

FREE VIRTUAL DANCE PARTY

THIS WILL BE A ONE DAY EVENT FOR STROUGH STUDENTS. ALL STUDENTS MUST HAVE A SCHOOL ID TO PARTICIPATE. PLEASE BRING SCHOOL ID THE DAY OF THE EVENT WE APPRICIATE YOUR ATTENDANCE.

DATE OF EVENT: FRIDAY JUNE 21, 2024

LOCATION: ROME YMCA 301 W BLOOMFIELD ROME NY 13440

TIME: 6PM – 9PM

NAME OF CHILD: _____

ADDRESS: _____

PARENT NAME: _____

PARENT CONTACT INFORMATION: _____

Promotion: I hereby grant consent and authorize the use of photographs, slides, videotapes and file of myself and my minor child participating in YMCA activities for commercial and art purposes in any medium of advertising, communication, publication or publicity that will promote YMCA programs and services, and/or recognition of participants.

Waiver: I submit my child is willing and physically able to participate in this activity and waive the YMCA of the Greater Tri-Valley Association of all responsibility for injury or illness. I understand that my child's participation in this activity involves certain risk and regardless of the precautions taken by the YMCA staff and volunteers' injuries can occur, with this being said, I hereby authorize the directors/staff/volunteers of the YMCA of the Greater Tri-Valley to act for me according to their best judgment in any emergency requiring medical attention. I understand that I am solely responsible for the payment of any such medical expenses and must provide this organization with proof of medical and accident insurance before program participation. Knowing this you agree to absolve, and hold harmless the YMCA of the Greater Tri Valley, the organizers, coach/instructors along with any volunteers, in the case of an injury to my child while participating in this program. To participate in any YMCA program, you must provide proof of health insurance. Lack of proof will result in no participation. I have executed the youth program waiver release and medical certification form with full knowledge of its contents.

Parent or Guardian Signature _____ Date _____

ANY QUESTIONS PLEASE CONTACT: VIVIAN NICHOLAS
VNICHOLAS@YMCATRIVALLEY.ORG

