



South Sound YMCA Summer Camp 2009 Registration Form

Staff Use Only
 Briggs YMCA
 Childcare
 Downtown YMCA

Child's Name: _____ Male/Female _____ Date of Birth: _____ Entering Grade: _____

Address: _____ City: _____ Zip Code: _____

Mother's Name: _____ Work Phone: _____ Home Phone: _____ **Auth. to Pick Up? Y N ***

Mother's Employer: _____ Cell Phone: _____ Work Address: _____

Father's Name: _____ Work Phone: _____ Home Phone: _____ **Auth. to Pick Up? Y N ***

Father's Employer: _____ Cell Phone: _____ Work Address: _____

Other Parent/Guardian: _____ Work Phone: _____ Home Phone: _____ Employer: _____

Work Address: _____ Cell Phone: _____ Relationship to Child: _____

Child lives with: Both Parents: Mother: Father: Other: _____ Phone: _____

***Appropriate court documents must be in place to deny parent access.**

Emergency contact other than parents: _____ Relationship to Child: _____

Address: _____ Home Phone: _____ Cell Phone: _____ **Auth. to Pick Up? Y N**

List all names other than above who are authorized to pick up your child (you must list at least one):

Name	Address	Phone Number	Relation to Child
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Week #	Camp Name & Location <small>Chehalis School District – June 12 Yelm School District – June 16 Tumwater School District – June 17 Olympia School District – June 18 North Thurston School District – June 22</small>	Days Wanted <i>(not all camps offer individual days – please check camp brochure for availability)</i>	SPORTS CAMP ONLY <u>Extended Care</u> <small>7-9am &/or 4-6pm</small>	Discount / Scholarship Amount	Payment Amount
WEEK 1 <small>June 15 – June 19</small>		M T W T F <u>All Days</u>	M T W T F <i>All Days</i>		
WEEK 2 <small>June 22 – June 26</small>		M T W T F <u>All Days</u>	M T W T F <i>All Days</i>		
WEEK 3 <small>June 29 – July 3</small>		M T W T F <u>All Days</u>	M T W T F <i>All Days</i>		
WEEK 4 <small>July 6 – July 10</small>		M T W T F <u>All Days</u>	M T W T F <i>All Days</i>		
WEEK 5 <small>July 13 – July 17</small>		M T W T F <u>All Days</u>	M T W T F <i>All Days</i>		
WEEK 6 <small>July 20 – July 24</small>		M T W T F <u>All Days</u>	M T W T F <i>All Days</i>		
WEEK 7 <small>July 27 – July 31</small>		M T W T F <u>All Days</u>	M T W T F <i>All Days</i>		
WEEK 8 <small>Aug 3 – Aug 7</small>		M T W T F <u>All Days</u>	M T W T F <i>All Days</i>		
WEEK 9 <small>Aug 10 – Aug 14</small>		M T W T F <u>All Days</u>	M T W T F <i>All Days</i>		
WEEK 10 <small>Aug 17 – Aug 21</small>		M T W T F <u>All Days</u>	M T W T F <i>All Days</i>		
WEEK 11 <small>Aug 24 – Aug 28</small>		M T W T F <u>All Days</u>	M T W T F <i>All Days</i>		
WEEK 12 <small>Aug 31 – Sept 4</small>		M T W T F <u>All Days</u>	M T W T F <i>All Days</i>		

Please Turn Page Over To Complete The Other Side **Total →**

Staff Use Only	Received by (please print name): _____ Date: _____	Input: <input type="checkbox"/> YES <input type="checkbox"/> NO
	Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AmEx <input type="checkbox"/> CV # _____	Amount Received: \$ _____



South Sound YMCA

Summer Camp 2009 Registration Form Cont.

Child's Health Information

You **MUST** provide the name of a doctor or clinic to be contacted for medical emergencies

Physician / Clinic Name: _____ Phone #: _____

Physician / Clinic Address: _____ Date of last physical: _____

Please explain if your child has a known history of the following:

- Bee Sting Reactions (if yes, an emergency kit must be provided): _____
 - Seizures / Convulsions: _____
 - Respiratory: _____
 - Allergies / Food Allergies: _____
 - Current Medications: _____
 - Other Health Problems: _____
 - Other Physical, Mental, or Emotional Development Problems: _____
- _____
- Any Limitations on Activities: _____
 - Any other information our Staff should be aware of: _____
- _____
- _____

Waiver and Release From Liability

In the event my child as named above is injured or becomes seriously ill and I cannot be reached, I authorize the management of the South Sound YMCA to seek and authorize any and all hospital, medical, dental, and surgical treatment deemed advisable by the circumstances. I understand any of the foregoing care will be at my expense. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I authorize the YMCA to use pictures, both still and moving, of my child for future promotional purposes. I give the YMCA permission to share any pertinent information concerning my child with the South Sound YMCA staff. I give permission for my child to participate in all planned activities, field trips, and overnights, with the understanding that competent leadership will be provided. I acknowledge that I have received a parent information letter. I understand the importance of reading the provided material and understanding their contents. I understand that I am ultimately responsible for payment of child care fees and must have written approval for state-pay programs or YMCA financial assistance.

LIABILITY WAIVER. I understand that the YMCA assumes no responsibility for injuries or illnesses which I or my child may sustain as a result of physical condition, or resulting from observation or participation in any activity or use of facilities or equipment used for YMCA activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from my child's participation in these activities. I hereby release and discharge the YMCA, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of participation in these activities.

PROPERTY LOSS. I understand that the YMCA is not responsible for personal property lost, damaged or stolen while members and/or program participants are using YMCA facilities or on YMCA program premises.

INSURANCE. I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all YMCA activities. The YMCA does not provide any accident or health insurance for its participants.

ACCEPTANCE. This waiver and release is given for myself and on behalf of the minor members of my family listed, if any. I acknowledge the conditions for enrollment stated above. If any portions of this waiver are held to be invalid, I agree that the remaining terms shall continue to be full legal force and effect.

Refunds: A non-refundable \$15 deposit per week of camp is required for registration. Cancellations and changes must be made by the Wednesday prior to the week of camp. Refunds are available and the deposit is transferable (if signing up for a different week of camp) only if changes are requested by the Wednesday prior to the week of camp. No refunds are allowed after the payment due date. Refunds will be available in the form of credit vouchers in the computer, by check, or by credit card (credit card refunds are available only if payment was originally made with credit card). A \$5 processing fee will be deducted from the amount you are refunded. Refunds are subject to approval.

- I acknowledge that I have read, or have had read to me, and voluntarily sign this waiver and release from liability.
- I acknowledge that I have read and understand the 2009 Summer Camp refund policy.
- I acknowledge that I have received a Parent Information Letter and accept the policies as written. I understand that summer camp payments are due the Wednesday prior to each week of care (payment dates are listed on the Parent Information Letter). My child will be removed from the program and my deposit will be forfeited for the week I had reserved if payment is not received by the payment due date.

Signature of Parent/Guardian: _____ **Date:** _____