



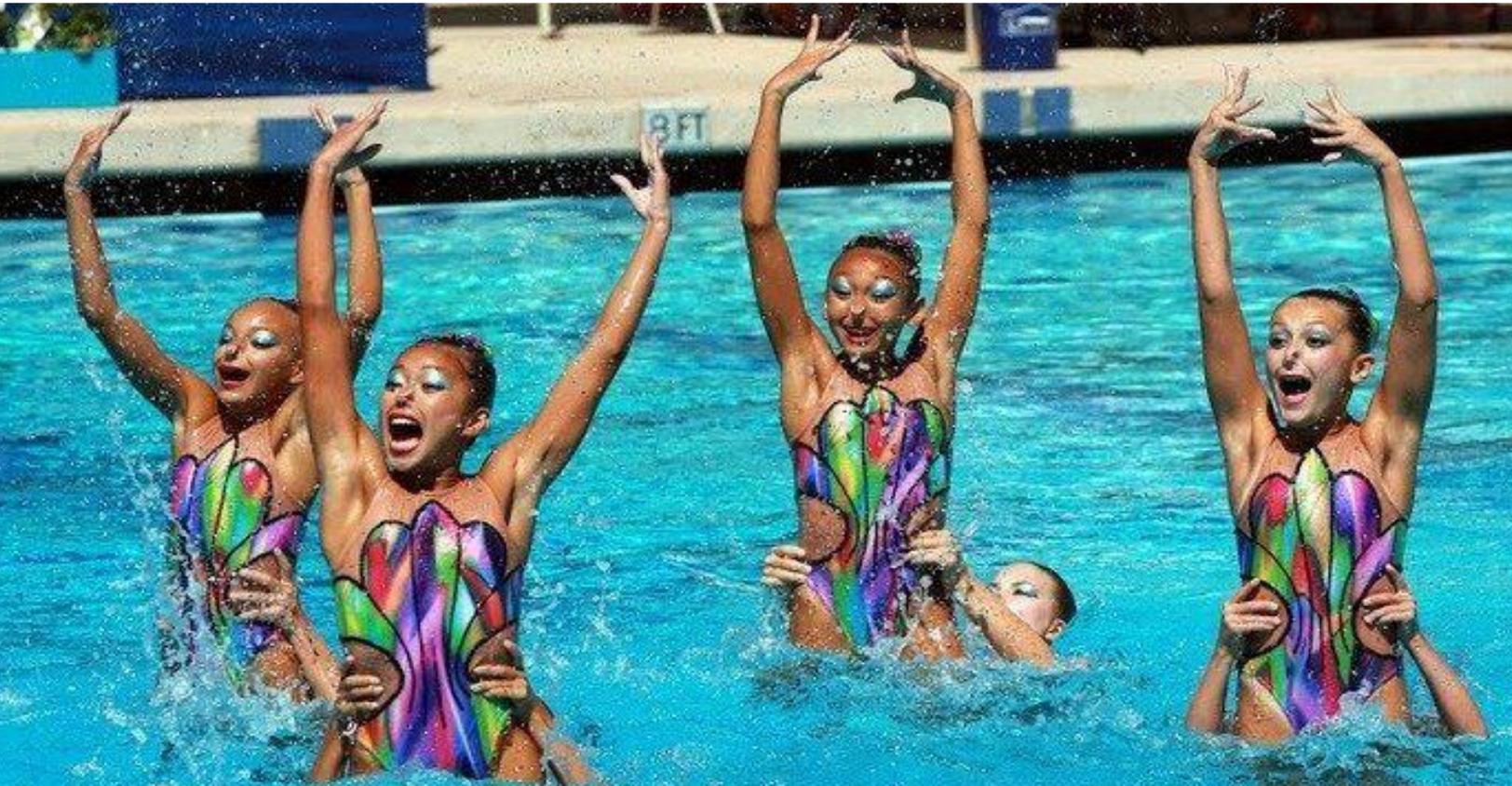
**ANA
SYNCHRO**
Andover/North Andover YMCA

ANA SYNCHRO CLINIC

SUMMER 2019

JULY 29TH – AUGUST 2ND

PARENT INFORMATION HANDBOOK



CLINIC LOCATION

Andover/North Andover YMCA
165 Haverhill Street
Andover, MA 01810
978-685-3541 Ext. 442
978-685-0126 (FAX)

REGISTRATION

Leah Pinette, Clinic Director & Head Coach
Merrimack Valley YMCA
Andover/North Andover Branch
165 Haverhill Street
Andover, MA 01810
lpinette@mvyymca.org

THE ANA SYNCHRO CLINIC EXPERIENCE

Dear Parents & Athletes,

Thank you for choosing the Merrimack Valley YMCA's ANA Synchro Clinic!

The ANA Synchro Clinic is the perfect place to build solid synchro skills, make friends, and participate in all day athletic activities! Our program celebrates the value of each individual and challenges athletes and staff to be all that they can be, while having a lot of fun in the process.

Thanks to the generous support of the Merrimack Valley YMCA, we'll have access to fantastic facilities for our wet and dry land activities.

Please read through this entire Parent Information Handbook as it is full of information that will help to ensure that your child has a fun and safe experience at the ANA Synchro Clinic. Hopefully it will answer many of your questions and we ask that you keep this packet for reference. Forms that are required for each athlete are included in this handbook. Please complete and return them as soon as possible.

- **LET'S GET ACQUAINTED FORM:** This form enables our Clinic Directors and Coaches to plan in accordance with the expectations you and your child(ren) have for this clinic.
- **PARENT STATEMENT OF UNDERSTANDING:** Please complete this form and return it with the other required forms.
- **DISCIPLINE POLICY & AGREEMENT:** This form outlines behavior expectations for our athletes, and the procedures we follow regarding discipline.
- **MEDICAL FORMS:** If you did not attend our summer 2018 camp please also submit the health history form, please include a copy of your child's health insurance card, physical and immunization records.

