



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## WELCOME TO Y PLAY!

CONFIDENCE • LEARN • EXPLORE • CREATIVITY • RELATIONSHIPS • DIVERSITY

BURBANK COMMUNITY YMCA  
321 E Magnolia Blvd  
Burbank, CA 91502  
818-845-8551  
[www.burbankymca.org](http://www.burbankymca.org)

**AGES 2YRS.-7YRS. • T-F 8:00AM- 12:00PM, 4:00PM-8:00PM SATURDAY 8:00AM-12:00PM**

### DAILY RULES & GUIDELINES

- 2-hour time limit per family
- Sign-in/out each visit by an adult
- Snacks are welcome! Keep them healthy please.
- Diapering is prohibited by staff.
- Room capacity is 10. Please respect the time limit so others may stay and play.

### Our commitment each day...

- To ensure the safety of all children visiting Y Play. All children will feel welcome and safe in our care.
- To support families as they use the facility and seek self-care. We ask that parents stay no longer than 10 minutes. You deserve that work out and your child wants play!
- To promote healthy living by prohibiting ill children from staying and playing. Our staff commits to identifying any signs and symptoms of illness in an effort to keep everyone healthy.
- To ensure all children are safe each visit. Behavior is monitored and we make every effort to help children problem solve during conflict. However, some behaviors will not be tolerated and may result in suspension from Y Play; such as consistent biting, hitting, or other aggressive behaviors.
- To provide materials that support a child's development and encourages thoughtful play. Because of that, we encourage toys from home be left at home.
- To respect and celebrate each child's clothing and shoe choices. Please help us by ensuring your child is appropriately clothed each day and ensure shoes are worn at all times.

### Contacts:

Aylin Abalos  
Y Play Program Coordinator

Angela Barlow  
Sr. Director of Youth &  
Child Development  
[angela@burbankymca.org](mailto:angela@burbankymca.org)



# MEMBER INFORMATION & AUTHORIZATION

Participating Child/ren and Age

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Parent/s Name (Please Print)

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Contact Phone Number

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Member ID #

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Known Allergies

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Special Health Concerns or Conditions to be Aware of

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## AUTHORIZATION FOR TREATMENT OF A MINOR

\_\_\_\_\_ (initial) \_\_\_\_\_ (initial) The undersigned as the parent and legal guardian of the child registered on this form, hereby, authorizes the Burbank Community YMCA and its delegated Adult Leaders and Directors to consent any medical and hospital care to be rendered to said minor upon the advice of a licensed physician. The authorization is given pursuant to the provisions of section 25.8 of the civil code of California. It is understood that if time and circumstances reasonable permit, the YMCA will endeavor, but it is not required, to communicate with the parent prior to treatment. The undersigned further agrees that the Burbank Community YMCA and its designated Leaders and Directors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of a minor is given to the Burbank Community YMCA in conjunction with any authorized event. The undersigned understands that the Burbank Community YMCA carries no accident or health insurance and assumes no financial obligation in case of illness or accident. The undersigned further understands that he or she may be required by the medical facility to pay for minor's medical bills, and then seek reimbursement from the appropriate insurance company.

\_\_\_\_\_ (initial) \_\_\_\_\_ (initial) I do not permit treatment. I hereby release liability if I cannot be reached.

If my child needs care, please do the following: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Today's Date