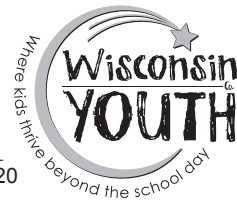


Part IA WYC Summer 2020: Registration Form



Program Attending in Summer 2020: _____

| | | | | | | |
|-----------------------------------------|--|-------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------|--------------------------|-------------------------------------------------------------------------------------------|
| Child's Name _____ | | Birthdate _____ | Age _____ <small>as of 6/1/2020</small> | Gender _____ | Grade in Fall 2020 _____ | School Attending in Fall 2020 _____ |
| Parent/Guardian 1 _____ | | Relationship to Child _____ | | Parent/Guardian 2 _____ | | Relationship to Child _____ |
| Home Address _____ | | | Home Address _____ | | | |
| City/State/Zip _____ | | Home Phone _____ | | City/State/Zip _____ | | Home Phone _____ |
| Work Phone _____ | | Cell Phone _____ | | Work Phone _____ | | Cell Phone _____ |
| | | <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home | | | | <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home |
| | | Best Phone # During Program Hours _____ | | Work Phone _____ | | Cell Phone _____ |
| | | | | | | Best Phone # During Program Hours _____ |
| Best Address During Program Hours _____ | | | Best Address During Program Hours _____ | | | |
| Email Address _____ | | | Email Address _____ | | | |

Child's program shirt size: (wicking sport/swim shirt)

Youth: S M L Adult: S M L

Purchase an additional program shirt, \$12? Yes No

Payment reminders will be emailed. I prefer the information be mailed.

Emergency Contact/Pick-up Authorization Information: *(For safety, any changes during the summer must be made in writing to the administrative office.)*

Authorized pick-up persons will be asked to present a photo I.D. All individuals authorized to pick up must be 18 years of age or older. Parents wanting anyone under 18 years of age to pick up their child must select the independent departure option below. Emergency contacts need to be fluent enough in English to provide basic information and understand emergency information given to them by program staff. **Parent/guardians listed above are considered authorized pick-up persons and emergency contacts unless otherwise noted.**

In addition to parent/guardians listed above, list one emergency contact (REQUIRED). In an emergency, if no contact can be made to those listed here, the police department may be notified. Add additional authorized pick up persons here, if applicable.

| Name (First & Last) | Best Phone # During Program Hours | Email Address | Relationship to Child | Emergency Contact Person | Authorized Pick-up Person |
|------------------------|--------------------------------------|---------------|--------------------------|--------------------------------|---------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Summer Day Camps:

State statutes require any child under the age of 8 years old and under 80lbs. be transported in a booster seat while in any vehicle with seat belts. My child weighs less than 80 lbs.? Yes No

Arrival/Departure Authorization: *Please check below the arrival/departure authorization applicable to your child's enrollment. For safety, any changes during the summer must be made in writing to the administrative office. Please give a specific time for arrival and departure times for each program, if applicable.*

Arrival: (When child is not attending summer school.)

- I acknowledge my child will arrive with a parent or another adult authorized to sign-in my child.
- I acknowledge my child will arrive independently by walking or biking. (This includes walking independently from the parking lot.)
Anticipated Morning Arrival Time: _____

Departure: (Required for all children.)

- I acknowledge my child is to wait for an authorized pick-up person, listed above.
- I acknowledge my child will depart independently by walking or biking. (This includes walking independently to the parking lot.)
Specific Afternoon Departure Time: _____

Summer School Arrival/Departure - Camps Pleasant Valley, Castle Creek, Wildcat, Glacier Creek and Connection Only: (WYC does not provide transportation.)

- My child will go directly to his/her summer school program from home. Yes No Arrival Time to WYC Program: _____
- My child will depart his/her WYC summer program to attend his/her summer school program. Yes No Departure Time from WYC: _____
- My child will arrive at his/her WYC summer program from his/her summer school program. Yes No Arrival Time back to WYC: _____

Office Use Only - Fees: Deposit _____ Amt Pd _____ Ck # _____ Date Received _____ Received by _____ Start Date _____



**WI Youth Company Summer 2020:
Program Selection Form
Waukesha County Day Camp
Camp Glacier Creek**

Child's Name _____ Date of Birth _____

Eligible grades entering K-6.
Please note: Campers must be at least 5 years old to attend camp.

