



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA OF THE EAST VALLEY

Adventure Day Camp Registration Form 2020

Redlands YMCA | San Bernardino YMCA | Highland YMCA
909.798.9622 | 909.881.9622 | 909.425.9622

CAMPER'S NAME: _____ M: ___ F: ___ DOB: _____ GRADE FALL 2020: _____
 HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 PARENT/GUARDIAN 1: _____ PHONE: _____ CELL: _____ EMAIL: _____
 PARENT/GUARDIAN 2: _____ PHONE: _____ CELL: _____ EMAIL: _____
 EMERGENCY CONTACT 1: _____ PHONE: _____ CELL: _____
 EMERGENCY CONTACT 2: _____ PHONE: _____ CELL: _____

PLEASE SELECT THE DESIRED CAMP WEEK(S) BELOW:

Redlands YMCA Adventure Day Camp – 500 E. Citrus Rd. Redland CA					Price: Members 175/week Program Members: \$200/week			
Jun 8 - 12	Jun 15 - 19	Jun 22 - 26	Jun 29-July 3	July 6 - 10	July 13 - 17	July 20 - 24	July 20 - 24	July 27 - 31
San Bernardino YMCA Adventure Camp – 808 E. 21 st St., San Bernardino CA					Price: Members 175/week Program Members: \$200/week			
Jun 8 - 12	Jun 15 - 19	Jun 22 - 26	Jun 29-July 3	July 6 - 10	July 13 - 17	July 20 - 24	July 20 - 24	July 27 - 31
Highland YMCA Adventure Camp – 7793 Central Ave. Highlands CA					Price: Members 175/week Program Members: \$200/week			
Jun 8 - 12	Jun 15 - 19	Jun 22 - 26	Jun 29-July 3	July 6 - 10	July 13 - 17	July 20 - 24	July 20 - 24	July 27 - 31

PAYMENT INFORMATION:
 We accept checks, cash, credit/debit cards (Visa | MC | AMEX)
 Pay \$25/week Non-refundable Deposit Pay Full Balance of Fees
 CC#: _____ Exp. Date: ___/___
 Cardholder: _____ Billing Zip: _____
 please contact me for credit card information at the number above. Registration not guaranteed until payment received.

PAYMENT/REFUND POLICY:
 A \$25/week nonrefundable deposit is required to reserve each week at camp. Full payment is due the Monday before the camp session begins. Camps not paid in full on Monday will be re-opened and you will lose your spot. Registrations turned in after Wednesday the week before a camp session will be charged a late fee of \$25.
 ✕ _____
 "I understand and agree with the payment and refund policy."
 Guardian Signature Required.

MEDICAL INFORMATION:

FAMILY PHYSICIAN: _____ PHONE NUMBER: _____ INSURANCE: _____ POLICY #: _____

Health History (Check all that Apply):

- | | | | | |
|--|---|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Measles | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Asthma | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Mumps |

Allergies (Check all that Apply):

- Gluten Soy Chocolate Tree Nuts Peanuts Milk Wheat Insect Bites
 Bees Bug Bites Instructions: _____

Specify Serious Illnesses or Accidents: _____

Are your child's immunizations up to date: Yes No If Exempt, please submit copy of waiver. Last Tetanus Shot: M/YR
State of California School Immunization Law requires enforcement of Immunization requirements.

Request for Accommodation (evaluated before registration): _____

MEDICATIONS:

I give permission for the YMCA to administer the following medication to my child:			Refrigerate: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Medication: _____	Dosage: _____	Time of Day: _____	Number of Days: _____
Name of Medication: _____	Dosage: _____	Time of Day: _____	Number of Days: _____
Name of Medication: _____	Dosage: _____	Time of Day: _____	Number of Days: _____
Parent/Guardian Signature: _____	Dosage: _____	Time of Day: _____	Number of Days: _____



RELEASE AND WAIVER OF LIABILITY

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IN CONSIDERATION of being permitted to utilize the facilities, services and programs of 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, for himself or herself and any personal representative 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 programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonable suited for the purpose of such observation, use or participation.

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 HEREBY RELEASE, 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, 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 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 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 due to negligence of release or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or 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 expressly grants permission to the YMCA of the East Valley to photograph himself/herself and/or his/her children for publicity purposes.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statement or inducement apart from the foregoing written agreement have been made.

_____ DATED
SIGNATURE OF PARENT/GUARDIAN

_____ PRINTED NAME OF SAID MINOR
PRINTED NAME OF PARENT/GUARDIAN

AN AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

We, the undersigned parent(s)/guardian of _____ hereby authorize any physician on the staff of a Licensed Hospital or Emergency Clinic, or any other physician designated by him (them) as agent(s), for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon on the staff of a Licensed Hospital or Emergency Clinic, whether such diagnosis or emergency treatment is rendered at the Office of said Physician or at said hospital(s). It is understood that this authorization is given in advance of any special consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician(s), in the exercise of his (their) best judgment, may deem advisable. This authorization is given pursuant to the provision of Section 25.A of the Civil Code of California.

_____ DATE _____
SIGNATURE OF PARENT/GUARDIAN PRINTED NAME OF PARENT/GUARDIAN