



SUMMER CAMP REGISTRATION

Spears Family YMCA Ultimate Summer Adventure Camp Registration and Parent/Guardian Waiver & Permission

Weeks registering For: ___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8 ___9 ___10
(Check the weeks you're interested in)

Child's Name: _____ DOB ___/___/___ Age: _____ Gender: M / F

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ EMAIL: _____

Name(s) of Parent(s) / Guardian(s): _____

Mother: _____ (H or W) _____ (C/P) _____

Father: _____ (H or W) _____ (C/P) _____

Other Emergency Contact: (Authorized to pick up your child(ren))

Name: _____ (H or W) _____ (C/P) _____

Request for Permission: I, the above youth's parent/guardian, hereby register my child to participate in the Spears Family YMCA Summer Program.

Assumption of Risk: I acknowledge and understand that there is a risk of injury involved in participation of activities during the summer program. I understand that my child will be under supervision and direction of a staff person. I agree that my child is to follow the instructions of his/her counselor at all times in order to avoid injury to my child. However, I acknowledge and understand that injuries may and do occur. I freely, knowingly, and willfully accept and assume the risk of injury that might occur from my child's participation in the summer camp program.

Release: In consideration of the Branch allowing my child to participate in the summer camp program activities, I hereby agree to waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of myself and any other parent or guardian of my child, the branch, the YMCA of Greensboro, and their respective volunteers, employees, directors, members, officers and other staff members from liability to us and our child, as well as our personal representatives, assigns, heirs and next of kin, for any and all claims, suits, or causes of action arising from or out of any injury, known or unknown, to property or body, that my child may suffer from participation in YMCA activities.

Parents are responsible for providing transportation for their child to and from the summer camp program.

Certification of Child's Fitness and Medical Authorization: I, the undersigned, hereby certify that to the best of my knowledge, my child is physically fit and able to safely participate in the summer program activities for which she has been registered. In addition, I understand that in the case of the illness or injury of my child, the branch will notify me or the emergency contact listed on this form. In the event of a medical emergency concerning my child at the time when either I or the emergency contact person cannot be notified, I hereby authorize Branch officials to obtain the necessary medical care and/or treatment for my child, including but not limited to first aid, X-ray examinations, and aesthetic, medical or surgical diagnosis or treatment or hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or treatment. If your child has any allergies, asthmatic conditions or the like which the Branch should be aware of, please list: _____

Name of Insurance Company: _____ **Insurance Policy Number:** _____

IN WITNESS WHEREOF, I have executed this Permission, Waiver/Release and Medical Certification form with full knowledge of its contents

Parent / Guardian Signature

Print Parent / Guardian Name

Date:

PARENT/GUARDIAN AUTHORIZATION FORM

CHILD'S NAME: _____

AGE: _____

PARENT'S NAME: _____

DATE: _____

Payment I consent to the terms of the payment due date's schedule, summer camp cancellation policy and acknowledgement of the non-refundable/non-transferable deposit policy.

Parent / Guardian Initials: _____

Photographs Photographs may occasionally be taken of the children during the summer camp program. By signing this form, I consent to the use of pictures of my child for displays, brochures, and promotional materials with no compensation to my child or me.

Parent / Guardian Initials: _____

Sunscreen I give permission to the summer camp staff at the Alex W. Spears III Family YMCA to apply sunscreen to my child. I understand that the application of sunscreen to my child will comply with the policy of the Alex W. Spears III Family summer program.

Parent / Guardian Initials: _____

Authorized Pickups

Medication Authorization I authorize the Alex W. Spears III Family YMCA to administer the following medication to my child at the following times and dosages:

Name of Medication: _____

Dosage: _____

Time of Day: _____

Special Instructions

