

# Summer 2009 Camp Registration

- **Payment in full is due the Thursday prior to the start of camp session, or you will be dropped from the roster and you will forfeit your deposit.**

\_\_\_\_\_  
PLEASE INITIAL

- There will be a \$20 Non-Refundable Deposit per camp to reserve your spot.

\_\_\_\_\_  
PLEASE INITIAL

- There will be a \$10 Transfer Fee when switching camps less than 7 days prior to the start of the camp.

\_\_\_\_\_  
PLEASE INITIAL

Please provide information requested on **BOTH SIDES** of this form (PRINT NEATLY!), then **WRITE IN** your camp at bottom of form.

## Health Record

Are all immunizations up to date?

YES  NO If "No," attach record.

Date of last tetanus shot:

\_\_\_\_\_

LIST ALLERGIES, SERIOUS INJURIES, DISEASES, OPERATIONS AND ANY RESTRICTIONS ON PHYSICAL ACTIVITY:

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## Child Information

PLEASE PRINT IN INK

CHILD'S NAME		IS THE CHILD A CURRENT YMCA MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
BIRTHDATE (MO/DAY/YEAR)	AGE	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
HOME ADDRESS			
CITY/STATE/ZIP			
MOTHER'S NAME			
MOTHER'S WORK PHONE		MOTHER'S HOME PHONE	
MOTHER'S EMAIL			
FATHER'S NAME			
FATHER'S WORK PHONE		FATHER'S HOME PHONE	
FATHER'S EMAIL			

PARENT HANDBOOK  MEDICAL ENTERED

## Medical Information REQUIRED BY STATE LAW

NAME OF HEALTH INSURANCE CO.
POLICY NUMBER
FAMILY DOCTOR
ADDRESS
PHONE NUMBER

## Child Release Emergency Authorization

PERSONS AUTHORIZED TO PICKUP CHILD FROM THE FACILITY:

NAME	PHONE #	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Child in custody of**  both natural parents  natural mother  natural father  
 other \_\_\_\_\_

**Child lives with**  both natural parents  natural mother  natural father  
 other \_\_\_\_\_

## Write your camp choices below

Note: Prices are "Y-Member/Participant"

SESSION/WEEK	CAMP NAME	EXTENDED SWIM
1. JUNE 16-19		<input type="checkbox"/>
2. JUNE 22-26		<input type="checkbox"/>
3. JUNE 29-JULY 3		<input type="checkbox"/>
4. JULY 6-10		<input type="checkbox"/>
5. JULY 13-17		<input type="checkbox"/>
6. JULY 20-24		<input type="checkbox"/>
7. JULY 27-31		<input type="checkbox"/>
8. AUGUST 3-7		<input type="checkbox"/>
9. AUGUST 10-14		<input type="checkbox"/>
10. AUGUST 17-21		<input type="checkbox"/>
11. AUGUST 24-28		<input type="checkbox"/>
12. AUG. 31-SEPT. 4		<input type="checkbox"/>

**PARENTS: Enter information requested in box below.**

CHILD'S NAME

PERSON RESPONSIBLE FOR PAYMENT

ADDRESS

CITY/STATE/ZIP

## ■ Parent's Authorization

NAME (PLEASE PRINT)

(CHECK ONE)  PARENT  LEGAL GUARDIAN  PERSON HAVING LEGAL CUSTODY

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in the YMCA program described herein. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. In consideration of said minor being permitted to enter any branch of YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation in the above or any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby:

(1) Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document.

(2) Release YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me and for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch.

(3) I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon, or near the YMCA branch; whether caused by the negligence of Releasees or otherwise.

(4) I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.

(5) I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.

(6) I give my permission to the YMCA of San Diego County (YMCA) to use my picture or other likeness, or a picture or other likeness of any of my children in the YMCA's general publicity and campaign materials.

### FOR OFFICE USE ONLY

YMCA MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO	EXPIRATION DATE
OTHER:	
F.A. <input type="checkbox"/> YES <input type="checkbox"/> NO	% \$
NOTES	

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE