Greater Phildelphia YMCA

Request for Modifications/Auxiliary Aids and Services Case Managment Child Form

Section A - INITIAL REQUEST FOR MODIFICATION/AUXILIARY AIDS AND SERVICES

Prospective or Current Participant: _____

Date of Birth: _____

Program Registation for: _____

Date Request Received: _____ Branch: _____

Dept.: _____

Person Making the Request (If not the prospective or current participant) and Relation to Prospective or Current Participant: _____

_____

Parent/Guardian or Emergency Contact Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email(s): _____

Nature of Request for Modification to Policies, Practices, or Procedures and/or for Auxiliary Aids and Services:_____

_____

_____

_____

_____

_____

_____

(If the request was submitted separately, attach it to this form.)

NOTE - If an aide is required to be present with the participant, please refer to the last 2 pages for important information

Section B - EVALUATION OF REQUEST

Discussion/Meeting with Prospective or Current Participant/Parent/Guardian (List all participants): _____

_____

_____

Date of Discussion/Meeting: _____

In-Person Meeting? ☐ Yes ☐ No

If no, describe setting for meeting (Phone/Other): _____

_____

Summary of Discussion/Meeting: _____

_____

_____

_____

_____

_____

_____

Next Steps[1]: _____

_____

ATTACH ADDITIONAL SECTION B PAGE FOR <u>EACH</u> DISCUSSION/MEETING

[1] The Branch ADA Compliance Officer, in conjunction with the Association Office ADA Compliance Officer, may make a narrowly tailored request for medical documentation relating to the disability and any necessary modifications/auxiliary aids and services if needed.

Section C - DECISION

All Determinations must follow the Greater Philadelphia YMCA Guidelines for Evaluating Requests for Modifications/Auxiliary Aids and Services ("Guidelines").

Check here to confirm that all Guidelines were reviewed and followed: ☐

Date of Determination: _____

Determination: _____

_____

_____

_____

_____

Date Communication sent to Prospective or Current Participant/Parent/Guardian:
(Attach a copy of all communications sent to Prospective or Current Participant/Parent/Guardian.) _____

If Request was granted, was an Action Plan executed? ☐ Yes ☐ No
(Attach the executed Action Plan. If not executed, list steps to be taken to ensure an Action Plan will be completed promptly and attach when executed.)

_____

_____

_____

_____

Signature: _____

ADA Compliance Officer, _____ Branch

PLEASE SEE THE ADA AIDE GUIDELINES AND WAIVER BELOW. PLEASE SIGN THE WAVER.

ADA AIDE GUIDELINES

- All aides are cross-referenced against a visitor management system on every visit.
- All aides must sign the GPY Waiver annually.
- Aides cannot leave the accommodated person unattended while the accommodated person is visiting GPY locations.
- When providing care, aides are not permitted to train, condition, work out, or otherwise exercise at the GPY either alongside the accommodated person or on their own. They are to support the accommodated person they are caring for.
- All EDs at each branch are the ADA Compliance Officer of their branch. Every person requesting accommodation must meet with the ED to complete the ADA packet. This needs to be done with the accommodated person's guardian, not their aide.

GREATER PHILADELPHIA YMCA

Agreement and Release of Liability

In consideration of gaining membership or being allowed to participate in the activities and programs of the Greater Philadelphia YMCA, and to use its facilities, equipment, and machinery in addition in the payment of any fee or charge, I do hereby waive, release and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA.

I understand and am aware that strength, flexibility and any type of aerobic exercise including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities and programs of the Greater Philadelphia YMCA or use of equipment or machinery except, as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in any exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

It is the responsibility of every individual, their parent or legal guardian to provide for their own accident and health coverage while participating in all YMCA activities. The YMCA does not provide accident or health coverage to its participants.

I, the undersigned, have read, understand, and agree to the above.

Printed Name of Participant: _____

_____ **Date:** _____

Signature of Participant
(If member is a minor, parent or guardian signature is required).