

Questionnaire for Parents and Teachers:

We would like to offer your child a positive experience with our program. In order to do this, we will need some information about your child's preferences and needs.

1. Does your child have food preferences (textural, temperature, food groups, allergies etc.)
2. How does your child respond to group activities?
3. What games/activities is your child familiar with?
4. Are there crafts or books that your child enjoys at home or at school?
5. How do you help your child adjust to new experiences?
6. What do you do if your child is stressed, upset or acting out?
7. What creates a challenge for your child? i.e. activities, academics, different levels of stimulation, social situations, too many directions, etc etc.
8. How does your child express feelings of anxiety or discomfort?

Questionnaire for Parents and Teachers:

9. How does your child respond to boredom?

10. Does he/she need quiet time, lots of activity, a combination of both?

11. How much supervision do you provide during a normal day?

12. What would be the ideal day for your child?

13. Is your child familiar with a reward system, and what is effective?

14. Do you have any safety concerns for your child that we should be aware of
i.e. putting items in mouth, running, aggression, etc.

15. What does your child love to learn about - what do they avoid?

Recommendations:

- preferential seating
- obtain student's attention prior to giving verbal instructions
- use short simply stated directions
- have student repeat and /or paraphrase given directions to ensure comprehension
- rephrase questions and/or directions as needed
- use a peer buddy to assist with following directions
- provide advance cueing prior to giving directions and any important information
- highlight key words in questions and directions
- speak slowly allowing adequate wait time for student to process auditory information
- use graphic organizers to aid in the recall of details
- accompany oral directions with written directions as often as possible
- have student repeat auditory information to himself
- arrange instruction in a series of short tasks
- use a multi-sensory approach during instruction as often as possible

Health/Emergency Information/Waiver

YMCA of Frederick County Health/Emergency Information/Waiver For Members and Non-Child Care Program Participants

***THIS FORM CANNOT BE A COPY OR FAXAS PER MARYLAND LAW.**

Form must be fully completed and turned in before participating in any non-childcare programs.

One form is valid for all non-childcare programs.

Participants/parents/guardians are responsible for informing the YMCA of any changes that occur. Please initial _____

Member/Program Participant's Name

Last _____ First _____ Middle Initial _____ M/F Age _____ D.O.B. _____

Address _____ City _____ State _____ Zip _____

Phone _____ Alt. Phone _____ E-mail _____

Member/Program Participant's Name

Last _____ First _____ Middle Initial _____ M/F Age _____ D.O.B. _____

Address _____ City _____ State _____ Zip _____

Phone _____ Alt. Phone _____ E-mail _____

Names of Children

Child #1 Last _____ First _____ Middle Initial _____ Date of Birth _____

Child #2 Last _____ First _____ Middle Initial _____ Date of Birth _____

Child #3 Last _____ First _____ Middle Initial _____ Date of Birth _____

Child #4 Last _____ First _____ Middle Initial _____ Date of Birth _____

Please list additional contacts in case of an emergency. For any youth participants, the people listed below would also be authorized to pick the child up in case of an emergency.

Name _____ Relationship _____ Phone _____ Alt. Phone _____

Name _____ Relationship _____ Phone _____ Alt. Phone _____

Participant's Medical history (Please provide us with any relevant medical information for any of the above listed.)

Name _____ Concern _____

Name _____ Concern _____

Name _____ Concern _____

Name _____ Concern _____

**Please complete the back of this form (OVER)

Informed Consent and Release of Liability

The following **MUST** be initialed in order to participate in any Y Program/Activity

1. In initialing this agreement, I certify that I/ my child am/is able to participate fully in the program unless otherwise stated in writing to the YMCA. In case of voluntary withdrawal, I understand that there will be no refund of fee for the period concerned.
(Please initial _____)

