



YMCA OF THE EAST VALLEY

Summer 2018

Adventure Day Camp Registration Form

(ONE FORM PER CHILD) PLEASE PRINT CLEARLY & FILL OUT FORM COMPLETELY

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Participant Information:

CAMPER'S NAME: CONTACT NUMBER:
M/F: AGE: BIRTH DATE: SCHOOL:
HOME ADDRESS: CITY: ZIP:
CUSTODIAL PARENT/GUARDIAN: HOME PHONE:
OCCUPATION/EMPLOYER: WORK PHONE NUMBER: MOBILE PHONE:
SECOND PARENT/GUARDIAN: HOME PHONE:
OCCUPATION/EMPLOYER: WORK PHONE NUMBER: MOBILE PHONE:
EMAIL ADDRESS:

Emergency Contact Information: -THESE PEOPLE WILL BE AUTHORIZED TO PICK UP YOUR CHILD: (Must be over 18yrs. old)

1. EMERGENCY CONTACT: RELATIONSHIP PHONE NUMBER:
2. EMERGENCY CONTACT: RELATIONSHIP PHONE NUMBER:
3. EMERGENCY CONTACT: RELATIONSHIP PHONE NUMBER:

PERSONS UNAUTHORIZED TO PICK UP YOUR CHILD:

Medical Information:

FAMILY PHYSICIAN: LOCATION: PHONE NUMBER:
DENTIST: LOCATION: PHONE NUMBER:

Health History (Check all that Apply):

Frequent Ear Infections Bleeding Disorders Chicken Pox Hay Fever
Heart Disease Hypertension Measles Ivy Poisoning, etc.
Asthma Convulsions ADHD German measles
Insect Sting Diabetes Seizures Mumps

Allergies (Check all that Apply):

Gluten Soy Chocolate Tree Nuts Peanuts
Milk Wheat Insect Bites (ex. ants) Insect Stings (ex. bees) Mosquitos/Black Flies

Accommodations:

List serious injuries, chronic injuries, chronic illness, or medical conditions, operations and/or any restrictions on physical activity:

List any accommodations required for child with special needs:

Medications: Is the child taking any special medication (Release Required): Yes / No Medication:
Dosage:

ADC Registration Checklist (To Be Filled Out By YMCA Staff ONLY - Initial Bullets)

- Immunization Record Attached
Medication Release Attached (if applicable)
Form Filled Out Completely
Staff Checking List:

Registration Cannot Be Completed Without Required Documents Listed Above



Release and Waiver of Liability

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 above. 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 the YMCA of the East Valley ("YMCA") for observation, use of facilities and/or equipment, or participation of 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
- (2) Authorize the YMCA to:
 - (i) take the above said minor on off site field trips via motor vehicle and pedestrian means of transportation;
 - (ii) take the above said minor to local movie theaters to view motion pictures the YMCA and its employees deem appropriate.
- (3) Release YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me 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.
- (4) 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.
- (5) I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
- (6) 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.
- (7) I do hereby authorize the YMCA to take photographs and/or video of said minor while in the care of the YMCA. Additionally, I hereby authorize the YMCA to make use of said photographs and/or video for promotional, marketing, presentation, development materials as the YMCA sees fit.

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.

SIGNATURE OF PARENT/GUARDIAN

DATED

PRINTED NAME OF PARENT/GUARDIAN

PRINTED NAME OF SAID MINOR