



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SESSIONS

FALL I
Sept 24 – Oct 20
*4 weeks, \$10 off

FALL II
Oct 29 – Dec 15

WRITER'S CORNER



This class is perfect for anyone with an interest in creative writing. Participants will have the opportunity to expand their creativity with various types of writing, working both alone and in a group to express their imagination in written form. Different activities and prompts will spark each child to paint pictures with their words, expanding their creative writing experience and express the world around them.

FALL I
Tuesday: 4:00pm–5:00pm

FALL II
Monday: 5:00pm–6:00pm

Cost: \$45

Ages: 5–13

GEORGETOWN FAMILY YMCA
3010 Williams Dr. #210
Georgetown, TX 78628
512-615-5599

YMCAGWC.ORG

WRITERS CORNER REGISTRATION FORM

Fall I
Tuesday 4:00p-5:00p

Fall II
Monday 5:00p-6:00p

PARTICIPANT NAME: _____ GENDER: _____ AGE: _____

ADDRESS: _____ D.O.B: _____

CITY: _____ STATE: _____ /ZIP: _____

PARENT/GUARDIAN NAME(S): _____

PHONE: _____ ALTERNATE PHONE: _____

E-MAIL: _____

Please **INITIAL** or **ANSWER** all lines to indicate received written policies / materials and agree to terms with **SIGNATURE** below.

_____ **ADA Policy (REQUIRED):** Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any child exception an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

_____ **Waiver for Medical Treatment (REQUIRED):** In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize Y staff to make arrangements to transport my child to the nearest hospital emergency facility. I also give my consent for any and all necessary medial treatment, if, in fact my child requires the attention of a physician.

_____ **Waiver for Participation (REQUIRED):** I understand that Y activities have inherent risks and hereby assume all risks and hazards to my child in the participation of these activities. I further waive, release, absolve, and agree to hold harmless the Y, the organizers, volunteers, supervisors, officers, directors, participants from any claims or injury sustained during my child's use of the facilities or participation in the Y program.

_____ **Waiver for Photo / Video / Audio Release (OPTIONAL):** I give my consent for any photos, video and/or audio taken of my child involved in Y programs to be used for Y promotions, trainings and/or displays.

_____ **Change / Cancellation / Refund Policy (REQUIRED):** I understand that changes / cancellations / refunds are not permitted under unless a physicians note is submitted stating the inability to complete the class. A program cancellation form must be completed at the Member Services Desk and are allowed at the discretion of the program director.

_____ **Additional Notes (REQUIRED):** Financial assistance is available for all those who qualify. For any questions, please contact the Hutto Family YMCA at (512) 846-2360

X Parent /Guardian Signature _____ Date _____

Georgetown Family YMCA

3010 Williams Drive, Suite 210

Georgetown, TX 78628

Phone 512-615-5599

ymcagwc.org

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