



**FREE  
SUMMER  
PROGRAM**



**ERIC SNOW YMCA**  
**Safe**  
**SUMMER**

June 3-August 16

**11 WEEKS OF  
SUMMER  
FUN!**

Families can sign up  
their youth and  
teens for multiple  
programs to stay  
active this summer!



- KidzQuest
- Skills & Drills  
Basketball
- HS Basketball

- Aquatic Leaders
- Summer Recess
- Lacrosse 101



**Complete the attached packet by May 20th to REGISTER!**  
Questions? Call 330.458.2403 or Email [cnicoletti@ymcastark.org](mailto:cnicoletti@ymcastark.org)



# Eric Snow YMCA

## Summer Checklist & Information

This packet must be filled out and returned to the  
Eric Snow YMCA by May 20th

**ONE PACKET MUST BE FILLED OUT FOR EACH PARTICIPANT**

Each of the forms listed below must be completed for the  
participant to be registered in the program.

- Summer Activities Form
- Membership Application (Front & Back):  
Start date June 3 - End Date August 16
- Field Trip Form (General use for future trips)
- Liability Waiver & Member Code of Conduct

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- Spots are filled on a first come, first serve basis.
  - Participants **MUST** be picked up at the end of their activity time.
  - Failure to pick up participants in a timely manner will be enforced through a 3-strike system and can result in termination from the program.



# Eric Snow YMCA

## Summer Activities Form

Childs First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Please choose the programs your child will be participating in this summer.

Participants of KidzQuest will be expected to be picked up at 3pm OR go directly to their next program that is chosen below. Multiple programs can be chosen for participants who qualify. All participants will receive a one year membership to the YMCA.

### KidzQuest

A daily camp with 11 themed weeks of fun! Lunch is included.

### High School Basketball

Hours specifically for teens to set up a game! Lunch is included.

### Skills and Drills Basketball

A program open to basketball beginners to learn new skills and drills!

### Lacrosse 101

Come learn the basics of the fastest game on 2 feet!

### Summer Recess

Summer fun for youth to play all of their favorite gym and outdoor games!

### Aquatic Leaders

The next step to learning safety around water and being a junior lifeguard!

## ALL PROGRAMS BEGIN WEEK OF JUNE 3

### Grade School (Completed 1st grade-4th grade)

KidzQuest (Daily 10am-3pm)

### Middle School (Entering Grade 5 -8)

KidzQuest (Daily 10am-3pm)

Skills & Drills Basketball  
(3pm-5pm Monday & Wednesday)

Lacrosse 101 (3pm-4pm Friday)

Summer Recess (3pm-5pm: Monday- Friday)

### High School (Entering Grade 9-11)

Lacrosse 101 (4pm-5pm Friday)

Basketball (11am-2pm: Monday-Thursday)

Aquatic Leaders (3p-5p Tuesday & Thursday)

Questions? Call 330.458.2403 or Email [cnicoletti@ymcastark.org](mailto:cnicoletti@ymcastark.org)



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FOR SOCIAL RESPONSIBILITY**

# Membership Application

YMCA of Central Stark County

Date: \_\_\_\_\_ Staff: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

**Basic Information**  
Please put the primary member's information in this section.

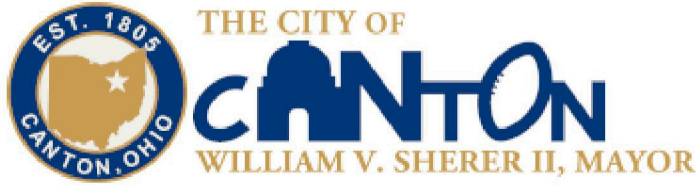
LEGAL FIRST NAME			M.I.	LAST
RACE*	ETHNICITY*	GENDER	BIRTHDAY	EMAIL
MAILING ADDRESS			PREFERRED PHONE #	<input type="radio"/> Mobile <input type="radio"/> Landline
CITY	STATE	ZIP CODE	SECONDARY PHONE #	<input type="radio"/> Mobile <input type="radio"/> Landline
EMERGENCY CONTACT (NAME)			EMERGENCY CONTACT PHONE #	<input type="radio"/> Mobile <input type="radio"/> Landline

**Family Members**  
Please include information for all additional family members below.

First Name	M.I.	Last Name	Birthdate	Gender	Race*	Ethnicity*	Relationship
Spouse/Second Adult							
Children/Dependents							

**\*Please write the number that corresponds with your identity in the Race and Ethnicity boxes above.**  
The YMCA is a recipient of grants and donations from local foundations, and state/national federal funding sources.  
Your help with this information ensures we can apply for future funding.