Directions: For each week you would like your child to attend, check the box next to the camp week(s). Fees listed below include all field trips, guest presenters and after camp activities. Full-day camp fees also include before camp activities.

Half-day camp hours are 12:35-4:45 p.m. with pick-up between 4:45-6 p.m.

Full-day camp hours are 9 a.m.-4 p.m. with drop-off available between 7-9 a.m. and pick-up between 4-6 p.m.
Please contact the office for three or four day schedules and fees.

| Dates | Weekly Theme | Fees & Camp Hours | Camp Location |
|------------------------------|---------------------------|-----------------------------------------|------------------------------|
| June 22-26 | Explore S'more Outdoors | <input type="checkbox"/> \$135 Half-Day | Kettle Moraine High School |
| June 29-July 2 (no camp 7/3) | Artful Antics | <input type="checkbox"/> \$110 Half-Day | Kettle Moraine High School |
| July 6-10 | Space is the Place | <input type="checkbox"/> \$135 Half-Day | Kettle Moraine High School |
| July 13-17 | Barnyard Palooza | <input type="checkbox"/> \$135 Half-Day | Kettle Moraine High School |
| July 20-24 | Under the Sea | <input type="checkbox"/> \$135 Half-Day | Kettle Moraine High School |
| July 27-31 | Passport Fun | <input type="checkbox"/> \$135 Half-Day | Kettle Moraine High School |
| August 3-7 | Going Green | <input type="checkbox"/> \$220 Full-Day | Brandybrook Community Center |
| August 10-14 | Icky, Sticky, Ooey Gooney | <input type="checkbox"/> \$220 Full-Day | Brandybrook Community Center |
| August 17-21 | Jurassic Jamboree | <input type="checkbox"/> \$220 Full-Day | Brandybrook Community Center |

| | | |
|----|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| \$ | Total weekly deposits (\$25 x number of weeks) | Reminder - The remaining amount of fees is due Monday (5 p.m.) five business days prior to the start of the program week. |
|----|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|

Part II WYC Health History & Emergency Care Plan Form



Page 1 of 2

Directions: Please complete this form in its entirety. A review by parents/guardians and staff is required annually. This form remains at your child's program during the hours your child is present in the care of Wisconsin Youth Company staff.

Child Information:

Child's Name (Last) _____ (First) _____ (Middle) _____ Birthdate (MM / DD / YYYY) _____

Home Address (Street, City, State, Zip Code) _____ Date – First Day of Attendance (MM / DD / YYYY) _____

Parent Name (Last) _____ (First) _____ Best Phone # During Program Hours _____

Address (if different from child's) _____

Physician / Medical Facility Information:

Name of Physician _____ Name, Address and Phone Number of Medical Facility _____

Sunscreen Authorization (Check 1 box):

- I authorize the use of Rocky Mountain SPF 30 sunscreen as needed for my child to self-apply to the extent possible, and WYC staff is authorized to provide assistance in applying sunscreen as needed to ensure adequate coverage.
- I will provide sunscreen for my child to self-apply to the extent possible, and WYC staff is authorized to provide assistance in applying sunscreen as needed to ensure adequate coverage.
- I do not authorize the use of sunscreen on my child during program hours.

Insect Repellent Authorization (Check 1 box):

- I authorize WYC staff to apply Cutter Family Pump Spray (7% DEET) to my child as needed.
- I will provide insect repellent for WYC staff to apply to my child as needed.
- I do not authorize the use of insect repellent on my child during program hours.

Immunization History: List the month/day/year the child received each of the following immunizations. Please fill in all empty boxes as required by state law. If you do not have an immunization record for your child, contact your doctor or local public health department to obtain the records. Visit <https://www.dhfs.wisconsin.gov/pr/clientSearch.do?language=en> and enter your child's name and social security number for a state immunization record for your child.

