



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Gold County YMCA Summer Camp Registration Check List

Welcome to the Gold Country YMCA Summer Camp Program.

The following items are required to register children into the summer camp program. One form is needed per child.

- Registration Form
- Confidential Health History and Consent Form
- Release and Waiver of Liability Form
- Full payment- Please see options below
 - Check by mail with completed forms.
 - Credit card over the phone. If you choose to pay by credit card, please mail your forms in and indicate that you would like to pay by phone. Provide us with the best number to reach you and a YMCA staff member will call you to arrange payment. Please note your child will not be registered or a spot reserved until payment is made.

Mailing Address:

Gold Country YMCA
2036 Nevada City HWY #649
Grass Valley, CA 95945

All registrations must be complete and payment made in full one week prior to session start date.

If you have any additional questions, please don't hesitate to contact Rachel Levesque at rlevesque@ymcasuperiorcal.org or 530.760.7019.



**YMCA of Superior California
Summer Adventure Day Camp 2017
Gold Country YMCA**

All campers receive a summer camp T-Shirt
Circle your child's T Shirt Size:
YS YM YL AS AM AL AXL

Child's name _____ Age _____ DOB _____ Grade (fall 2017) _____

Sex Male Female To whom does the child live with? mother father other _____
please specify

Child's address _____ City _____ Zip _____

Home Phone _____ Parent's Email address: _____

Parent #1 Name _____ Parent #2 Name _____

Parent #1 Work Phone _____ Parent #2 Work Phone _____

Parent #1 Cell Phone _____ Parent #2 Cell Phone _____

Emergency contact _____ Phone # _____ Relationship to child _____
(other than parent)

List all persons, including parents, authorized to pick up child:

Name	Address	Phone #	Relationship to child

List all persons who may NEVER pick up child:

Registration
Mail completed registration packet and full payment to:
Gold Country YMCA
2036 Nevada City HWY #649, Grass Valley, CA 95945
Incomplete forms will not be accepted. A confirmation of registration email will be sent, once all your completed forms and payment has been received.

Fees: Registration fee: \$25 per season
Weekly Rate: \$115 per week
Week 3 - \$75 - no camp July 3rd & 4th

Please indicate the week(s) your child will be attending & payment method.

<input type="checkbox"/> Week 1: June 19-23	<input type="checkbox"/> A check is attached
<input type="checkbox"/> Week 2: June 26-30	
<input type="checkbox"/> Week 3: July 5-7	<input type="checkbox"/> I would like to pay by credit card over the phone.
<input type="checkbox"/> Week 4: July 10-14	The best number to reach me at is _____.
<input type="checkbox"/> Week 5: July 17-21	
<input type="checkbox"/> Week 6: July 24-28	
<input type="checkbox"/> Week 7: July 31-August 4	

Payment Policy: Full payment is due at time of registration; otherwise space is not guaranteed. There will be no refunds or credits without at least one week's notice. This applies in the case of cancellation, sickness, leaving camp early, discipline problems, injuries or no shows. **Int.** _____

Insurance: It is the responsibility of every individual, parent or legal guardian to provide their own accident and health coverage while participating in all YMCA activities. The YMCA of Superior California does not provide any accident or health coverage for its participants. **Int.** _____

Authorizations: I give permission for my child to participate in activities, field trips, overnights, swimming, etc. and to be transported as authorized by the YMCA; and I give permission for the YMCA to use any photographs of my child for YMCA promotional purposes. **Int.** _____

Medical Treatment: I hereby give permission that my child may be given emergency treatment by a qualified staff member of the YMCA. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. In the event I cannot be contacted, I further consent to the medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital selected by the YMCA director when deemed immediately necessary or advisable by the physician to safeguard my child's health. **Int.** _____

I have read and understand the above and have completed this form to the best of my ability.

Signature of Parent or guardian _____ Date _____

How did you find out about Gold Country YMCA? Circle all that apply

<input type="checkbox"/> Parent's Resource Magazine	<input type="checkbox"/> Facebook	<input type="checkbox"/> Friend	<input type="checkbox"/> Camp & Activity Fair
<input type="checkbox"/> Keeping Kids Safe Fair	<input type="checkbox"/> First Friday Artwalk	<input type="checkbox"/> Other _____	



**YMCA of Superior California
PROGRAM PARTICIPANT**

RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Date: _____

Signature of Parent: _____

Print Name of Parent: _____

Name of Child in Program: _____

Program Activity: Summer Day Camp 2017



YMCA 2017 CONFIDENTIAL HEALTH HISTORY AND CONSENT FORM

All camp participants must submit the following form at the time of registration.

Camper's Name: _____

Home Phone: _____ Birthdate: ____/____/____ Grade(in Fall 2016): _____

Parent/Guardian 1: Name: _____ Circle One: **grand /step / mother** **grand / step / father**

Home Phone : (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Parent/Guardian 2: Name: _____ Circle One: **grand /step / mother** **grand / step / father**

Home Phone : (____) _____ Cell Phone: (____) _____ Work Phone: _____

EMERGENCY CONTACTS WITH PERSONS AUTHORIZED TO PICK UP PARTICIPANT

In the case of an emergency, we always try to contact the parent/guardian first. In the event a parent/guardian cannot be reached, we may need to contact at least two (preferably three) other friends/relatives. No adults other than those listed as the parent/guardian or below will be able to pick up your child from our program without a legibly written, dated and signed note from the parent/guardian. Please send someone **18 years or older** to pick up your child. **Picture ID required for pick-up.**

Name: _____ Cell Phone: _____ Alternate # _____ Relationship _____

Name: _____ Cell Phone: _____ Alternate # _____ Relationship _____

Name: _____ Cell Phone: _____ Alternate # _____ Relationship _____

Name: _____ Cell Phone: _____ Alternate # _____ Relationship _____

MEDICAL CAREGIVERS

Family Physician: _____ Doctor's Phone: _____

Family Dentist: _____ Dentist Phone: _____

Medical Insurance Company: _____ Policy Number: _____

Medical Treatment: I hereby give permission that my child may be given emergency treatment by a qualified staff member of the YMCA. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. In the event I cannot be contacted, I further consent to the medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital selected by the YMCA director when deemed immediately necessary or advisable by the physician to safeguard my child's health. **I have read and understand the above and have completed this form to the best of my ability.** Signature of Parent _____ Date _____

MEDICAL HISTORY

- Asthma Head Lice Seizures Diabetes ADD/ADHD
- Measles Tuberculosis Chicken Pox German Measles Ear Infections
- Heart Defect/Disease

Allergies

- Pollen Penicillin Poison Oak Bee Stings Foods Hay Fever Peanuts Drugs Other Allergies

Please Specify: _____

Does your child have any swimming restrictions? YES NO

Is your child currently on any medication: YES NO

If so, will it need to be administered during camp hours? YES** NO

**If yes a separate medical release form needs to be completed also.

List operations, serious injuries, or restriction on physical activity:

