WINTER CAMP REGISTRATION FORM

Child's Information:

Last Name: _____ First Name: _____ MI: _____

Nickname: _____ Gender: ☐ Female ☐ Male Birth Date: _____ Age: _____

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

Primary Phone #: _____ Grade: _____

Parent(s)/Guardian(s) Information:

Parent/Guardian: _____ Birth Date: _____ Relationship: _____

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

Home Phone: _____ Cell Phone: _____ Alt. Phone _____

Place of Employment: _____ Work Phone: _____

Primary E-Mail: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

(To receive program updates)

Parent/Guardian: _____ Birth Date: _____ Relationship: _____

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

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Place of Employment: _____ Business Address: _____

Person or agency having legal custody: _____

Address if different from above: _____

Emergency Contact Information: (Must list 2; 1 must be local and both cannot be a Parent(s)/Guardian(s) listed above)

- Emergency Contact #1 ☐ Also an authorized Pick up ☐ Can only pick up in case of an Emergency
- Emergency Contact #2 ☐ Also an authorized Pick up ☐ Can only pick up in case of an Emergency

First Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Company Name: _____

Cell Phone: _____ Alternate Phone: _____

Address: City: State: Zip:

Second Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Company Name: _____

Cell Phone: _____ Alternate Phone: _____

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

Person(s) authorized to pick-up your child: Relationship:

Person(s) authorized to pick-up your child: Relationship:

Person(s) **NOT** authorized to pick-up your child: Relationship:

Person(s) **NOT** authorized to pick-up your child: Relationship:

Please note: Appropriate paperwork, such as custody papers, must be attached if the custodial parent requests not to release the child to the other parent.

Medical Information:

Allergies or intolerance to food, medication, or any other substance:

If an allergic reaction occurs, please list steps to relieve reaction:

Chronic physical, Behavioral or Psychological problems, pertinent developmental information, any special accommodations needed:

Does your child take medications or vitamins on doctor's orders? _____

Please specify: _____

If the camp is to administer medications during the day, emergency or routine, please complete a MEDICATION AUTHORIZATION FORM.

Child's Physician and Office Name: _____ Physician's Phone: _____

Emergency Medical Authorization:

I give the Piedmont Family YMCA permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a certified staff member of the Piedmont Family YMCA. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I authorize the Piedmont Family YMCA to obtain immediate medical care and give consent to the hospitalization and performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement may only cover those situations which are true emergencies and only when he/she cannot be reached. I understand that the provider will take every effort to contact me and/or my designated emergency contacts.

I/we will be responsible for payment of medical expenses. Medical treatment costs are covered by:

Medical Insurance Provider: _____ Policy #:_____

Parental Agreement & Waiver Agreement

Please initial each of the following AND sign below:

_____ I give permission for the named camper to go on all trips (including lakes and pools) outside the camp facility, to be transported in the YMCA camp buses, which are operated by certified bus drivers.

_____ I give permission for the named camper to see G & PG movies.

_____ I give permission for the named camper to be included in camp photos and videos for promotional use, including social media.

_____ I understand that a health information form must be filled out, signed, and returned. I agree to provide the YMCA with my child's Birth Certificate and Health records (physical and immunization). I understand that my child is not registered and is unable to attend YMCA Day Camp until the above documents are on file with the YMCA office.

_____ In the event that I (or my emergency contacts) cannot be reached in any emergency involving the above name participant, I hereby give permission to the appropriate medical personnel, selected by the YMCA staff, to provide medical treatment deemed necessary by such personnel. I agree to be responsible for all charges incurred in the treatment of the participant regardless of whether our insurance covers such charges. When I receive a call from the YMCA staff indicating my child is ill, based on our Health Policy, I agree to have my child picked up from camp immediately.

_____ Parent will inform the Piedmont Family YMCA within 24 hours or next business day after their child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

_____ I understand that I am responsible for the $50 registration fee and camp payments. A $25 deposit/week of camp the child is attending is due at registration. Deposits and registration fees are non-refundable.

_____ If weekly camp fees are not paid by 6pm the Wednesday prior to the week of camp the child is attending, the fees will be drafted from the credit card account provided to us by the parent/guardian at the time of registration.

_____ There is a $35 fee for all returned checks or if we are unable to collect the weekly camp fee by draft.

_____ I have read and received a copy of the Parent Handbook via email, and I understand and agree to abide by the camp policies. I acknowledge this to be a legal and binding contract.

I hereby represent and warrant to the YMCA that I have the authority to execute this Participant Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against the YMCA arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend the YMCA from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of the YMCA or from some other cause.

All information on this form is true and complete to the best of my knowledge. I understand and agree to the Emergency Medical Authorization and the ten (10) Parental Agreements, and refund policy outlined above.

Parent/Guardian Signature _____ Date_____