As required by law, we have reviewed background checks on all our employees. Parents may request copies of health care policies and procedures for filing grievances.

If you have more than one child attending, please complete a separate form for each. The forms can be found on our website anasynchro.org. If you have any questions, please feel free to contact me at lpinette@mvyymca.org or call 978-685-3541. We look forward to seeing you this summer, and thank you for choosing ANA Synchro Clinic!



Sincerely,
Leah Pinette
Clinic Director

ANA
SYNCHRO
Andover/North Andover YMCA

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This clinic complies with regulations of the Massachusetts Department of Public Health, which governs camps. Additionally, parents have the right to review any and all policies on background checks, health care, and discipline.

GENERAL REGISTRATION INFORMATION

REGISTRATION FORM & FEES

Fill out & email or mail in the registration forms by **JULY 22ND, 2019**. The tuition is due at time of registration. Payment may be mailed, phoned in with a credit card, paid online, or paid in person at the Andover/North Andover YMCA. Please include athlete's name with payment. Checks returned to us by the bank will incur a \$25.00 fee. Tuition is \$500 for the full week and \$250 per clinic (Monday – Wednesday or Wednesday – Friday). There are single day options available for \$110/day for the full day.

CANCELLATION POLICY

Cancellations or changes in registration must be made in writing via email, fax or U.S. mail to the attention of Leah Pinette at the Andover/North Andover YMCA (165 Haverhill Street, Andover, MA 01810), or lpinette@mvyymca.org. Tuition will be refunded for cancellations prior to July 22, 2019. Refunds for cancellations after July 22, 2019 will be provided only if another athlete is wait-listed and able to fill the vacancy.

Enrolled athletes are expected to attend clinic for the entire time they are registered unless dismissed by the clinic staff for misconduct or for a cause considered sufficient by the clinic. In the case of voluntary withdrawal or dismissal, there will be no refund of clinic tuition. Refunds of tuition or deposits are made only in cases of certifiable illness or death in the immediate family.

ABSENCES

If you know your child will be absent, please send a note in advance or call or email Eugenia Gillan at 978-685-3541 ext. 410, or egillan@mvyymca.org before 8 am on the morning your child will be out, noting your child's name and reason for absence. To ensure each child's safety, it is our policy to call the guardian of all absent athletes from whom we did not receive notification.

LATE ARRIVALS & EARLY DISMISSALS

If your child will be arriving late, please email Eugenia Gillan at egillan@mvyymca.org. Upon late arrival, a parent or guardian must sign in the athlete(s) with the Clinic Director (Leah Pinette) or Asst. Clinic Director (Eugenia Gillan). There will be an Arrival/Dismissal/Absence clipboard for this purpose. If a child needs to be dismissed early or will be picked up by another adult, a written note must be provided. This note must indicate the person who will pick up the child and the time of pick up. Parents must sign out their child at the Pool. Any other adult picking up a child from clinic will be required to show a driver's license or photo ID & sign the clipboard form.

CALLING THE CLINIC

For emergencies, you may contact Andover/North Andover YMCA at 978-685-3541 or you may call Leah Pinette at 978-802-0059. If you call and get our voicemail, please leave a message with your name and phone number, and we will call you back as soon as possible.



CLINIC FORMS AND MEDICAL INFORMATION

Forms must be submitted by July 22nd with the final payment. No athlete will be admitted to ANA Synchro Clinic without all forms complete.

1. **“LET’S GET ACQUAINTED” FORM.** This form ensures that both athlete and parent have an experience that is positive and constructive. The complete forms are used to assist the athlete in areas of growth and to outline expectations for your clinic experience. Please fill out these forms with thought about your child’s goals.
2. **STATEMENT OF UNDERSTANDING.** Parents must sign off on the Merrimack Valley YMCA’s Code of Conduct. This informs parents of policies that are set in place to protect the athletes and the staff. These policies and procedures are based on best practices developed through the YMCA of the USA. If you have any questions about this form, please contact the Clinic Director.
3. **HEALTH HISTORY & PHYSICIAN’S FORMS.** (if athlete did not attend the summer 2018 ANA Synchro clinic) ANA Synchro Clinic and the State of Massachusetts require that all athletes submit a Health History form along with a medical form completed by a doctor’s office. The medical form must be signed by the child’s physician OR a copy of the child’s last physical exam with the doctor’s signature must be attached to the ANA Synchro Clinic Health History Form. Physical exams must be dated within two years of when the child will attend clinic. A copy of the child’s health insurance card and immunization records must also be included. Medical forms that are received late or are incomplete will incur a \$25.00 processing fee. **ATHLETES WILL NOT BE ALLOWED TO STAY AT CLINIC OR PARTICIPATE IN ANY CLINIC PROGRAM WITHOUT A COMPLETED MEDICAL FORM ON FILE.**
4. **DISCIPLINE POLICY & AGREEMENT.** We expect our athletes to be good citizens. This form outlines our expectations & how we address infractions.

HEALTH/MEDICAL SERVICES AT ANA SYNCHRO CLINIC

All clinic staff is certified in First Aid, CPR for the Professional Rescuer and AED Administration. Four staff members are certified to administer physician-prescribed medications, if required. Additionally, the Merrimack Valley YMCA also has a Registered Nurse on staff and Medical Doctor on call, should we require additional guidance. Emergency services are provided by the Town of Andover and are located just minutes away at Lawrence General Hospital.

1. **MEDICATION AT ANA SYNCHRO CLINIC.** If your child is on medication while at clinic, please send a week’s supply of medicine in its **ORIGINAL CONTAINER** with the **ORIGINAL PRESCRIPTION** along with a signed parental note stating that ANA Synchro Clinic staff have permission to dispense medication to your child. All medications and parental notes should be in a Ziploc bag labeled with the athlete’s name. Parents must hand medication directly to a staff member as **MEDICATION SHOULD NOT BE TRANSPORTED BY ATHLETES.**
2. **INHALERS AND EPIPENS.** If a parent wishes a child to carry an EpiPen or an inhaler at all times, contact us for the proper release form. The complete form should be enclosed in the bag with the medications.
3. **EMERGENCY CARE.** In case of a serious injury, ANA Synchro staff will follow our emergency action plans. Parents will be contacted immediately by Clinic Director. When a medical incident requires attention and/or first aid, but does not require a response by building staff or EMS, it can be handled within the department with available program staff using the first aid kit.
4. **HEALTH & WELLNESS.** ANA Synchro Clinic encourages all athletes to practice good hygiene and come to clinic illness-free. If your child becomes ill at clinic, you will be required to pick him/her up. If your child has been sick or running a fever, your child cannot return to clinic until he/she is symptom-free for 24 hours.

ANA SYNCHRO CLINIC ESSENTIAL INFORMATION

WHAT TO BRING TO CLINIC

- Comfortable athletic shorts (or leggings, if weather is cooler)
- T-shirt
- Sweatshirt/long-sleeve shirt
- Swim suit(s) and two towels
- Plastic bag for wet clothes
- Athletic shoes and socks (flip-flops may only be worn on the pool deck)
- Water bottle
- Lunch & Snacks: Please note: If your lunch or snack needs to stay cool, pack it in a cooler with an ice pack! We do not have a refrigerator!
- Backpack/bag to store items during the day

WHAT NOT TO BRING TO CLINIC

- Cell phones or picture phones
- iPods, MP3 players or video games
- Jewelry or special toys
- Trading cards
- Any other valuables
- Knives or any other weapons are strictly prohibited and will result in disciplinary action

PLEASE LABEL YOUR ATHLETE'S POSSESSIONS!

ANA Synchro Clinic is not responsible for lost or stolen items. All articles brought to the clinic are the sole responsibility of the athlete.

LUNCH & SNACKS

Athletes should bring a nutritious lunch and snack to clinic every day. Refrigerators and microwaves are not available. Please supply your child with all necessary eating utensils. Please avoid sending anything in glass bottles. We are not a peanut-free clinic, but, if we are made aware, we can make accommodations for athletes with peanut allergies.

LOST & FOUND

If you notice that one of your child's items is missing, please check the ANA Synchro Clinic lost and found. When clothing is properly marked it simplifies the return process. We show lost items each afternoon during parent pick-up. Parents are welcome to look for missing items.

INCLEMENT WEATHER AND DISASTER PLANS

All Merrimack Valley YMCA branches (Andover/North Andover YMCA) will remain open for regularly scheduled hours whenever possible. When a State of Emergency is declared or conditions become extremely hazardous (at the discretion of the COO), branches will close for the safety of our members and staff. Director will contact participants as early as possible if there is a change in regularly scheduled activities.

ANA SYNCHRO CLINIC EXPECTATIONS

CHARACTER DEVELOPMENT

The goal of ANA Synchro Clinic is for athletes to learn and grow in an environment that emphasizes solid synchro skill development, safety and being a good member of the synchro community. Incorporated in all aspects of the program, staff at ANA Synchro Clinic work to emphasize the four core values of the Merrimack Valley YMCA – caring, honesty, respect, and responsibility.

ANA SYNCHRO CLINIC STAFF

All staff members are caring, fun, energetic, and responsible people with a commitment to working with child and teen synchro athletes. Staff members are carefully selected and participate in comprehensive training prior to the start of clinic. This training includes extensive training in synchro skills as well as general safety such as Child Abuse Prevention, Bullying Prevention, Behavior Management, Growth Development, and Safety Precautions. We will provide one staff member to every 10 athletes or less. All staff also undergo a criminal background check, a sexual offender background check, and are certified in CPR/AED and First Aid. Staff are not permitted to accept tips.

BEHAVIOR & DISMISSAL POLICY

Athletes are expected to abide by clinic rules at all times to ensure the safety of others, themselves, and the staff. Although we try to work with athletes and their families in regards to any behavioral issue, the YMCA reserves the right to remove an athlete from the program for violent or inappropriate behavior that causes risk to the safety of oneself, other athletes, or the environment. Athletes who are sent home for disciplinary reasons may not be allowed back during the current clinic season and possibly future clinic seasons.

SPECIAL ACCOMMODATIONS

It is understood that all athletes are treated as individuals with respect shown for different backgrounds, preferences and range of behavior patterns. ANA Synchro Clinic will do everything within its limits to make the synchro experience work for all. However, the YMCA reserves the right to dismiss a child from clinic if the program is unable to meet his/her special accommodations or if the child's conduct is not in the best interest of the clinic community. Requests for special accommodations will be processed on a case by case basis.

INTERNET POLICY

In the age of technology, ANA Synchro Clinic is more concerned than ever about our children's safety on the internet. All staff is prohibited from posting clinic information or accepting athletes as friends on Facebook, Twitter, Instagram and other similar sites. We ask for athlete and family cooperation in not "friending" any staff member over the internet or sharing information that strays from our Core Values.



TRANSPORTATION TO/FROM CLINIC

Athlete drop-off is from 7:45am to 7:55am and pick-up is from 4:00pm to 4:15pm.