| Vaccinations - required for 5 years and older | 1st | 2nd | 3rd | 4th | 5th | Vaccinations - required for 4 year olds | 1st | 2nd | 3rd | 4th |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|
| DTP Diphtheria, Tetanus, Pertussis | | | | | | DTP Diphtheria, Tetanus, Pertussis | | | | |
| Polio (IPV) | | | | | | Polio (IPV) | | | | |
| Hepatitis B | | | | | | Hepatitis B | | | | |
| Measles, Mumps, Rubella (MMR) | | | | | | Measles, Mumps, Rubella (MMR) | | | | |
| Varicella (Chicken Pox) Has the child had Varicella (chicken pox) disease? If yes, vaccine not required. Year: _____ If no or unsure, vaccine required. | | | | | | Varicella (Chicken Pox) Has the child had Varicella (chicken pox) disease? If yes, vaccine not required. Year: _____ If no or unsure, vaccine required. | | | | |
| | | | | | | Hib (Haemophilus Influenzae Type B) | | | | |
| | | | | | | Pneumococcal Conjugate Vaccine | | | | |

IF THE CHILD MEETS ALL REQUIREMENTS sign at arrow below and return this form to Wisconsin Youth Company, OR
IF THE CHILD DOES NOT MEET ALL REQUIREMENTS check appropriate box below, sign and return this form to Wisconsin Youth Company.

Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I understand that it is my responsibility to obtain the remaining required doses of vaccines for the child WITHIN ONE YEAR and to notify Wisconsin Youth Company in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to Wisconsin Youth Company may result in court action against the parents and a fine up to \$25 per day of violation.

For health reasons this child should not receive the following immunizations (List in chart above any immunizations already received.): _____

Physician's Signature: _____

For religious reasons this child should not be immunized. (List in chart above any immunizations already received.)

For personal conviction reasons this child should not be immunized. (List in chart above any immunizations already received.)

Signature of Parent / Guardian _____ Date _____

Directions: Please complete this form in its entirety. A review by parents/guardians and staff is required annually. This form remains at your child's program during the hours your child is present in the care of Wisconsin Youth Company staff.



Child Name: _____

Program Participation

I have reviewed the activities of the program and feel my child can participate without restrictions: Yes No

If no, my child can participate with the following restrictions or accommodations: _____

1. Special Health Information: Please check yes or no and provide additional information that may be helpful to our staff in the details. Detailed health information allows our staff to provide accommodations as needed to ensure the safety and well-being of your child during program hours.

General Health:

- Asthma Yes No Details: _____
- Cerebral palsy/motor disorder Yes No Details: _____
- Diabetes Yes No Details: _____
- Gastrointestinal or feeding concerns, including special diet and supplements Yes No Details: _____
- Epilepsy/seizures Yes No Details: _____
- ADHD Yes No Details: _____
- Autism Spectrum diagnosis Yes No Details: _____
- Behavioral or mental health considerations Yes No Details: _____
- Cognitive/learning development considerations Yes No Details: _____
- IEP or other school accommodation plan Yes No Details: _____
- Other conditions that may require special care Yes No Details: _____

Allergies:

- Food/Milk Yes No Details: _____
- Medication(s) Yes No Details: _____
- Environmental Yes No Details: _____
- Other Yes No Details: _____


Medications Kept at Site:

- EpiPen Yes No
- Inhaler Yes No
- Other medication (please specify) Yes No Medication name(s): _____

If you have indicated that your child has one or more of the medical conditions listed, you must complete questions two through seven. Please enter "N/A" if a question is not applicable to your child's health.

2. Signs or symptoms to watch for-please specify.
3. Triggers that may cause problems and steps WYC staff should follow in response-please specify.
4. Identify any WYC program staff to whom you have given specialized training/instructions to help treat symptoms.
5. Medications (prescribed and over-the-counter) your child takes regularly between the hours of 6:30 a.m. and 6 p.m. Please list the name of medication and the time of day to be administered.
6. When to call parents regarding symptoms or failure to respond to prescribed treatment.
7. When to consider that the condition requires emergency medical care or reassessment.

In the event my child becomes ill or injured, I understand every effort will be made to reach me or an emergency contact person on file. I give my consent for Wisconsin Youth Company to act on my behalf to obtain emergency care and treatment if it is deemed necessary.

