



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# STORY ART

\*\$5 class or  
purchase a 6 class  
punch card for \$20



STARTING SEPTEMBER 24th



Arts and crafts with a literary twist! This enrichment will enable kids to express themselves through arts and crafts related to different myths and fables each week. They will be encouraged to immerse themselves in the story, using their creativity and imagination to come up with original work each week.

**WEDNESDAY**  
**10:45a-11:45a**  
**& SATURDAY**  
**9:30a-10:30a**  
**2-5 YR OLDS**

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

YMCAGWC.ORG

# STORY ART REGISTRATION FORM

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 FamilyYMCA

3010 Williams Drive, Suite 210

Georgetown, TX 78628

Phone 512-615-5599

[ymcagwc.org](http://ymcagwc.org)

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