PARENTS' RULES FOR CAR TRANSPORTATION

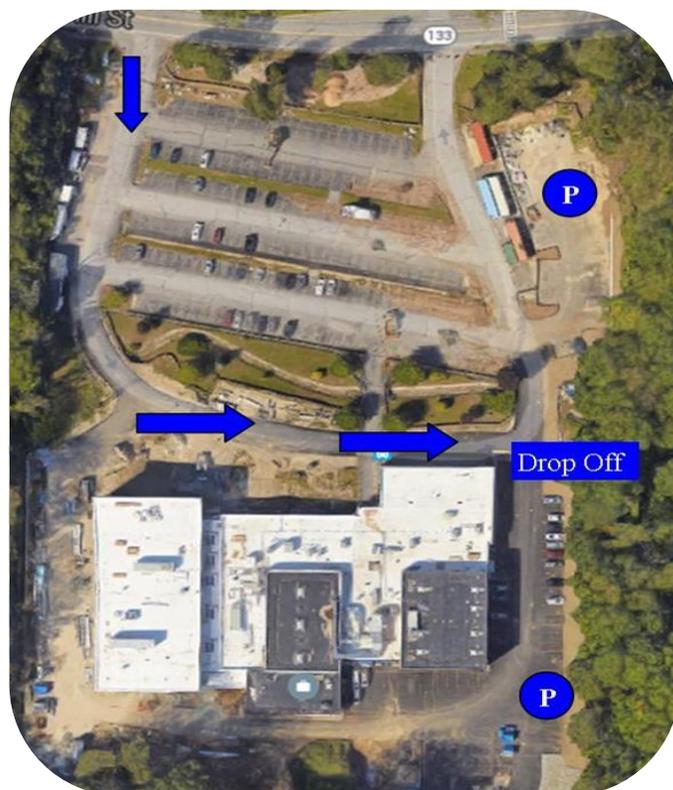
- Parents are responsible for transporting their child to and from the YMCA, unless your child is of legal driving age. Students 16 years or older can transport themselves to and from clinic.
- Please park in the parking lot and bring your child to the check-in point by the Welcome Center at the front entrance. Athletes are required to check out with Parent Pick-up staff every evening. Parents or other designated adults will be responsible to show I.D. upon checkout.
- If you are dropping off late or picking up early, you must go to either the pool deck, or into the group exercise studios to locate the group and sign-in/out with a staff person on duty (requires a signature on the late arrival/early dismissal clipboard). A picture I.D. is required.
- In the event that you are unable to pick up your child(ren) or if your child(ren) is going home with another adult, please send a note in the morning or we cannot authorize the transportation change.
- All transportation changes must be arranged at least 24 hours in advance.
- If any unregistered (or incompletely registered) athlete arrives, they will be sent home with their parent immediately.
- Please understand that **we will ask for identification from anyone that we are not familiar with, even if we have written authorization.** This policy is to ensure the safety of your child.
- Late Pick-Up Fee: Please plan to pick up your child on time. All athletes must be picked up by 4:15pm. **If you pick up your child after the designated times listed above, you will be charged \$1.00 per minute per child.**

DIRECTIONS TO THE YMCA FROM I-495 NORTHBOUND:

- Take Exit 41A (SR-28 S/Andover) off Route 495. Turn right off the exit and go .7 miles to Route 133 – Haverhill St. Turn left onto Haverhill St. and go 1 mile. The entrance to the Andover YMCA will be on your right side. The street address is 165 Haverhill St. Andover, MA 01810.

CHECK-IN/CHECK-OUT MEETING LOCATION/TRAFFIC PLAN:

- Use the main parking lot entrance, and continue to the front entrance of the building. Drop off will be by the stop sign at the end of the front road. Please park in the upper left parking area. Entrance to the Andover YMCA Summer Clinic is through the Andover/North Andover YMCA front entrance. An ANA Synchro Clinic Staff person will meet you & your child at the welcome center to check you in/out for the day. Reminder – parents must sign their child(ren) in and out.



ANA SYNCHRO CLINIC GOALS & OUTCOMES

TO MAINTAIN A SAFE AND HEALTHY SUMMER PROGRAM FOR ATHLETES AND STAFF.

Each staff member must check their program area for safety hazards daily, reporting any damages to the YMCA Clinic office. All staff are trained in First Aid and CPR/AED. Athletes and staff are informed of all clinic rules and are required to follow them to ensure the safety of all.

TO PROVIDE CHILDREN WITH GOOD ROLE MODELS.

Staff must always use appropriate language and behavior in the presence of the athletes. Staff must always be well groomed and dressed appropriately and must always follow proper procedures when dealing with problems.



TO HELP EACH ATHLETE DEVELOP SELF-CONFIDENCE AND A FEELING OF SELF-WORTH THROUGH ALL ASPECTS OF THE CLINIC PROGRAM.

Staff will encourage athletes to help each other whenever possible. Staff will use positive reinforcement through personal praise, special awards, and recognition. Athletes will learn that every athlete has something to offer.

TO HELP ATHLETES DEVELOP A SENSE OF COMMUNITY AND RESPONSIBILITY THROUGH MAKING NEW FRIENDS AND INTERACTING WITH STAFF AND PEERS IN A CARING ENVIRONMENT.

Athletes and staff will participate in clean up and all clinic activities. Athletes will recognize the needs of other athletes over their own needs by allowing others to go first, sharing, helping others, etc. Athletes and staff will have an active part in developing clinic rules and activities through the use of surveys and questionnaires.

TO HELP ALL CHILDREN REACH THEIR POTENTIAL WHILE LEARNING AND

STRENGTHENING THEIR SYNCHRO SKILLS SUCH AS PHYSICAL ENDURANCE, FLEXIBILITY AND LEADERSHIP.

The clinic program will provide a balance of land and water skills, creative opportunities, and active and passive activities. Staff will customize activities so that they offer challenges for beginners and advanced participants, as well as for younger and older athletes. Athletes are encouraged to find and reach their personal limits.