 _____ Signature of Parent / Guardian _____ Date



Child's Name _____

Payment of Fees

- I understand the \$25 weekly deposit towards each program is non-refundable and non-transferable, unless a program is full or canceled by WYC. (\$50 deposit for Wander Wisconsin trips and two week Immersion Camps.)
- I understand that the remaining weekly fee (less deposit) is due by the end of the business day Monday (5 p.m.) five business days prior to the start of program, and that all required registration information must be submitted at least six business days prior to the scheduled program start date, or my child's enrollment may be withdrawn. If registering six business days prior to the start of program, payment is due in full and all forms must be complete at time of registration.
- I understand that a late payment fee of \$20 will be assessed for payments not received by Monday, five business days prior to the scheduled program, and non-payment of fees may result in my child's removal from the program. I understand that a \$30 charge is assessed for each Non-Sufficient Funds (NSF) check or declined credit card transaction.
- I understand written advance notice must be received by the administrative office to withdraw from or change scheduled attendance, provided space is available. Written notice must be received no later than the end of the business day six business days prior to the program start date being withdrawn from or changed. Failure to submit written cancellation on time will result in the liability of all fees paid and owed for that program.
- I understand that fee credit will not be given if my child is absent from all or any portion of a confirmed program.
- I understand if a program is full or cancelled by Wisconsin Youth Company for any reason, registering families shall have no claim other than a full refund.
- I understand early drop-off and/or late pick-up outside of program time may result in a \$25 late fee per child for each 15 minute increment. Repeated infractions may result in removal from program.
- I understand that if I am receiving assistance, I am responsible for any amount not paid by my funding source. Written verification from the funding source must be on file in the administrative office prior to confirmation of my child's enrollment.

My funding source is _____ Contact person _____ Phone number _____

I agree to the 2020 payment of fees.

 Signature: _____
(Account Holder) _____ Date _____


Summer 2020 Payment Schedule

| Enrolled Program Date | Payment Due Date | Deposit | Balance | Enrolled Program Date | Payment Due Date | Deposit | Balance |
|-----------------------|------------------|--------------------------|--------------------------|-----------------------|------------------|--------------------------|--------------------------|
| June 15-19 | June 8 | <input type="checkbox"/> | <input type="checkbox"/> | July 20-24 | July 13 | <input type="checkbox"/> | <input type="checkbox"/> |
| June 22-26 | June 15 | <input type="checkbox"/> | <input type="checkbox"/> | July 27-31 | July 20 | <input type="checkbox"/> | <input type="checkbox"/> |
| June 29-July 2 | June 22 | <input type="checkbox"/> | <input type="checkbox"/> | August 3-7 | July 27 | <input type="checkbox"/> | <input type="checkbox"/> |
| July 6-10 | June 29 | <input type="checkbox"/> | <input type="checkbox"/> | August 10-14 | August 3 | <input type="checkbox"/> | <input type="checkbox"/> |
| July 13-17 | July 6 | <input type="checkbox"/> | <input type="checkbox"/> | August 17-21 | August 10 | <input type="checkbox"/> | <input type="checkbox"/> |

Reminder, subtract all deposits paid in advance.

- Weekly Deposits:
- \$25/week for day camp, one week Immersion Camps and Middle School U
 - \$50/trip for Wander Wisconsin
 - \$50 for two week Immersion Camps
 - If enrolled in Circus Two Week Experience and/or Theater Immersion Camp (2 week camps) remaining amount of fees for both weeks is due Monday (5 p.m.) five business days prior to the start of the first program week.

I agree to the 2020 summer payment schedule.

 Signature of Parent/Guardian: _____
(Account Holder) _____ Date _____

***Dane Only - Fridays, August 14 & 21, there will be no after camp activities. All campers are to be picked up by 4 p.m.

Account Access Password - Required

The security of your enrollment information is important and we've taken steps to help keep it secure. When enrolling your child, you are required to create a unique password and answer at least one security question listed below. This verification is REQUIRED whenever you or someone you authorize calls or emails us regarding your information (i.e. balance due, pick-up persons) and whenever account holders submit written requests and information updates so that we can protect your privacy and only give the information out to you or the person you designate. We can ONLY provide enrollment information when the correct PASSWORD and/or SECURITY ANSWER are provided by an authorized user. *You may choose to keep your same password from previous Wisconsin Youth Company programs; however, you must confirm the password below.*

Please give us a password and the answer to at least one of the security questions listed below.

