

2012 YMCA Camp Registration Form

(EACH CHILD REQUIRES A SEPARATE REGISTRATION FORM)
 (PLEASE COPY THIS FORM FOR OTHER CHILDREN. COMPLETE BOTH SIDES)

Do not use this form for Resident and Family Camps. Please see member services desk to register.

Child's Name: First _____ Last _____ Birthdate: ____/____/____
 Home Address: _____ City _____ Zip _____ Sex: M F Age _____
 Home Phone: _____ Grade (Fall '12) _____ Ethnicity (Optional) _____

Parent/Guardian Name: _____ Birthdate: ____/____/____

Work #: _____ Emergency #: _____ E-mail: _____

Employer: _____ Occupation: _____

Parent/Guardian Name: _____ Birthdate: ____/____/____

Work #: _____ Emergency #: _____ E-mail: _____

Employer: _____ Occupation: _____

Camp Payment and Cancellation/Transfer Policy

***I understand** that camp deposits are nonrefundable. The deposits for programs are as follows: Day Camp \$35 per week. Weekly payments in full are due 2 weeks before each session.

***I understand** my registration may be cancelled if the balance is not paid 2 weeks before the start of each camp session. If space is available, I may reregister with a new \$35 deposit.

***PROGRAM MEMBERSHIP: I understand** that my child needs to have a Program or Facility membership. If my child needs a Program Membership then I understand that the first \$25 paid will be used for the payment of that membership.

***Cancellations** may be made in writing up to 2 weeks prior to the start of the session to receive a refund less deposit and \$15 processing fee. Otherwise, payments made will not be refunded.

***Camp transfers** may be made in writing up to 2 weeks prior to the start of the session and only if space is available. Changes will not be accepted after the 2 week deadline.

***By signing up for the programs indicated below, I understand and accept the above policies and I am responsible for payment:**

X

 (Parent/Guardian's Signature)

Credit Card Withdrawal: ___ Deposits only ___ Balances as due I authorize the YMCA to draft the credit card listed below for the payments indicated above. I understand that fees will be charged 2 weeks before the start of each session and that I must notify the office in writing before that time if plans have changed and my child(ren) will not attend one or more camps.

Visa/MC# _____ Exp ____/____/____

Signature **X** _____ Date ____/____/____

FILL IN THE SESSIONS FOR WHICH YOUR CHILD IS BEING ENROLLED. LIST THE PROGRAM AND FEES FOR A TOTAL AMOUNT DUE.

SESSIONS <small>(See brochure for dates of Resident/Family/Travel Camps)</small>	PROGRAM	LOCATION	FEE	PAYMENT	BALANCE DUE	FINAL PAYMENT DUE
June 11-15						May 28
June 18-22						June 4
June 25-29						June 11
July 2-6						June 18
July 9-13						June 25
July 16-20						July 2
July 23-27						July 9
July 30 - August 3						July 16
August 6-10						July 23
Other						(Two weeks prior to the start of each session)

NOTE: Participant is enrolling in this YMCA Program with subsidy funds paid for by: ___YMCA ___Other agency
A YMCA Letter of Acceptance/Agency Contract must be included at the time of registration.

Office Use: Payment: ___ Membership: ___ Signed HH/Waiver: ___ F/A: ___Y___N
 3rd Party: ___Y___N Copy: ___ Staff Sign: _____

\$25.00	PROGRAM MEMBERSHIP FEE <small>(Please waive if you are a current Facility Member)</small>
	TOTAL DUE
	TOTAL PAYMENT
	BALANCE DUE

YMCA OF SILICON VALLEY

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of 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 or 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, and 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 or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated program 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 by the undersigned and such children.



IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, 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 or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and 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 or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children 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 to the undersigned or such children due to negligence of releases or in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or otherwise while participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that 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 SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE.

 _____ Signature of Applicant/Parent	_____ Date	_____ Print Name of Child in Program	_____ Date
_____ Print Name of Applicant/Parent	_____ Date	_____ Print Name of Child in Program	_____ Date
 _____ Signature of Applicant/Parent	_____ Date	_____ Print Name of Child in Program	_____ Date
_____ Print Name of Applicant/Parent	_____ Date	_____ Print Name of Child in Program	_____ Date

YMCA 2012 CONFIDENTIAL HEALTH HISTORY AND CONSENT FORM

All camp participants must submit the following at time of registration: completed registration forms and health history form. Copies of immunization records are required for children under 18 years of age.

Camper's Name: First: _____ Last: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Birthdate: / / _____ Grade (in Fall '12): _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Birthmarks/scars: _____

African American Asian/Pacific Islander Caucasian Hispanic Native American Other

Parent/Guardian 1: Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Employer: _____ Work Phone: _____ DOB: _____

Parent/Guardian 2: Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Employer: _____ Work Phone: _____ DOB: _____

EMERGENCY CONTACTS WITH PERSONS AUTHORIZED TO PICK UP PARTICIPANT

In the case of an emergency, we always try to contact the parent/guardian first. In the event a parent/guardian cannot be reached, we may need to contact at least two (preferably three) other friends/relatives. No adults other than those listed as the parent/guardian or below will be able to pick up your child from our program without a legibly written, dated and signed note from the parent/guardian. Please send someone **16 years or older** to pick up your child. **Picture ID required for pick-up.**

Name: _____ Cell Phone: _____ Alternate #: _____ Relationship: _____

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Name: _____ Cell Phone: _____ Alternate #: _____ Relationship: _____

