Child’s Name: ___________________________ Grade Entering: ____________

Please Note: Each week of camp requires a $20 non-refundable, non-transferable deposit to be paid at the time of registration.

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<td>Swim Lessons</td>
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<td>Session 1 6/1-6/12</td>
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Camp Times
Before Care: 7:30am—9:00am (FREE!)
Camp: 9:00am—4:00pm
After Care: 4:00pm—6:00pm

YMCA Swim Lessons
Add swim lessons to your camp registration for a great deal! Camp swim lessons will be for children entering grades K-6th and consist of 8 lessons over the course of 2 weeks and match your child's skill level. Your child must be registered for the corresponding weeks of camp you select to be eligible for the discounted swim lesson rate. See sheet in back of registration packet for more information.

T-Shirt Size (2 shirts included): ☐ YXS ☐YS ☐YM ☐YL ☐S ☐M ☐L ☐XL

Payment: Please come in to the branch to complete payment set-up.

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 $20 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 effect.

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

<table>
<thead>
<tr>
<th>Member?</th>
<th># Weeks</th>
<th>Shirt Size</th>
<th># Swim Sessions</th>
<th>Deposit Due—$20 each</th>
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<tr>
<td>Y</td>
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<table>
<thead>
<tr>
<th>If yes, member Number</th>
<th>Rate</th>
<th># of Extra Shirts</th>
<th>Rate</th>
<th>Weeks After Care</th>
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<tr>
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<td>($10) ($12)</td>
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<thead>
<tr>
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<th>Extra Shirt Cost</th>
<th>Total</th>
<th>Payment Method</th>
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</thead>
<tbody>
<tr>
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<td>□ ON FILE □ Credit Card □ Bank Account</td>
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<tr>
<td>$50</td>
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</table>

Total of Registration Fee, Weekly Fee, Swim, and Shirt Cost $
2020 East Jefferson YMCA
Summer Camp Registration

PLEASE PRINT CLEARLY.
Child’s Name: _______________________________ Date of Birth: ______________
Child’s Gender: ______________________________
Grade Entering in Fall of 2020: ______________ School: ____________________________

How did you hear about us?  □ Returning Camper  □ In the Y  □ Friend/Family  □ E-mail
□ Television  □ Newspaper  □ Facebook  □ Website  □ Magazine  □ Radio
□ Macaroni Kid  □ YMCA Program Guide  □ 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: ______________

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: ______________________________________________________
________________________________________________________________________________
________________________________________________________________________________
Campers with special emotional needs, physical needs or allergies should be called to the attention of the Camp Director by fully describing any unique requirements of the camper at least two weeks prior to the start of your selected camp week(s). We will make every reasonable accommodation possible to serve your child.

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 (please see Director) □ No

Does your child have any special needs? □ Yes □ No
If yes, please list and describe: __________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
2020 East Jefferson YMCA
Camp Group Swim Lesson Registration

PLEASE PRINT CLEARLY.
Child’s Name: ______________________________ Date of Birth: ______________
Child’s Gender: ____________________________________________
Email Address (required): ______________________________________
Cell Phone (required): (________) ______-

YOUR CHILD MUST BE REGISTERED FOR THE CORRESPONDING WEEKS
OF CAMP YOU SELECT TO BE ELIGIBLE FOR CAMP SWIM LESSONS.

CAMP SWIM LESSONS ARE $65/SESSION FOR MEMBERS & $95/SESSION FOR NON-MEMBERS
Lessons run Tuesday - Friday mornings. Based on your child’s age and abilities, select a session and stage in which to register.

<table>
<thead>
<tr>
<th>5-7 years old</th>
<th>8-12 years old</th>
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<tbody>
<tr>
<td>Session 1: (6/3-6/14)</td>
<td>Session 1: (6/3-6/14)</td>
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<tr>
<td>Stage 1 (8:00)</td>
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<td>Stage 2 (8:30)</td>
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<tr>
<td>Session 3: (7/8-7/19)</td>
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<td>Stage 1 (8:00)</td>
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<td>Stage 2 (8:30)</td>
<td>Stage 2 (8:30)</td>
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<tr>
<td>Session 4: (7/22-8/2)</td>
<td>Session 4: (7/22-8/2)</td>
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<tr>
<td>Stage 1 (8:00)</td>
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<td>Stage 2 (8:30)</td>
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Payment Options
Please call or come into the branch to complete payment set up. REGISTRATION IS NOT COMPLETE UNTIL PAYMENT IS PROCESSED.

- Card currently on file: XXXX-XXXX-XXXX-___________
- New Credit Card
- Bank Draft
- Check
- Cash in full

LESSON CANCELLATION AND MAKE-UP POLICY
Price includes a guarantee of 6 swim lessons. For each session of lessons we will only conduct make up lessons due to facility cancellations, not personal absence. There are no refunds given for the current session. There will be designated make up dates for each swim lesson session.

PAYMENT POLICY AND PROCEDURES:
No refunds or credits will be issued to anyone withdrawing once the first day of the session has begun. Refunds and transfers after this time will be at the discretion of the Aquatics Director. Payments can be made by automatic withdraw from the account on file at the YMCA, a separate bank account or credit card, check or cash.

Signature of Parent or Legal Guardian ________________________________ Date ________________________________