



2009 Camp Registration

Santa Maria Valley YMCA

YMCA
*We build strong kids,
 strong families, strong communities.*

Camper's First Name: _____ MI: _____ Last Name: _____

Address: _____ Camper Resides With: _____

City: _____ State: _____ Zip _____

Sex: _____ Birth date: _____ Age: _____ School: _____ Grade in Fall 2009: _____

Home Phone: _____ E-mail: _____

Mother/Guardian: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Father/Guardian: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Emergency Contact (*other than parents or physician*): _____ Relationship: _____ Phone: _____

Does your child have any limitations or special medical or behavioral concerns that we should be aware of (*medications, allergies or other*)? _____

Camper's Physician _____ Date of last physical examination: _____ Immunizations current? Yes No

C.I.T./Teen Xtreme Program Only: My child may sign in/sign out themselves, must be at the Y no later than 9a.m. and cannot leave before 4:00 p.m. Yes No

Persons Authorized to pick-up child (*must be at least 18 years*) Mother/Guardian Yes No Father/Guardian Yes No

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>

Release/Participation: I am the parent or guardian of the participant. I give permission for my child to participate in YMCA activities including transportation. I understand that accidents can sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA, its employees, boards, members, volunteers or guests 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 and including transportation. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its employees, boards, members, volunteers or guests.

Medical Treatment: I give permission for YMCA staff or volunteers to provide emergency medical treatment for my child, and to transport to an emergency center for treatment. Also, I consent to medical treatment for my child deemed immediately necessary or advisable by a physician.

Insurance: I understand that the YMCA does not provide any accident or health insurance for its members or participants and further understand it is my responsibility to provide such coverage.

Member Conduct: I agree for myself and my child to abide by the YMCA code of conduct and all policies and procedures of the Santa Maria Valley YMCA.

Property Loss: The YMCA is not responsible for personal property lost, damaged or stolen while participating in YMCA programs or using YMCA facilities, including parking lots.

Photograph Permission: I give permission for the YMCA to use, without limitation or obligation, photographs, film footage or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs.

Medication: I understand that I must complete an "administration of medication" form, and all medicines must be handed to a staff member with the completed form.

Parent Handbook: I have received and read a copy of the parent handbook which explains policies and procedures for the YMCA Camps.

Sunscreen: Staff are not allowed to apply sunscreen to any child we strongly encourage purchasing the spray sunscreen.

Date: _____ Camp: _____
 June 22-26 _____
 July 6-10 _____
 July 20-24 _____
 August 3-7 _____

Date: _____ Camp: _____
 June 29-July 3 _____
 July 13-17 _____
 July 27-31 _____
 August 10-14 _____

Deposit (required at time of camp registration) _____ Number of weeks: _____ X \$20.00 = \$ _____
 Campership Donation: I would like to help send a child to camp by making a Campership Dontation \$ _____

Signature of Parent/Guardian: _____ Date: _____

For Office Use Only:

Date Received: _____ Received By: _____