Name: _____ Cell Phone: _____ Alternate #: _____ Relationship: _____

MEDICAL CAREGIVERS (INFORMATION REQUIRED BY STATE LAW)

Family Physician: _____ Preferred Hospital: _____

Doctor's Phone: _____ Doctor's Address: _____

Family Dentist: _____ Dentist's Phone: _____

Dentist's Address: _____

Medical Insurance Company: _____ Policy #: _____

Immunization History (include dates): Tetanus Booster: _____ Tuberculin (TB) Test: _____ MMR: _____ DPT: _____

If you **do not** immunize your child, please sign here: _____

If you **do not** have medical insurance for your child, please sign here: _____

MEDICAL HISTORY

Asthma Head Lice Seizures Diabetes ADD/ADHD

Measles Sleepwalking Tuberculosis Chicken Pox German Measles

Ear Infection Heart Defect/Disease Bleeding/Clotting Disorder

Allergies: Pollen Penicillin Poison Oak Bee Stings Bee Sting Kit

Foods Hay Fever Other Insect Stings Other Drugs Other Allergies?

List Other Allergies Here: _____

List Dietary Restrictions Here: _____

Any reason to restrict strenuous activity such as swimming, long hikes, strenuous games, roller coaster rides? YES NO

If yes, please explain: _____

List operations, serious injuries, or restriction on physical activity: _____

List current medications and purpose: _____

Medication Disbursement Authorization: If your child is currently taking medications, please complete this section. This includes over-the-counter, and prescription medications. For the camper's protection, we cannot allow staff to administer medication without this form. All dosages sent to camp must be in original container with dosage directions and/or doctor's instructions clearly labeled on package. Dosages will be administered and documented according to directions on the bottle unless a physician directs otherwise.

Medical Condition: _____

Medication: _____ Amount to be given: _____ When: _____

Comments or Instructions: _____

Parent/Guardian Signature: _____ Date: _____

Is your child currently involved in therapy? YES NO Please explain: _____

Does your child require special accommodations? YES NO Please explain: _____

Please contact the Camp Director **prior** to the start of the summer program if special accommodations apply.

SWIMMING/SUNSCREEN INFORMATION:

Does your child know how to swim? Regardless, every camper will participate in a swim test. YES NO

If NO, do you give permission for your child to enter the water with a Coast Guard approved flotation device? YES NO

Do you give your child permission to go swimming? YES NO

I authorize the **YMCA staff to apply sunscreen** to my child's exposed skin, on an as-needed basis. YES NO

For Campers Entering 7-12th Grade: Parent Consent Agreement:

The section is only for Teen Camp participants and their parents/guardians. This section advises teen campers and their parents/guardians of certain rules to consider. Also, please indicate which Teen Camp activities you would like your child involved with.

Independent Dismissal: Youth 12 years and older, may be allowed to sign themselves in and out of camp; however, we require parent's/guardian's consent for this privilege.

Yes, my child may sign himself/herself in and out. No, my child may not sign himself/herself in and out.

Independent Field Trip Supervision Consent: Youth are given the opportunity to divide into groups of four or more to explore what **specific highlight field trips** have to offer independently of staff. Campers must adhere to strict guidelines listed below:

- All participants will have an option to stay with YMCA staff during the highlight field trip.
- All participants will remain in the pre-determined boundaries during all highlight field trips.
- All participants will travel together in groups of **four** or more.
- All participants will be notified of a pre-assigned base location where they will **check in with YMCA staff every 90 minutes** or in case of an emergency.
- YMCA staff will be available at base location throughout the highlight field trip.
- Participants will be provided with emergency contact instructions and a list of numbers in case of any emergencies. YMCA staff will carry communication devices.

Failure to abide by all YMCA rules will result in the suspension of self-supervision privileges (for both the remainder of the activity and potentially for future YMCA activities).

Yes, my child may participate in independent field trip supervision while adhering to regular check-ins.
 No, my child needs to have constant adult supervision.

Photo Release: I hereby irrevocably consent to and authorize the use and reproduction by the YMCA, or anyone authorized by the YMCA, or any and all photographs which you have this day taken of my child, negative or positive, for any purpose whatsoever without compensation to me. All negatives and positives, together with the print, shall constitute the YMCA's property, solely, and completely.

Medical Release: This health history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I assume that the YMCA of Silicon Valley assumes no financial obligation for such treatment but, in the event that I cannot be reached for an emergency, I hereby give permission to the physician selected by the YMCA to order X-rays, routine tests, and secure proper treatment, hospitalize, and to order injections/and/or anesthesia and/or surgery and emergency treatment for my child as named on this form.

I agree to and understand the following guidelines: Participants agree to abide by the rules and regulations set by the YMCA for the health, safety, and welfare of all children. Children are not allowed to smoke, chew tobacco, possess any smoking materials, alcohol, illegal drugs, firecrackers or explosives, weapons, use lewd conduct, and inappropriate touching of any kind. Willful destruction of property will be the financial responsibility of the child's parent. Children may not leave the property or established boundaries without YMCA staff permission.

- If my child will not be attending the program, I will call the YMCA by 8:30 am and notify staff.
- I will sign my child in and out each day.

The YMCA of Silicon Valley reserves the right and WILL send ANYONE home (at parents/guardians' expense and liability) who violates these rules. It is the responsibility of the parent/guardian to pick up or arrange transportation home for the child. The program director reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary.

Parent's/guardian's signature is required on the Photo Release, Medical Release, and agreement to follow YMCA policies and guidelines in order for your child to participate in camp.

PARENT/GUARDIAN SIGNATURE: **X** _____ DATE: _____