/Medical Release

For Two Parent & Joint Custody Families

**Both parents must sign**

We, \_\_\_\_\_ & \_\_\_\_\_, are the custodial parents/guardians of the above named child and hereby authorize the Santa Monica Family YMCA or its delegated representative to seek emergency medical and/or surgical treatment for said child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**This form is to be completed by child's physician**

**Health History**

*Please indicate Yes (Y) or No (N) next to each item*

- |   |   |
|---|---|
| <input type="checkbox"/> Measles              | <input type="checkbox"/> Tuberculosis             |
| <input type="checkbox"/> German Measles       | <input type="checkbox"/> Scarlet fever            |
| <input type="checkbox"/> Mumps                | <input type="checkbox"/> Allergies specify: _____ |
| <input type="checkbox"/> Chicken pox          | <input type="checkbox"/> Frequent colds           |
| <input type="checkbox"/> Whooping cough       | <input type="checkbox"/> Sore throats             |
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Headaches/migraines      |
| <input type="checkbox"/> Stomach upsets       | <input type="checkbox"/> Constipation             |
| <input type="checkbox"/> Kidney infection     | <input type="checkbox"/> Diphtheria               |
| <input type="checkbox"/> Ear/sinus infections | <input type="checkbox"/> Poliomyelitis            |
| <input type="checkbox"/> Bronchitis           | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> Convulsions          |   |

**Medical Information**

Does the child take any medication on a daily basis?    Y    N    If so, please explain: \_\_\_\_\_

Please list any previous surgery, sports injury, or illness the child has had in the last 12 months?  
\_\_\_\_\_

Does the child have any allergies or dietary restrictions?    Y    N    If so, please explain: \_\_\_\_\_

Does the child have adequate vision in each eye?    Y    N    Does the child wear corrective lenses?    Y    N

Does the child have adequate hearing in both ears?    Y    N    Does the child wear hearing aids?    Y    N

Is there anything else we should know? \_\_\_\_\_

I hereby certify that I have examined the above named child on (date) _____		
<b>I have found the above name child's overall physical health and condition to be:</b>		
<b>Excellent</b>	<b>Good</b>	<b>Fair</b>
I recommend that the above named child be permitted to engage in all activities. Any limitations are as follows: _____		
Physician's Signature: _____		<i>This space reserved for Dr. Office stamp</i>
(PRINT) Physician's Name: _____		
Physician's Phone: _____		
Office address: _____		

# Santa Monica Family YMCA

## Prescribed Medication Administration Permission Form

- All medications that are to be administered by the Santa Monica Family YMCA must be in the original container with the pharmacist's label, All dates on the container must be current and not expired,
- We cannot administer over the prescribed medications without written permission and authorization from your child's physician.
- Fill in this form completely and turn it in with the medication to be administered.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Physician's Name (Print): \_\_\_\_\_ Phone #: \_\_\_\_\_

Dates	MEDICATION	DOSAGE	HOURS TO BE ADMINISTERED	SPECIAL INSTRUCTIONS	TIME & DOSE ADMINISTERED	STAFF SIGNATURE
					<i>To be filled out by staff only</i>	
Sun						
Mon						
Tues						
Wed						
Thurs						
Fri						
Sat						

Other instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby grant permission for the above named minor to take the prescribed named medicines above

\_\_\_\_\_  
 Guardian's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Physician's Signature

\_\_\_\_\_  
 Date



**OVER-THE COUNTER MEDICAL AUTHORIZATION FORM**



I, the undersigned hereby give the Directors, Nursing Staff, and other attendant adult staff of the Santa Monica Family YMCA permission to administer the following, if needed, to my child during his/her stay at camp:

\_\_\_\_\_ (Print Child's Name)

Check each box notifying permission to administer:

- Sunscreen
- Bug Spray
- Aloe gel/Sunburn Spray
- Calamine/Caladryl/Beneadryl/ 1% Hydrocortisone cream
- Hydrogen Peroxide
- Triple Antibiotic Ointment
- Acetaminophen/Tylenol
- Ibuprofen/Motrin/Advil
- Cough Syrup/Throat Lozenge
- Decongestant (Benadryl Sudafed)
- Anti-nausea Medication
- Antacid/Anti-gas (Mylanta/Tums/Gas X)

Will you be sending any over-the-counter medication with your child?  Yes  No

If yes, What? \_\_\_\_\_ Dosage \_\_\_\_\_ Reason \_\_\_\_\_

If yes, What? \_\_\_\_\_ Dosage \_\_\_\_\_ Reason \_\_\_\_\_

Has your child ever been stung by a bee?  Yes  No

If yes, How many? \_\_\_\_\_ Reaction \_\_\_\_\_

Does your child have any allergies?  No  Yes (Please list medications, food, bugs, plants, sunscreens, etc.) If so, how does your child react and what is the usual treatment?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any condition that might require immediate medical treatment or attention (for example: asthma, cardiac, seizures, or other conditions)?  No  Yes, if yes please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Guardian Name \_\_\_\_\_ Relation to Camper \_\_\_\_\_ Phone # \_\_\_\_\_

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Note 911 will always be called when necessary**

## CarPool Information Form

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ RM# \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

### CarPool Policies

I give my child permission to be picked up in a YMCA vehicle operated by YMCA Employees and transported from their school to the Santa Monica Family YMCA.

I will notify the Kids' Club Director by 10am if my child will not be attending Kids' Clubs and will not need CarPool service. *Notify Club Director by phone or email.*

### CarPool Rules & Regulations

1. All passengers must wear seat belts at all times.
2. No eating, drinking, or chewing gum in YMCA vehicles.
3. Passengers must sit on their bottoms and be facing forward at all times.
4. All passengers must keep their hands and objects to themselves.
5. Passengers will meet at designated pick-up area as soon as school lets out.

I have reviewed and discussed with my child the CarPool Rules and Regulations and agree to comply.

I have read and understood the above stated policies. Any noncompliance could result in suspension and/or expulsion from the CarPool service.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Contact Information  
Valerie Page, Program Director  
(310) 393-2721, ext. 138

[valerie@ymcasm.org](mailto:valerie@ymcasm.org)

1332 6<sup>th</sup> Street, Santa Monica, CA 90401