



COPLEY-PRICE FAMILY YMCA 2015 Summer Camp Registration Form

(Please complete one form per camper)
Phone: (619) 280-9622 Fax: (619) 283-7586

ID #: _____

Camper's Name: _____ Birthdate: _____ Age: _____

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

Parent's Name: _____ E-Mail: _____

Home Phone: _____ Cell: _____ Work: _____

| | Week/Session | Camp Name |
|----|-------------------------|------------------|
| 1 | June 16 - June 19 | _____ |
| 2 | June 22 - June 26 | _____ |
| 3 | June 29 - July 3 | _____ |
| 4 | July 6 - July 10 | _____ |
| 5 | July 13 - July 17 | _____ |
| 6 | July 20 - July 24 | _____ |
| 7 | July 27 - July 31 | _____ |
| 8 | August 3 - August 7 | _____ |
| 9 | August 10 - August 14 | _____ |
| 10 | August 17 - August 21 | _____ |
| 11 | August 24 - August 28 | _____ |
| 12 | August 31 - September 4 | _____ |

Payment Method:

Check Enclosed Visa MC Discover American Express

Credit Card #: _____ Exp: _____

Name on card: _____

I authorize full payment of \$ _____

I authorize a deposit of \$ _____ (If applicable)

\$10 per week deposit required in order to reserve your spot. (Some camps require a \$50 deposit as indicated.)

I have received and read the Parent Handbook and understand the policies and procedures, including those regarding deposits, payments, refunds, and transfers. I understand the terms and agree to abide by the terms and conditions of the YMCA.

Parent Signature

Date



YMCA PROGRAM MEDICAL FORM

Copley-Price Family YMCA
4300 El Cajon Blvd.
San Diego, CA 92105
(619) 280-9622
copleyprice.ymca.org

CHILD'S BASIC INFORMATION

| | | | | |
|---|--------|------------|-----|---|
| Child's Name | | | | |
| Birthdate / / | School | Grade | Age | GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Home Address | | E-mail | | |
| City/State/Zip | | Home Phone | | |
| Parent/Guardian | | Cell Phone | | |
| Place of Business | | Work Phone | | |
| Parent/Guardian | | Cell Phone | | |
| Place of Business | | Work Phone | | |
| Child in Custody of: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ | | | | |
| Child Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ | | | | |

CHILD RELEASE AUTHORIZATION/EMERGENCY CONTACT INFORMATION

Additional Persons Authorized to Pick Up Child from Facility:

| Name | Relationship | Phone | Pickup Y/N | Emergency Y/N |
|------|--------------|-------|------------|---------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

PERSONS UNAUTHORIZED TO PICK UP CHILD

| |
|----|
| 1. |
| 2. |

HEALTH HISTORY

| |
|--|
| Is the child currently taking medication? <input type="checkbox"/> YES <input type="checkbox"/> NO Medications administered during camp require a completed MEDICATION RELEASE FORM |
| List any conditions requiring special consideration, accommodations or restrictions while at camp: |
| List any past medical treatment that may affect participation in camp: |
| List any activities from which the camper should be exempted for health reasons: |

| | | | | |
|---|---|--|-----------------------------------|---|
| ARE YOUR CHILD'S IMMUNIZATION CURRENT/UP TO DATE? State of California School Immunization Law requires enforcement of immunization requirements. | IF EXEMPT, PLEASE SUBMIT COPY OF WAIVER | <input type="checkbox"/> YES | <input type="checkbox"/> NO | DATE OF LAST TETNUS SHOT / / |
| ALLERGIES /DIETARY RESTRICTION (check all that apply) | | CONDITIONS REQUIRING CONSIDERATION (check all that apply) | | |
| <input type="checkbox"/> Insect Sting | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Peanuts | <input type="checkbox"/> ADHD | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Gluten | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures |
| | | | | <input type="checkbox"/> Bleeding Disorders |
| | | | | <input type="checkbox"/> Other: _____ |

CHILD MEDICAL INFO

| |
|----------------------------------|
| Name of Health Insurance Company |
| Policy Number |
| Family Doctor Name |
| Phone Number |
| Dentist/Orthodontist Name |
| Phone Number |

| | | | | | | | |
|---|---|--------------------------|--------------------|---|---------------------------|--------------------------|--------------------|
| MEMBER/PARTICIPANT ETHNICITY TRACKING TOOL | | | | (Optional): This voluntary information will be used for statistical purposes in order to enable our YMCA to provide quality services to our community members. | | | |
| <input type="checkbox"/> | American Indian or Alaska Native | <input type="checkbox"/> | Asian | <input type="checkbox"/> | Black or African American | <input type="checkbox"/> | Hispanic or Latino |
| <input type="checkbox"/> | Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> | White or Caucasian | <input type="checkbox"/> | Two or More Races | <input type="checkbox"/> | Other _____ |
| PRIMARY LANGUAGE | | | | | | | |
| <input type="checkbox"/> | English | <input type="checkbox"/> | Spanish | <input type="checkbox"/> | Other _____ | | |

YMCA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FOR MINORS

Name of Minor(s) _____

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. 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 San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above in 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 and (iv) I voluntarily sign this document.
2. Except for YMCA's gross negligence or willful misconduct I release the YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me or the above said minor, for any loss or damage to property or injury or death to person, whether said damage or injury results from conditions arising upon the YMCA facilities or arising out of or in connection with YMCA programs or activities. YMCA shall not be liable for any damages arising from any act or neglect of any other member, occupant or user of the YMCA premises or participant in YMCA programs or activities. I agree that the above said minor assumes full responsibility for, and risk of, bodily injury, death or property damage except caused or due to the gross negligence or willful misconduct of the YMCA.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and except for YMCA's gross negligence or willful misconduct, I will indemnify, protect, defend and hold harmless the YMCA and its Releasees from and against any and all claims and/or damages, liens, judgments, penalties, attorneys' and consultants' fees, expenses and/or liabilities arising out of, involving, or in connection with, the YMCA membership, use of YMCA facilities and/or participation in YMCA programs by me, the above said minor or any other person. If any action or proceeding is brought against YMCA by reason of any of the foregoing matters, I shall upon notice defend the same at my expense by counsel reasonably satisfactory to YMCA and YMCA shall cooperate with me in such defense. YMCA need not have first paid any such claim in order to be defended or indemnified.
4. 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. 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.

Parent/Legal Guardian Signature _____ Date _____

PHOTOGRAPHIC WAIVER/CONSENT

I, _____ give my permission to the YMCA of San Diego County (YMCA) to use my picture or other likeness, or a picture or other likeness of any of my children, specifically, _____, in the YMCA's general publicity and campaign materials.

Parent/Legal Guardian Signature _____ Date _____