TO PROMOTE THE GROWTH AND AWARENESS OF FAIR PLAY AND SPORTSMANSHIP.

Athletes will participate in a variety of team-building activities and special programs. Athletes will be taught the importance of sportsmanship and how it relates to life.

MERRIMACK VALLEY YMCA CODE OF CONDUCT

FOR STAFF & VOLUNTEERS

1. To protect YMCA staff, volunteers, and program members, at no time during a YMCA program may a staff person be alone with a single child where he or she cannot be observed by others. As staff supervise children, they should space themselves in such a way that other staff can see them.
2. Staff shall never leave a child unsupervised.
3. Restroom supervision: Staff will make sure that the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff will stand in the doorway of the restroom while children are using the restroom. This policy allows privacy for the children and protection for the staff (not being alone with a child). If staff are assisting younger children, doors to the facility must remain open. No child, regardless of age, should ever enter a bathroom alone on a field trip or at any other off-site location. Always send children in pairs (known as the rule of three) with a staff.
4. Staff should conduct or supervise private activities in pairs (one staff with 2 children) – diapering, putting on bathing suits, taking showers, and so on. When this is not feasible, staff should be positioned so that they are visible to others.
5. Staff shall not abuse children in any way, including:
 - a. **PHYSICAL ABUSE** – striking, spanking, shaking, slapping, and so on;
 - b. **VERBAL ABUSE** – humiliating, degrading, threatening, and so on;
 - c. **SEXUAL ABUSE** – touching or speaking inappropriately;
 - d. **MENTAL ABUSE** – shaming, withholding kindness, being cruel, and so on;
 - e. **NEGLECT** – withholding food, water, or basic care.
6. No type of abuse will be tolerated and may be cause for immediate dismissal.
7. Staff must use positive techniques for guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison, and criticism. Staff will have age-appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in predetermined situations (when necessary to protect the child or other children from harm), administered only in a prescribed manner, and must be documented in writing.
8. Staff will conduct a health check of each child upon his or her arrival each time the program meets, noting any fever, bumps, bruises, burns, and so on. Questions or comments will be addressed to the parent or child in a nonthreatening way. Staff will document any questionable marks or responses.
9. Staff will respond to children with respect and consideration and treat all children equally, regardless of sex, race, religion, culture, economic level of family, or disability.
10. Staff will respect children’s rights not to be touched or looked at in ways that make them feel uncomfortable, and their right to say no. Other than diapering, children are not to be touched on areas of their bodies that would be covered by a bathing suit.
11. Staff will refrain from intimate displays of affection toward others in the presence of children, parents, and staff.
12. Staff are not to transport children in their own vehicles or allow youth participants old enough to drive to transport younger children in the program.
13. Staff must appear clean, neat, and appropriately attired.
14. Using, possessing, or being under the influence of alcohol or illegal drugs during working hours is prohibited.

15. Smoking or use of tobacco in the presence of children or parents during working hours is prohibited.
16. Possession or use of any type of weapon or explosive device is prohibited.
17. Using YMCA computers to access pornographic sites, send e-mails with sexual overtones or otherwise inappropriate messages, or develop online relationships is not allowed.
18. Profanity, inappropriate jokes, sharing intimate details of one's life, and any kind of harassment in the presence of children, parents, volunteers, or other staff is prohibited.
19. Staff may not be alone with children they meet in YMCA programs outside the YMCA. This includes babysitting, sleepovers, driving or riding in cars, and inviting children to their homes. Any exceptions require a written explanation before the fact and are subject to prior administrator approval.
20. Staff must be free of physical and psychological conditions that might adversely affect children's physical or mental health. If in doubt, an expert should be consulted.
21. Staff will portray a positive role model for youth by maintaining an attitude of loyalty, patience, courtesy, tact, and maturity.
22. Staff should not give excessive gifts (e.g., TV, video games, jewelry) to youth.
23. Staff may not date program participants who are under the age of 18.
24. Under no circumstances should staff release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA).
25. Staff are to report to a supervisor any other staff or volunteer who violates any of the policies listed in this Code of Conduct.
26. Staff are required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend trainings on the subject, as instructed by a supervisor.
27. Staff will act in a caring, honest, respectful, and responsible manner consistent with the mission of the YMCA.

ANY WITNESSED OFFENSES OR KNOWN BREACHES TO THIS CODE OF CONDUCT SHOULD BE REPORTED TO ONE OF THE FOLLOWING MEMBERS OF THE MERRIMACK VALLEY YMCA LEADERSHIP TEAM:

Frank Kenneally	COO	978-725-6681	fkenneally@mvymca.org
Claudia Soo Hoo	Executive Director	978-685-3541	csoohoo@mvymca.org
Kelley O'Hara	Associate Director	978-685-3541	kohara@mvymca.org
Anne Whalen	Executive Director	978-725-6681	awhalen@mvymca.org

STRATEGIES TO HELP PREVENT CHILD ABUSE

1. The YMCA has in place a comprehensive pre-employment screening procedure to screen- out staff not suited for working with children.
2. The YMCA will take any allegation or suspicion of child abuse seriously.
3. Staff understands their legal obligation to report suspected abuse.
4. Policies, procedures and training are required relating to discipline, supervision, staff/ participant interaction, staff and volunteer Code of Conduct, etc.
5. Staff understands what practices may be considered abusive and the difference between what may be considered appropriate and inappropriate touch.
6. Defensive strategies have been identified for avoiding unfounded allegations.
7. Staff communicates frequently with parents regarding day-to-day activities and encourages parents to report or question any behavior or event their child may share that appears out of the ordinary.
8. Parents know that they can visit, unannounced, any program their child participates in.
9. Staff tries to identify stressed parents and offer support and referrals for help.
10. Staff has learned how to discuss sensitive issues with children such as toileting, sleeping and questions about sex.
11. Staff protects themselves and the YMCA by agreeing not to be alone with YMCA youth or program participants outside of YMCA programs or facilities (i.e.: babysitting, take children on trips, have them in their homes when others are not present, etc.)