<b>Race</b>	<ol style="list-style-type: none"> <li>1. American Indian/Alaskan Native</li> <li>2. Asian</li> <li>3. Black or African-American</li> <li>4. Asian <u>and</u> White</li> <li>5. American Indian or Alaskan Native <u>and</u> Black or African American</li> <li>6. Pacific Islander/Native Hawaiian</li> <li>7. White/Caucasian</li> <li>8. American Indian or Alaskan Native <u>and</u> White</li> <li>9. Black or African American <u>and</u> White</li> <li>10. Other Multi-Racial Combination</li> <li>11. Prefer not to say</li> </ol>	<b>Ethnicity</b>	<ol style="list-style-type: none"> <li>1. Non-Hispanic/Latino</li> <li>2. Hispanic/Latino</li> <li>3. Prefer not to say</li> </ol>
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City of Canton  
2024 CDBG Beneficiary Data Form

Please Print

<i>Name:</i>		
<i>Address:</i>		
<i>City:</i> <p style="text-align: center; font-size: 1.2em;">Canton</p>	<i>State:</i> <p style="text-align: center; font-size: 1.2em;">Ohio</p>	<i>Zip Code:</i>

Head of Household: Female \_\_\_\_\_ Male \_\_\_\_\_

Is anyone in the household an active duty or veteran member of the military? Yes \_\_\_\_\_ No \_\_\_\_\_

Please select **both** an *ethnicity* **and** *race* category you identify with.  
**Collection of this information is a federal requirement.**

Ethnicity:	Race:					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Non-Hispanic/Latino</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Hispanic/Latino</td> <td></td> </tr> </table>	Non-Hispanic/Latino		Hispanic/Latino		American Indian/Alaskan Native	Pacific Islander/Native Hawaiian
	Non-Hispanic/Latino					
Hispanic/Latino						
	Asian	White/Caucasian				
	Black or African-American	American Indian or Alaska Native <i>and</i> White				
	Asian <i>and</i> White	Black or African American <i>and</i> White				
	American Indian or Alaska Native <i>and</i>	Other Multi-Racial Combination				
	Black or African American					

Please check any form of assistance received by the household:

Social Security	WIC	Section 8 Voucher
TANF	SNAP	Subsidized Lunches
Other, please specify:		

If you checked any of the boxes in the assistance section, you are not required to supply income information.

Please circle the option that best suits you by *household size* and the following **Section 8 Income Limits** which became effective 5/15/2023:

Household Size	1	2	3	4	5	6	7	8
<b>Extremely Low 0-30% AMI</b>	\$17,100	\$19,720	\$24,860	\$30,000	\$35,140	\$40,280	\$45,420	\$50,560
<b>Low 31%-50% AMI</b>	\$28,500	\$32,600	\$36,650	\$40,700	\$44,000	\$47,250	\$50,500	\$53,750
<b>Moderate 51%-80% AMI</b>	\$45,600	\$52,100	\$58,600	\$65,100	\$70,350	\$75,550	\$80,750	\$85,950

**By signing, I affirm that all information given is accurate and correct to the best of my knowledge.**

Signature: _____	Date: _____
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FOR SOCIAL RESPONSIBILITY

# Participant Release & Waiver of Liability and Indemnity Agreement

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING THE YMCA OF CENTRAL STARK COUNTY FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

I hereby accept all responsibility for and assume the risk of any injury or damage to my person or dependent children which might arise directly or indirectly as a result of participation in a YMCA of Central Stark County program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the YMCA, the various branches and subdivisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Trustees of the YMCA, except for injuries caused intentionally, or by willful misconduct.

I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors and assigns. I understand that the YMCA of Central Stark County is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

Furthermore, by participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence of bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the full extent of the law.

**Guardian Signature**

**Date**

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# YMCA Member Code of Conduct

The YMCA is committed to providing a safe and welcoming environment for all members and guests. To promote safety and comfort for all, all individuals are asked to act appropriately at all times when in our facility or participating in our programs.

