

Southwest YMCA



Strong Kids Camp

Ages 5 – 12

February Break 2010

February 15 – 19, 2010 **9 am – 2 pm**

See back for details!



Southwest YMCA

Strong Kids Camp

February 15 – 19, 2010

9 am – 2 pm

Want your children to have some fun during February Break? We have the Camp for you!

- Children will participate in a variety of activities including: arts & crafts, games, cooking, swimming, and much more.
- Children need to bring their lunch each day.
- Please be sure your child wears closed toed shoes.
- Children need to bring a swimsuit and a towel on Wednesday, February 17.

Who:

Children 5 – 12 years old

Dates:

Monday, February 15 -
Friday, February 19

Time:

9:00 am – 2:00 pm

Where:

Southwest YMCA
13500 Quito Road
Saratoga, CA 95070

Cost:

\$25 per day

How to Sign up:

See the
Southwest YMCA Front Desk
for Registration Forms

Questions? Contact:

Lisa Todd 408-608-6824



Creating Opportunities

Community Support Campaign 2010

The Southwest YMCA's goal is to provide services to all kids, regardless of their ability to pay. We provide financial assistance for those who otherwise could not afford a Southwest YMCA program. Please make your gift to our **Community Support Campaign** and help create opportunities to build Strong Kids!

To make a gift to the **Southwest YMCA Community Support Campaign**, please call 408.370.1877 or give online at www.ymcasv.org/southwest.

Southwest YMCA Strong Kids Camp Registration Form

(Each participant requires a separate form)

PARTICIPANT'S INFORMATION:

Participant Name _____ Birthdate _____ Age: _____ Sex: M F

Does a participant require any accommodations for this activity? Yes No

If "Yes" please explain: _____

PRIMARY CONTACT:

Parent/Guardian Name _____ Day/Work Phone _____

Address _____ Emergency Phone _____

City _____ Zip _____ Email _____

SECONDARY CONTACT:

Parent/Guardian Name _____ Day/Work Phone _____

Email _____ Emergency Phone _____

MEMBERSHIP, PAYMENT, AND CANCELLATION/TRANSFER POLICY

- I understand that all program fees are non refundable. In case of illness or injury a **credit will be given for a future class** only when a doctor's note is provided.
- I understand that all programs have a minimum enrollment. Programs not reaching minimum enrollment will be canceled. In this case, the member will have the option of receiving a full refund or credit, or of switching to another similarly priced program or class, if available, at no extra charge.
- I understand that there are **no "make-ups"** for missed classes, whether the member is sick, out of town, or unable to attend. The member may not attend a class at another time slot in place of a missed class. You do not need to call the YMCA if the member will be missing a class.
- **Transfers/Cancellations** may be made in writing or via email to the appropriate director. I understand that I will be assessed a \$15 charge and my request for changes needs to be made 2 weeks prior to the close of the registration. Transfer requests made after registration closes will be assessed the \$15 late fee as well if space is available.
- I understand that if I am given a credit, it is **valid** for 6 months from the start of the original class program/class for which I registered.
- **PROGRAM MEMBERSHIP:** I understand each participant needs to have a Program or Facility Membership. If the participant is not a member, I understand the first \$25 will be used for the payment of a Program Membership.
- By signing up for the programs indicated below I understand and accept the above policies:
- **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 me or 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.

✕ _____
Parent/Guardian Signature _____
Date

DAYS OF ENROLLMENT	PRICE
<input type="checkbox"/> February 15 <input type="checkbox"/> February 16 <input type="checkbox"/> February 17 <input type="checkbox"/> February 18 <input type="checkbox"/> February 19 \$25 per day	
\$25 Program Fee*	
TOTAL	

Please fill out a health history form for each participant.

Payment Information:

My check or money order is enclosed.

Charge my: Visa Mastercard

Account Number _____ Exp. Date _____

Name of Cardholder _____ Signature _____

** Program Fee waived if you are a Facility Member*

Southwest YMCA • 13500 Quito Road, Saratoga, CA 95070 • 408.370.1877 • www.ymcasv.org/southwest

Southwest YMCA Community Support Campaign — Creating Opportunities



Enclosed is a contribution: \$ _____

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Office Use:
 Rec'd by: _____
 Date _____
 Entered by: _____
 Date _____

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