NOTE: These preventive strategies are designed to protect the children in YMCA programs and to protect YMCA staff and volunteers from being wrongly accused of incidences of child abuse.

REGISTRATION FORMS

The registration forms (see list below) must be completed and submitted with your registration. The forms are found on the following pages.

- PARENT STATEMENT OF UNDERSTANDING
- LET'S GET ACQUAINTED
- DISCIPLINE POLICY & AGREEMENT

If Athlete did not attend the ANA Synchro 2018 summer camp also include the following:

- HEALTH HISTORY FORM
- INCLUDE IMMUNIZATION RECORD
- PHYSICIAN'S EXAMINATION FORM



PARENT STATEMENT OF UNDERSTANDING

ANA SYNCHRO CLINIC

The following information is important for the safety and protection of your child. Please read the information, and sign this form to acknowledge your receipt and understanding of the Merrimack Valley YMCA's procedures governing the safety of children in our programs. Included is a copy of our Association's Code of Conduct, and Strategies to Prevent Child Abuse. Any witnessed offenses or known breeches to this code of conduct should be reported to a Branch Executive, Human Resources Director or the President and CEO.

I UNDERSTAND that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside of the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff & volunteers if a violation is discovered.

I UNDERSTAND that at no time may a staff person be alone with a single child where they cannot be observed by others. This means no one-on-one supervision of children.

I UNDERSTAND that children will not be allowed to leave a licensed program with an unauthorized person. Any person authorized to pick up a child must be listed on the YMCA registration card, or other arrangements must be made with the Clinic Director. Valid photo ID must be presented at time of pick-up to verify identity.

I UNDERSTAND that if a person arriving to pick up a child appears to be under the influence of drugs or alcohol, staff may have no recourse but to contact the police, for the child's safety. Please do not put staff in a position where they have to make this judgment call.

I UNDERSTAND that the YMCA prohibits inappropriate talk, jokes or sharing details of one's personal life, and prohibits any kind of harassment in the presence of children or parents.

I UNDERSTAND that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

IN CONSIDERATION of gaining membership or being permitted to utilize the facilities, services, and programs of the YMCA (or for my children to so participate) for any purpose including but not limited to observation or use of facilities, equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, or next of kin hereby acknowledges, agrees, and represents that he or she has or immediately upon entering or participating will inspect and carefully consider such premises and facilities of the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities, equipment, or participation in such affiliated programs constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation. **IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES, EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:**

#1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assignees, heirs, and next of kin for any loss or damage or any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises, facilities, or equipment therein or participating in any program affiliated with the YMCA.

#2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY, SAVE, AND HOLD HARMLESS the releases from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.

#3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases while in, about, or upon the premises of the YMCA and/or while using the premises, facilities, or equipment thereon or participating in any program affiliated with the YMCA.

#4. The YMCA does not condone staff privately providing childcare for program participants. Parents or guardians who hire child care providers from among YMCA staff understand that the YMCA is not responsible for staff who conduct outside employment and hereby releases the YMCA from any liability for acts or omissions of any staff who provide child care outside of YMCA employment.

#5. By signing this Agreement I hereby give my permission for the YMCA to take my photograph or a photograph of my children and use or publish this likeness for YMCA purposes and I release the YMCA from any claims for such use.

THE UNDERSIGNED further expressly agrees that the foregoing **RELEASE AND WAIVER OF LIABILITY/INDEMNITY AGREEMENT/PHOTO RELEASE** is intended to be as broad and inclusive as is permitted by the law of the State of Massachusetts. If any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. **THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNED THE RELEASE AND WAIVER OF LIABILITY/ INDEMNITY AGREEMENT/PHOTO RELEASE** and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I have read and understand the statements above and received a copy of the YMCA Code of Conduct.

Child's Name (Please Print)

Date

Parent/Guardian Signature

Date

LET'S GET ACQUAINTED

ANA SYNCHRO CLINIC

THE PARENT'S PERSPECTIVE (TO BE COMPLETED BY PARENT)

The success of the clinic experience is significantly helped by communication between parents, staff, and athletes. Your assistance is invaluable and will help the staff do a better job. Recent developments are particularly important to note, especially for returning athletes.

1. Athlete Name: _____ Age at Clinic: _____
2. Clinic attending (circle one): Monday – Wednesday Clinic (\$250)
Wednesday – Friday Clinic (\$250)
Monday - Friday Clinics (\$500)
Full day for days specified (\$110/day): Mon Tues Wed Thurs Fri

Please choose your method of payment (if using an account on file can list on file with last 4 digits):

Check #: _____ (Checks should be made payable to: Merrimack Valley YMCA)

Credit Card #: _____ Expiration Date: _____ CVV: _____

Name on Card: _____

Complete Billing Address for the credit card: _____

Signature of Cardholder _____ Date: _____

3. Next school grade: _____ Private or public school?: _____
4. Next year's Synchro Age Group and Level (example: 13-15 Novice, Int. or AG): _____
5. Would you say your child is average, old, or young for his/her age? _____
6. Indicate and explain, if necessary, any personality concerns or major events that will affect your child's present attitude (i.e. shy, overly health conscious, divorce in family, loss of family member or pet, etc.) _____

7. How does your child relate to other children (i.e. shy, outgoing, leader, etc.)? _____

8. Hobbies or activities enjoyed the most? _____

9. Synchro skills or activities you want emphasized: _____

10. Synchro skills or activities your child wants emphasized: _____

Any additional comments or notes on your child are extremely helpful for both your child and the staff. Please use the back of the form or attach pages if you have additional comments.