2. In consideration of being allowed to participate in the activities and programs of the YMCA (the "YMCA Programs") and to use the facilities, equipment, and machinery of the YMCA (the "YMCA's Facilities and Equipment"), I/We do hereby waive, release and forever discharge, and indemnify and hold harmless the YMCA and its officers, agents, employees, representatives, and all others from any and all responsibility or liability for injuries or damages, except those caused by the negligent act or omission of any of the foregoing persons or entities, arising out of, resulting from or in connection with my/our use of the YMCA's Facilities and Equipment or my/our participation in any YMCA programs.
(Please initial _____)

3. I/We understand that participation in the YMCA Programs and the use of the YMCA's Facilities and Equipment is potentially hazardous. I/We also understand that fitness activities involve a risk of injury and even death and that I/We am/are voluntarily participating in the YMCA Programs and using the YMCA's Facilities and Equipment with knowledge of the dangers involved. I/We hereby agree to expressly assume and accept any and all risks of injury or death.
(Please initial _____)

4. I/We understand that the YMCA's Facilities and Equipment and YMCA Programs may not be advisable for certain individuals, including but not limited to elderly persons, pregnant women, persons suffering from heart disease, diabetes, high or low blood pressure and other conditions and illnesses, and persons taking medication. I/We hereby acknowledge that I/We have been advised to seek advice

from a physician regarding my/our participation in YMCA Programs or in the use of the YMCA's Facilities and Equipment. I/We also acknowledge that it has been recommended that I/We have a yearly or more frequent physical examination and consultation with my/our physician as to my/our participation in YMCA Programs and my/our use of the YMCA's Facilities and Equipment. I/We acknowledge that I/We have either had a physical examination and have been given my/our physician's permission to participate, or that I/We have decided to participate in YMCA Programs and/or use the YMCA's Facilities and Equipment without the approval of my/our physician and do hereby assume all responsibility for my participation in the YMCA Programs and my/our use of the YMCA's Facilities and Equipment.
(Please initial _____)

5. As part of the overall YMCA program, participants occasionally are photographed / videotaped and have work displayed by the YMCA staff. If initialed, you hereby grant permission and approval that you or your child may be photographed or videotaped by YMCA staff, and also that the participant's likeness, name, performance, artwork or written work may be used by the YMCA in any YMCA publications, materials, advertisements, web-site, and programs. *The Fredrick YMCA permits individuals to use photographic devices during program instruction with certain stipulations on how and where they can be used. A procedure outlining the parameters of this is posted in most program areas and a copy will be made available to individuals that request it. It is required that an individual that uses photographic devices adhere to this procedure. For your safety and security the YMCA may be monitoring certain areas by video surveillance.
(Please initial _____)

6. I authorize the YMCA to provide medical care and seek advanced medical care for myself or my child should the need arise. I also authorize the YMCA to arrange for transport of myself or my child for the purpose of providing medical care, if necessary, in the discretion of the YMCA or medical personnel.
(Please initial _____)

Participant Optional Agreements: Please print name and initial if agreeing.

Transporting for Programs

I understand that some programs involve field trips with travel from the YMCA facility and I give permission to the YMCA to transport me/my child via YMCA vehicle and indemnify and hold harmless the YMCA, its officers, agents, representatives, and employees from any claim for damage or injury to person or property arising out of such transport, except as caused by the gross negligence of the YMCA, its representative, agents or employees.

Participant Name _____ Adult Initials _____

Participant Name _____ Adult Initials _____

Participant Name _____ Adult Initials _____

Participant Name _____ Adult Initials _____

Release of Child

By initialing below, I authorize my child to sign themselves in and out of said program. I release the YMCA from any liability and responsibility for the child once they have signed out of the program and before they have signed in the program. If not initialed, the parent needs to bring the child into said program and sign the child in and pick up the child and sign them out of the program.

Participant Name _____ Adult Initials _____

Participant Name _____ Adult Initials _____

Participant Name _____ Adult Initials _____

Participant Name _____ Adult Initials _____

Participant's Name (Printed) _____

Participants Signature _____ Date _____

Name of Parent/Legal Guardian (if applicable) _____

Parent's/Legal Guardian's Signature (if applicable) _____ Date _____