We expect persons using the YMCA to act maturely, to behave responsibly, and to respect the rights and dignity of others. Our Member's Code of Conduct outlines prohibited action, but the actions listed below are not an all-inclusive list of behaviors considered inappropriate in our facilities or programs.

- Using or possessing alcohol or illegal chemicals on YMCA property or in YMCA vehicles
- Smoking on YMCA property – the YMCA and its property is a smoke-free environment.
- Carrying or concealing a weapon or any device or object that may be used as a weapon
- Harassment or intimidation by words, gestures, body language, or any type of menacing behavior
- Physical contact with another person in an angry, aggressive, or threatening way
- Verbally abusive behavior, including angry or vulgar language, swearing, name-calling, or shouting
- Sexually explicit conversation or behavior; any sexual contact with another person
- Inappropriate, immodest, or sexually revealing attire
- Theft or behavior that results in the destruction or loss of property
- Loitering within or on the grounds of the YMCA
- Use of camera cell phones in the YMCA locker rooms is prohibited and may lead to suspension of the YMCA membership
- Anyone taking pictures of another person without their permission and knowledge will be prosecuted by the YMCA. This may also lead to the suspension or termination of the membership.
- Members and program participants who require medical attention while at the Y, including needing medical care from staff or emergency services, will need to provide medical clearance to the Y staff when returning to wellness or programming.

In addition, the YMCA reserves the right to deny access or membership to any person who has been accused or convicted of any crime involving sexual abuse, is or has been a registered sex offender, has ever been convicted of any offense relating to the use, sale, possession, or transportation of narcotics or habit forming and/or dangerous drugs, or is presently or habitually under the influence of dangerous drugs or chemicals, narcotics, or intoxicating beverages. The YMCA conducts regular sex offender screenings on all members, participants, and guests.

Members and guests are encouraged to take responsibility for their personal comfort and safety by asking any person whose behavior threatens their comfort to refrain from such behavior. Anyone who feels uncomfortable in confronting a person directly should report the behavior to a staff person or the Building Supervisor on duty.

YMCA staff members are eager to be of assistance. Members and guests should not hesitate to notify a staff member if assistance is needed. In order to be able to carry out these policies, we ask that members and guests identify themselves to staff when asked. The Branch Executive will investigate all reported incidents. Suspension or termination of YMCA membership privileges may result from a determination by the Branch Executive if in his/her discretion a violation of the YMCA Member's Code of Conduct has occurred.

## MEMBER CODE OF CONDUCT

I hereby acknowledge that I have received a copy of the YMCA Member Code of Conduct and will abide by its provisions. I take responsibility to share the code of conduct with all members listed on this application.

**Guardian Signature**

**Date**

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**Participant Signature**

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# Eric Snow YMCA

## Field Trip Form

THIS FORM IS A GENERAL FIELD TRIP FORM TO ENSURE THAT WALKING TRIPS CAN BE TAKEN AT ANY TIME AND FUTURE OFF-SITE TRIPS CAN BE SCHEDULED. GUARDIANS WILL BE NOTIFIED OF ANY OFF-SITE TRIPS 1 WEEK IN ADVANCE TO THE TRIP DATE. IF THIS FORM IS INCOMPLETE, GUARDIANS WILL BE CONTACTED 1 WEEK PRIOR TO ANY OFF-SITE TRIPS TO COMPLETE THIS FORM AND THE PARTICIPANT WILL SIT OUT OF ANY WALKING TRIP.

Childs First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Parents First Name \_\_\_\_\_

Last Name \_\_\_\_\_ Childs Grade \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Phone \_\_\_\_\_

I hereby accept all responsibility for and assume the risk of any injury or damage to my person or dependent children which might arise directly or indirectly as a result of participation in a YMCA of Central Stark County program.

I hereby expressly release, discharge and hold harmless from any liability whatsoever the YMCA, the various branches and subdivisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Trustees of the YMCA, except for injuries caused intentionally, or by willful misconduct.

I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors, and assigns.

I understand that the YMCA of Central Stark County is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises. Furthermore, by participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

**Parent/Guardian**

Date \_\_\_\_\_ Signature \_\_\_\_\_