



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2019 BURAS YMCA & PORT SULPHUR YMCA Summer Camp Registration

Child's Name: _____

Grade: _____

Kiddie Camp (3-4 years old, must be potty trained) \$20 one time registration fee		Youth Camp (Entering grades K-6 th) \$20 one time registration fee	
Member	\$25/Week (Half Day) \$50/Week (Full Day)	Member-	\$25/Week
Non-member	\$40/Week (Half Day) \$80/Week (Full Day)	Non-member-	\$40/week

Please Check One: Member Non-Member

I will be signing my camper up for: Kiddie Camp 1/2 Day Kiddie Camp Full Day Youth Camp

Please check off the weeks you would like your child to attend camp at the YMCA!

- | | |
|---|--|
| <input type="checkbox"/> Week 1: 5/28-5/31: Paradise Summer* | <input type="checkbox"/> Week 6: 7/1-7/5: America the Beautiful* |
| <input type="checkbox"/> Week 2: 6/3-6/7: Heroes/Heroines | <input type="checkbox"/> Week 7: 7/8-7/12: Going Green |
| <input type="checkbox"/> Week 3: 6/10-6/14: Deep Sea Adventures | <input type="checkbox"/> Week 8: 7/15-7/19: Lights, Camera, Action |
| <input type="checkbox"/> Week 4: 6/17-6/21: The Mighty Jungle | <input type="checkbox"/> Week 9: 7/22-26: Outdoor Adventures |
| <input type="checkbox"/> Week 5: 6/24-6/28: Movin' & Groovin' | <input type="checkbox"/> Week 10: 7/29-8/2: Under the Big Top |

*These weeks will be 4 days due to holidays.

YMCA Swim Lessons

Lessons consist of 8 sessions over the course of 4 weeks and match your child's skill level.

Each 4-week session is \$50 for members and \$70 for non-member.

I WOULD LIKE TO ADD SWIM LESSONS YES NO

If YES, please fill out a Swim Lessons Registration Form.

T-Shirt Size (1 shirt included): YXS YS YM YL S M L XL

I would like to purchase _____ extra shirts at \$10 per shirt.

Payment Options

- Card on File with YMCA : Card Number XXXX-XXXX-XXXX-_____ Expiration Date __/___
- New Form of Payment (please call or come into the branch to complete new payment set up)
 - Credit Card: Name on Card: _____
Card Number XXXX-XXXX-XXXX-_____ Expiration Date __/___
 - Bank Account
Bank Routing Number: _____
Bank Account Number: _____

PAYMENT POLICY AND PROCEDURES:

Deposits are non-refundable but are transferrable within the 2019 Summer Camp season. Weekly balances must be satisfied the Thursday prior to the intended week of participation. If not paid by Thursday, a late fee of \$5 per day will be assessed. If balance is not paid by Monday of the current week, registration is void and your child will be unable to attend until payment is received. No refunds or credits will be issued to anyone withdrawing once the first day of the session has begun. Cancellations or transfers must be made in writing one week in advance. Payments can be made by automatic withdraw from the account on file at the YMCA or a separate bank account or credit card. Checks will be processed as EFT.

Signature of Parent or Legal Guardian

Date

WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself 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 programs 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.

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 PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO THE LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, 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, whether caused by negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to the location.

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 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 releasees or otherwise.

THE UNDERSIGNED HEREBY ASSUMED FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE 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 permitted by the state of Louisiana and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effort.

I hereby give my consent to the YMCA of Greater New Orleans to secure emergency medical treatment for my child in the event of a medical emergency if parents/guardians listed on this form are unable to be contacted. I understand that I am liable for any resulting medical bills. I understand that if transportation is required for this program, that my child will be transported in vehicles owned or secured by the YMCA. I hereby give my consent for my child to participate in swimming or physical activities during the program. I will notify the YMCA of any special needs my child may have to allow them to make the needed accommodations. I understand that filming and photographs of activities will take place for future use in publications or news releases, so I hereby give the YMCA permission to publish photos/videos in which I and/or my child appear in for no compensation. I also understand some art creations made by participants may be used for recognition items for donors and other supporters of the YMCA and hereby give the YMCA permission to use my child's artwork.

I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT :

Signature of Parent or Legal Guardian _____ Date _____

FOR OFFICE USE ONLY

Member? Y N	# Weeks	Shirt Size	# Swim Sessions	
If yes, Member Number	Rate \$25 or \$50 \$40 or \$80	# of Extra Shirts (\$10)	Rate \$50 \$70	Staff Initial
Registration Fee \$20	\$ Total	Extra Shirt Cost \$	\$ Total	Payment Method <input type="checkbox"/> ON FILE <input type="checkbox"/> Credit Card <input type="checkbox"/> Bank Account <input type="checkbox"/> CASH
Total of Registration Fee, Weekly Fee, Swim, and Shirt Cost \$			Other Information	



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PLEASE PRINT CLEARLY.

Child's Name: _____ **Date of Birth:** _____

Gender: Male Female
Grade Entering in Fall of 2019: _____ School: _____

How did you hear about us? E-mail Television Radio Billboard Facebook
 Website Drive By Direct Mail Magazine New Orleans Moms Blog
 Newspaper Summer Camp Guide Friend/Family Other _____

Camper's Home Address: _____

PRIMARY CONTACT 1

Name: _____ Relationship to Camper: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Place of Work : _____
Email Address (REQUIRED): _____

PRIMARY CONTACT 2

Name: _____ Relationship to Camper: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Place of Work : _____
Email Address (REQUIRED): _____

EMERGENCY CONTACTS *(other than primary contacts):*

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

AUTHORIZED PICK UP INFORMATION *(other than primary contacts):*

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

I understand that any changes/additions/deletions made to the authorized pick up list must be done in writing and given directly to the on-duty Camp Director. Please initial: _____

Special Custody Arrangements:



Child's Name: _____ **Grade:** _____

Medical Information

Camper's Medical information or other needs should be brought to YMCA staff's attention to ensure the safety of your child and other children participating in YMCA programs.

Does your child have any allergies? Yes No

If yes, please list and describe:

Does your child take any medication? Yes No

If yes, please list and describe:

Will medication need to be administered during camp hours? Yes No

*If yes, please fill out a medication authorization form.

Does your child have any special needs? Yes No

If yes, please list and describe:

Physician Information

Child's Physician Name: _____ **Phone #** _____

Child's Dentist Name: _____ **Phone #** _____

Emergency Medical Authorization

I hereby give my consent to the YMCA of Greater New Orleans to secure emergency medical treatment for my child in the event of a medical emergency if parents/guardians and emergency contacts listed on this form are unable to be contacted.

I hereby release any facts concerning my child's medical history, including allergies, medications and any physical impairments to which a physician should be made aware in an emergency situation. I assume all responsibility for payment of all medical costs incurred and understand that the YMCA of Greater New Orleans is not responsible for the payment of any medical costs incurred.

Signature of Parent or Legal Guardian

Date

Any additional information you would like the YMCA to know about your child?

