



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CLARION COUNTY YMCA

(814) 764-3400

499 Mayfield Rd. Clarion, PA 16214

info@clarionymca.net

www.clarioncountyyymca.org

Kids Chess Club

DESCRIPTION: Learn a strategic game that strengthens the mind. For ages 6 and up. Program meets 4-5 pm in the lobby starting December 14th. Bring your own board or the Y can provide one. **FREE for members. \$10 per month for non-members.**

WHEN? Runs Monthly. Meets Mondays 4-5 pm starting December 14th.

WHERE? YMCA Lobby

WHO? Ages 6 and up

COST? FREE for Members, \$10 per month for Non-Members

ADDITIONAL INFORMATION: You must sign a Covid-19 Waive to participate in this program.

Participant's Name: _____ Circle: Male Female

Circle: Member (\$20) Non-Member (\$36)

Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

Parent / Guardian Name (if under 18) _____

Home Phone: _____ Cell: _____

Email: _____

Do you give permission for the Y to take photos or videos of participant for the use of promoting YMCA programs? Circle:
Yes No

The Y is a charity; no one is turned away for financial reasons. If financial assistance is needed, please acquire the Scholarship Application <https://www.clarioncountyyymca.org/resources> and ATTACH WITH THIS REGISTRATION FORM

OFFICE USE ONLY:

Total Payment Received: \$ _____ Information entered into Total Data? _____



CLARION COUNTY YMCA YOUTH SPORTS

COVID-19 WAIVER AND ASSUMPTION OF RISK

The Clarion County YMCA ("The YMCA") has put in place preventative measures to reduce the spread of COVID-19; however, the YMCA cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending YMCA sports could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending YMCA programs and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at YMCA programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, YMCA employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the YMCA or participation in YMCA programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the YMCA, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the YMCA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any YMCA program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Program Participant