Account Access Password _____ (Maximum: 6 characters)

Security Questions (Please answer at least one of the following.):

- What street did you live on during high school? _____
- Who was your childhood hero? _____
- What is your Grandmother's maiden name? _____

Account Access - Optional

In order to protect your privacy, we are unable to provide information to anyone other than an account holder or authorized user. Account holders are liable for the account, are able to request information and are able to make changes to the account. Authorized users are individuals authorized by the account holder to access information only. **As the account holder, you may authorize other individuals (e.g. a spouse and/or other parent) by listing their name(s) below.**

I authorize the following person(s) to be an **authorized user**, allowing him/her to access information on the account:

I authorize the following person(s) to become an **account holder**, allowing him/her to make changes to account information:

Authorized Account Holder's Name and Signature - Required

Primary Account Holder Name: _____  Signature: _____
Print Name (Primary Account Holder) Date

Optional Additional Account Holder Name: _____  Signature: _____
Print Name (Additional Account Holder) Date

Part IV **WYC Summer 2020: Swim & Aquatic Activity Permission Form**



Please read this permission form completely and indicate the appropriate swim level for your child. You are encouraged to complete this form even if the program(s) you selected does not include swimming or aquatic activities. This ensures we have the information in the event you add a program for which swimming or aquatic activity permission is necessary. Reference the program handbook for additional information.

Child's Name _____ Age _____
(Please print) (as of 6/1/20)

Day Camp

Campers will participate in swimming activities at a designated off-site swimming pool or beach at least once during the camp week, weather permitting. Campers will be assigned to a group of no more than eight campers per staff based on their designated swim level. Campers will be provided a colored wristband indicating their swim level. Please note: immersion camps do not include swimming or aquatic activities.

Wander Wisconsin & Middle School U

Some programs include swimming in natural bodies of water or in swimming pools. Other aquatic activities include canoeing, kayaking, standup paddle boarding and water park attractions. A swim level of 'yellow' or higher is required to participate. Specific activities are outlined in the program descriptions.

I Understand:

1. There is risk in having my child participate in swimming and other aquatic activities, and I agree to absolve Wisconsin Youth Company (WYC) of any liability as a result of my child's participation in swimming or aquatic activities.
2. WYC adheres to state licensing regulations, American Camp Association accreditation standards (for applicable programs) and program policies regarding supervision of children while swimming.
3. Swimming will only take place at beaches and swimming pools where there is a certified lifeguard on duty.
4. Swimmers will be supervised by camp staff at a ratio of one adult staff member for every eight swimmers.
5. Swim levels, as defined below, will be used to divide swim groups during swim activities.
6. Aquatic environments may vary and the swim levels, as defined below, will be translated accordingly.
7. Aquatic or WYC staff members reserve the right to decrease participant swimming levels for any reason. Some aquatic facilities will require an additional swim test for deep water swimming.
8. I may update my child's swim level in writing either at my child's program location or by sending an email to the WYC office.
9. My child will receive a program shirt and will be required to wear the program shirt for all program swimming activities at public facilities. The program shirt will help WYC staff and lifeguards supervise my child and has the added benefit of providing sun protection. My child will not be allowed to swim without a program shirt. (Not applicable to Middle School U.)

Please select one of the swim levels below:

Please note that flotation devices such as water wings or lifejackets are not permitted for use in day camp program. (Lifejackets are provided for Wander Wisconsin and Middle School U boating programs.)

- White Level – Non-Swimmer:** My child is not allowed to go in the water, but may play in a designated area away from the water.
- Red Level – Beginner Swimmer:** My child has little or no swimming experience. My child can enter and exit the water unassisted and put his/her face into water. My child must stay in water no deeper than waist level at pool or beach.
- Yellow Level – Intermediate Swimmer:** My child has intermediate swimming skills. My child can tread water for at least 20 seconds; swim with arm action and some side breathing; and has been introduced to deep water. My child may swim anywhere within the designated swim area of the swimming pool with water levels up to six feet. My child may participate in canoe, kayak and stand up paddleboard activities, if applicable. In a beach setting at day camp my child will be expected to remain in water no deeper than chest level. My child may use water slides dropping into water up to six feet deep.
- Green Level – Advanced Swimmer:** My child has advanced swimming skills. My child can tread water for at least one minute; swim for an extended period of time with arm action and side breathing; and is comfortable in deep water. My child may swim in water deeper than six feet. In a beach setting at day camp my child will be expected to remain in water no deeper than chest level. My child may participate in canoe, kayak and stand up paddleboard activities, if applicable. My child may use water slides dropping into water up to six feet deep.
- Double Green Level – Advanced Swimmer with Diving Board & Deep Water Slides Permission:** My child has advanced swimming skills, as listed for 'Green Level.' If available, my child may jump off low diving boards (feet first only and no flips). My child may also use water slides dropping into water deeper than six feet.

