



## ALBANY YMCA SIGN IN/OUT FORM

Please be very specific about when and what time your child is allowed to sign in or out of the program.

I give my child, \_\_\_\_\_

who is participating in the Albany YMCA 2020 Summer Camp program, permission to **sign in** to the YMCA program under the following conditions:

---

---

---

I give my child, \_\_\_\_\_

who is participating in the Albany YMCA 2020 Summer Camp program permission to **sign out** of the YMCA program under the following conditions:

---

---

---

I fully understand that the Albany YMCA will take responsibility for my child after her/his arrival and sign in until s/he departs and signs out. I also understand that the Albany YMCA staff does not accept responsibility for anything that occurs while my child is in transit to or from the program.

Parent /Guardian \_\_\_\_\_  
Signature

Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_  
Printed