

YMCA of the Palms – 2009 Summer Camp Registration

Participant Registration Form (Please Complete All Items)

Child 1

Name: _____ School: _____

Birth Date: ____/____/____ Advancing to Grade: _____ Age: _____ Gender: M / F (Circle One)

Ethnicity: *The Y is required to provide data regarding the ethnic mix of our constituency. If you have no objection to furnishing this information, please complete the following:*

Caucasian Asian African-American Hispanic Other

Address: _____ Apt. ____ City: _____ State: _____ Zip: _____

Child 2

Name: _____ School: _____

Birth Date: ____/____/____ Advancing to Grade: _____ Age: _____ Gender: M / F (Circle One)

Ethnicity: The Y is required to provide data regarding the ethnic mix of our constituency. If you have no objection to furnishing this information, please complete the following:

Caucasian Asian African-American Hispanic Other

Address: _____ Apt. ____ City: _____ State: _____ Zip: _____

Child 3

Name: _____ School: _____

Birth Date: ____/____/____ Advancing to Grade: _____ Age: _____ Gender: M / F (Circle One)

Ethnicity: The Y is required to provide data regarding the ethnic mix of our constituency. If you have no objection to furnishing this information, please complete the following: Caucasian Asian African-American Hispanic Other

Address: _____ Apt. ____ City: _____ State: _____ Zip: _____

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Parent/Guardian Name: _____ Home Phone: _____ Work Phone: _____ Cell phone: _____

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Parent/Guardian e-mail: _____

Local Contact in case of emergency (Other Than Parent) MUST BE FILLED OUT!

Name: _____ Relation to Child: _____

Address: _____ Home Phone: _____ Work Phone: _____ Other Phone: _____

Authorized persons other than parent/guardian who may pick-up your child:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Are there any child custody issues? No Yes

If yes, please explain: _____

YMCA Mission: To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all.

YMCA of the Palms
MEDICAL INFORMATION

Permission for Enrollment and Release of YMCA from liability (must be filled out for child to participate in the program)

I give my child/children permission to participate in YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes still happen. Therefore, in exchange for the YMCA allowing my child/children to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA and its staff members from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its staff, directors, members and guests. I have read and am voluntarily signing this authorization and release.

I have read this form and grant permission for my child, Child #1 _____/

Child #2 _____ Child #3 _____

to participate in all activities provided by the YMCA of the Palms.

Parent's Signature: _____ Date: _____

Authorization for Emergency Medical Treatment

If my child, Child #1 _____ / Child #2 _____ /

Child #3 _____, should become ill or injured during YMCA activities, I understand that the YMCA will: 1) contact me immediately, or 2) contact the person(s) I have designated if I cannot be reached.

Should the YMCA be unable to reach me or the person(s) designated, the YMCA is authorized to contact my physician or arrange for immediate medical treatment to ensure the health and safety of my child/children.

I accept responsibility for payment of medical services rendered.

Parent's Signature: _____ Date: _____

Medical or other information (ie. Allergies, medical, physical or emotional conditions, or special needs)

Child 1: _____

Child 2: _____

Child 3: _____

Physician Name/Address: _____ Phone: _____

Insurance Co./Policy #: _____

Photo/Video Release

I grant the YMCA of the Palms permission to use photographs and videotapes taken of my child for YMCA publication purposes.

Parent's Signature: _____ Date: _____

Transportation Release

I, _____, give my child/children permission to participate in YMCA field trips. I understand that the YMCA of the Palms will provide transportation to and from scheduled field trips.

Parent's Signature: _____ Date: _____

I have received a parent handbook and agree to follow all stated policies. **(For Summer Camp only)**

Parent's Signature: _____ Date: _____

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