Do you have any concerns about your child participating in water activities? YES NO

If answered yes, please provide comments:

I have reviewed the swim & aquatic activity permission form and I give permission for my child to participate in swim and aquatic activities as indicated above.

Parent/Guardian - Please Print Name _____
Signature of Parent/Guardian _____ Date _____

Part V WYC Summer 2020: Registration Agreement



Please read this agreement completely and carefully, and sign below.

Child's Name _____ Program Location _____
Please print

Attendance Schedule

- 1. I understand I must notify the 24-hour attendance message line in the event my child will not attend or will be late on a scheduled day. Repeated failure to notify of absence may result in additional fees.
- 2. I understand my child may not arrive before program begins and must be picked up or be authorized to depart independently by the time program ends. Additional fees may be assessed and repeated infractions may result in removal from program.
- 3. I understand WYC will make every effort to provide reasonable modifications that will accommodate the needs of children within the limitations of program sites while maintaining required staff ratios, program resources and the safety of all children in program.
- 4. I understand that WYC reserves the right to remove or suspend a child from the program if the child has needs that cannot be accommodated within the normal staffing pattern or if the safety of the child, staff or other children are jeopardized.
- 5. I understand I must list a minimum of one, preferably local, emergency contact other than parents on the registration form. Emergency contacts need to be fluent enough in English to provide basic information and understand emergency information given to them by program staff. I will inform anyone listed as an emergency contact that WYC may contact him or her in an emergency. I give permission for WYC staff to share pertinent information, including health information, with emergency contacts as necessary.
- 6. I understand that if severe weather, physical facility problems or other emergencies exist in the community surrounding the program location or the facility itself, program may not operate or may relocate to an alternate site. There is no credit or fee reduction for program closings.

Parental Consent

- 1. I give my consent for WYC staff to act on my behalf to obtain emergency care and treatment if deemed necessary for my child.
- 2. I give my consent as indicated on part II for the application of sunscreen and/or insect repellent.
- 3. I give my consent for my child's participation in any field trips scheduled as part of his/her summer enrollment and consent for my child to be transported to and from any scheduled program activity for which transportation is provided. I understand WYC adheres to state licensing regulations and organization policy regarding supervision of children and transportation while on all trips.
- 4. I understand that WYC may contact me via text messaging for the purpose of communicating urgent information that involves my child's program. I understand that I can opt-out of this service by contacting the WYC administrative office.
- 5. I understand that if my child does not reside in my household full-time, and another parent/guardian wishes to register my child in a WYC program, I must agree to split my account with the other parent/guardian (see program handbook for more details).
- 6. I acknowledge that I have carefully reviewed and accurately completed parts IA, IB, II, III, IV and V of this registration packet.

Agreement Signature - I/We understand and agree to abide by the above policies and other WYC policies as stated in the program handbook. Handbook is available online or in print.

Parent/Guardian - Please Print Name  _____
Signature of Parent/Guardian _____
Date

Optional Additional Account Holder - Please Print Name  _____
Signature of Account Holder _____
Date

Photo Release

I grant Wisconsin Youth Company (WYC) permission to publish my child's image through print or digital media for purposes of promoting WYC programs. This may include, but is not limited to, brochures, displays, websites, WYC social media sites or group emails. I understand that children's names are not used when their images are displayed on our website or social media or in widely distributed print materials. I understand that if I request, in writing, removal of my child's image from WYC's websites his/her image will be removed no later than seven days from receipt of my request. Also, I release WYC, its employees, officers, directors and successors from any liability or claim related to the publication or disclosure for which I have hereby granted permission. I understand that the consent I grant here is completely voluntary.

- Yes, I accept the photo release. Yes, program site use only (not external publicity). No, I do not accept the photo release.

 _____
Signature of Parent/Guardian _____
Date