DISCIPLINE POLICY & AGREEMENT

ANA SYNCHRO CLINIC

The ANA Synchro Clinic & the Merrimack Valley YMCA would like your child to have the best experience possible while at clinic. Thus, all participants must understand and follow the clinic guidelines and rules. These guidelines and expectations are in place to ensure the safety of your child and staff.

1. Listen to staff.
2. Respect clinic staff and other clinic participants.
3. Respect clinic property and facility property.
4. Keep hands, feet, and other objects to yourself.
5. Participate in clinic activities.
6. Use an inside voice when indoors.
7. Clean up after yourself.
8. Be positive and have fun!

Should a participant choose not to follow any of these rules, these are the guidelines that the staff will follow to handle the situation:

Step 1: Verbal Warning.

Step 2: Time out or time away from group.

Step 3: Behavior Warning report sent home.

Step 4: Conference with Parent.

Step 5: Meeting with the Supervisor, necessary staff, parent(s), and child. At this time, suspension or expulsion will be discussed.

In the event that a Clinic participant engages in behavior which poses a threat of bodily harm to himself, others, or facility property, an immediate meeting with the parent(s), or guardian may be called. If such behavior warrants it, an immediate suspension or expulsion may result. Situations that will result in an automatic Behavior Warning report are: stealing, use of profanity, excessive violence (hitting, kicking, biting, etc.) and property damage.

Please review these rules with your child. The staff will review these rules with your child at the beginning of clinic.

Thank you in advance for your cooperation, and we hope to have a great clinic!

I have reviewed the discipline policy with my child.

Parents Signature: _____

Child's Signature: _____

Date: _____

HEALTH HISTORY FORM

ANA SYNCHRO CLINIC

TO BE COMPLETED BY PARENT OR GUARDIAN

Child's Name: _____ Date of Birth: _____ Age at Clinic: _____

Child's Home Address: _____
Street Address City State Zip

Parent(s)/Guardian(s) with legal custody to consent in case of illness or injury

Name(s): _____

Email: _____

Preferred Phone Number: (____) _____ Additional Phone Number: (____) _____

Home Address: _____
Street Address City State Zip

Additional contact in the event that the parent(s)/guardian(s) cannot be reached

Name: _____

Relationship to Child: _____

Preferred Phone Number: (____) _____ Additional Phone Number: (____) _____

If you live outside the country, please provide information of a US contact for your child. If you are traveling while your child is at clinic, please provide additional contact information in the event that you cannot be reached.

CHILD HEALTH HISTORY

Which of the following has the child had?

Measles Mumps Chicken Pox German Measles Hepatitis A Hepatitis B Hepatitis C

HAS/DOES THE CHILD:	YES	NO	HAS/DOES THE CHILD:	YES	NO
1. Ever been hospitalized?			12. Had fainting or dizziness?		
2. Ever had surgery?			13. Passed out/had chest pains during exercise?		
3. Have a chronic or recurring illness/condition?			14. Had mononucleosis (mono) during the past year?		
4. Had a recent illness or infectious disease?			15. Have a problem falling asleep?		
5. Had a recent injury?			16. Have problems with sleepwalking?		
6. Had asthma/wheezing/shortness of breath?			17. If female, had problems with periods/menstruation?		
7. Have diabetes?			18. Have a history of bedwetting?		
8. Ever had a seizure?			19. Have problems with diarrhea/constipation?		
9. Have frequent headaches?			20. Have any skin problems (itching, rash, acne)?		
10. Had problems with ear infections?			21. Ever had back/joint problems?		
11. Wear glasses, contacts, or prescriptive eyewear?			22. Traveled outside the country in the last 9 months?		

Please explain yes answers, noting the number of the question: _____

Children will swim daily. If necessary, are you willing for your daughter to use tampons? Yes No N/A

ALLERGIES

Food Medication The environment (insect stings, hay fever) Other No Known Allergies

If allergic, please describe what the child is allergic to, the likely reaction, and how to manage it: _____

MENTAL, EMOTIONAL & SOCIAL HEALTH *Check yes or no for each question.*

Has the child ever:

1. Been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)? Yes No
2. Been treated for emotional or behavioral issues (specify)? Yes No
3. Been given a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder? Yes No
4. During the past 12 months, has seen or is seeing a professional to address mental/emotional health concerns? Yes No

Please explain "yes" answers: _____

MEDICATION INFORMATION

List **ALL** medications being brought to or being taken at home during clinic. Medications **MUST** be in the original pharmacy container that identifies the name of the medication, dosage, and frequency of administration. Please include appropriate instructions for both prescription and non- prescription medications. Bring enough medication to last the entire time at clinic.

Medication 1: _____

Medication 2: _____

Medication 3: _____

PHYSICIAN INFORMATION

Name of primary care physician: _____ Phone: (____) _____

Name of dentist: _____ Phone: (____) _____

Name of orthodontist: _____ Phone: (____) _____

INSURANCE INFORMATION – MUST BE COMPLETED

The Merrimack Valley YMCA does not carry any form of accident/illness insurance on clinic participants. Parents are responsible for medical or pharmaceutical expenses incurred at clinic. You are obliged to provide the clinic with the following information:

Is the participant covered by family medical/hospital insurance ? Yes No

If yes, **PLEASE PROVIDE A PHOTOCOPY OF THE INSURANCE AND PRESCRIPTION CARD AND ATTACH THE COPY TO THIS FORM.**

Name of primary policy holder: _____ D.O.B. of policy holder: _____

Carrier Plan Name: _____ Group #: _____

If you **DO NOT HAVE INSURANCE**, please sign with the understanding that you are responsible for any medical bills:

Parent/Guardian Signature: _____ Date: _____

PARENT/GUARDIAN AUTHORIZATION FOR HEALTH CARE

I hereby give permission to the clinic to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering X-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the clinic to arrange or provide necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the clinic to secure and administer treatment, including hospitalization, for the person named above and to communicate with the primary care physician or orthodontist/dentist if necessary. This completed form may be photocopied as needed. I understand I am responsible for any medical bills not covered by insurance. ANA Synchro Clinic and the Merrimack Valley YMCA are released herewith of any liability for any medical ministrations for any reason. **The child herein described has permission to engage in all clinic activities except as noted. This health history is correct and complete as far as I know.**

Parent/Guardian Signature: _____ Date: _____

I also understand and agree to abide by any restrictions placed on my participation in clinic activities:

Child Signature: _____ Date: _____

MEDICAL PAPERWORK LATE FEES: All medical paperwork must be complete and received by the clinic office **NO LATER THAN 1 WEEK BEFORE YOUR CHILD'S START DATE AT THE CLINIC.** *No child will be allowed to stay at clinic or participate in clinic activities without a complete medical form. COMPLETE* medical files include the Health History Form, a copy of the insurance card, immunization records and the Physician's Examination form. *Late or incomplete files incur a medical late fee of \$25.*

PLEASE MAIL COMPLETED FORMS and IMMUNIZATION RECORDS TO:

ANA Synchro Clinic
c/o Leah Pinette
Andover/North Andover YMCA
165 Haverhill Street
Andover, MA 01810

PHYSICIAN'S EXAMINATION FORM

ANA SYNCHRO CLINIC

TO BE COMPLETED BY PARENT OR GUARDIAN

Child's Name: _____ Age: _____

In accordance with requirements of the State of Massachusetts, children cannot attend a clinic program without a record of health examination, completed by an approved licensed medical personnel within two years of the child's arrival at clinic.

Immunizations required per Massachusetts Public Schools. You may substitute a doctor's office generic physical form and immunization record for this form.

Physician's Name: _____ Tel: _____

Address: _____

MEDICATIONS:

- This child will not take any medications on a daily basis while attending clinic
- This child will take the following medications while at clinic:

NAME OF MEDICATION	REASON FOR TAKING	WHEN IS IT GIVEN	DOSAGE	HOW IS IT ADMINISTERED
		<input type="checkbox"/> As Needed <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> _____		
		<input type="checkbox"/> As Needed <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> _____		
		<input type="checkbox"/> As Needed <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> _____		
		<input type="checkbox"/> As Needed <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> _____		

Special Storage Requirements: _____

Please identify any current health problems that we need to know about: _____

HEALTH CARE RECOMMENDATIONS BY LICENSED MEDICAL PHYSICIAN:

Date of last physical: _____

Immunization record included from Physician: Yes No Date of last Tetanus: _____

BP: _____ Height: _____ Weight: _____

The above named child may participate in the full clinic program without restrictions. Yes No

The above named child may participate with the following restrictions: _____

Signature of Licensed Physician: _____ Date: _____

MENINGOCOCCAL DISEASE AND CLINIC ATTENDEES

COMMONLY ASKED QUESTIONS

NOVEMBER 2015

WHAT IS MENINGOCOCCAL DISEASE?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the “meninges”) that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. In the US, about 1,000-1,200 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 11-19% may lose limbs, become hard of hearing or deaf, have problems with their nervous system, including long term neurologic problems, or have seizures or strokes.

HOW IS MENINGOCOCCAL DISEASE SPREAD?

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person’s saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

WHO IS MOST AT RISK FOR GETTING MENINGOCOCCAL DISEASE?

People who travel to certain parts of the world where the disease is very common, microbiologists, people with HIV infection and those exposed to meningococcal disease during an outbreak are at risk for meningococcal disease. Children and adults with damaged or removed spleens or persistent complement component deficiency (an inherited immune disorder) are at risk. People who live in certain settings such as college freshmen living in dormitories and military recruits are at greater risk of disease from some of the serotypes.

ARE CLINIC ATTENDEES AT INCREASED RISK FOR MENINGOCOCCAL DISEASE?

Children attending day or residential camps are **NOT** considered to be at an increased risk for meningococcal disease because of their participation.

IS THERE A VACCINE AGAINST MENINGOCOCCAL DISEASE?

Yes, quadrivalent meningococcal polysaccharide (Menomune) and meningococcal conjugate vaccines (Menactra and Menveo) protect against 4 serotypes (subgroups), A, C, W, and Y, of meningococcal disease. Meningococcal serogroup B vaccines (Bexsero and Trumenba) protect against serogroup B meningococcal disease.

SHOULD MY CHILD RECEIVE MENINGOCOCCAL VACCINE?

Meningococcal vaccine is **NOT** recommended for attendance at camps. However, these vaccines may be recommended for children with certain high-risk health conditions, such as those described above. Parents of children who are at higher risk of infection, because of certain medical conditions or other circumstances (see above, “Who is most at risk?”), should discuss vaccination with their child’s healthcare provider.

HOW CAN I PROTECT MY CHILD FROM GETTING MENINGOCOCCAL DISEASE?

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent hand washing, respiratory hygiene and cough etiquette. Individuals should:

1. Wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. Cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don’t have a tissue, cough or sneeze into their upper sleeve.
3. Not share food, drinks or eating utensils with other people, especially if they are ill.

If your child is exposed to someone with meningococcal disease, antibiotics may be recommended to keep your child from getting sick.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Division of Epidemiology and Immunization at (617) 983-6800 or toll-free at (888) 658-2850 or on the MDPH website at www.mass.gov/dph.

Provided by the Massachusetts Department of Public Health in accordance with M.G.L. c.111, s.219.