

2009 Summer Camp Registration



ALL INFORMATION MUST BE COMPLETED FOR YOUR CHILD TO PARTICIPATE!

CAMPER INFORMATION *Please complete a separate form for each child.*

Name: _____ Nickname: _____

Gender: M / F (circle one) Birth Date: ___ / ___ / ___ Age: _____ Advancing to Grade: _____ School: _____

Address: _____ Apt: _____ City: _____ ZIP: _____

Ethnicity* Caucasian (1) Asian (2) African-American (3) Hispanic (4) Other (5)

The YMCA is required to provide data regarding the ethnic mix of our constituency. If you have no objection to furnishing this information, please check a box above.

PARENT / GUARDIAN CONTACT INFORMATION

Name: _____ Relationship to Child: _____

Address: _____ Tel Day _____ Night _____

Name: _____ Relationship to Child: _____

Address: _____ Tel Day _____ Night _____

Authorized persons other than parent/guardian who may be contacted or pick up your child in case of emergency:

Name _____ Tel. _____

Name _____ Tel. _____

Name _____ Tel. _____

Are there any child custody issues? Yes No (Please note: your child may only be picked up by authorized people listed on this form.)

Initials **Permission for Enrollment and Release of YMCA from Liability**

I give my child permission to participate in YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes still 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 and its staff members 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. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its staff, directors, members and guests. I have read and am voluntarily signing this authorization and release. I hereby grant permission for my child to participate in all activities provided by the Tampa Metropolitan Area YMCA.

Authorization for Emergency Medical Treatment

If my child should become ill or injured during YMCA activities, I understand that the YMCA will 1) contact me immediately or 2) contact the person(s) I have designated in case I cannot be reached. Should the YMCA be unable to reach me or the person(s) designated, the YMCA is authorized to contact my physician or arrange for immediate medical treatment to ensure the health and safety of my child. I accept responsibility for payment of medical services rendered.

Photo / Video Release: I grant permission to the Tampa Metropolitan Area YMCA to use photographs and videotapes taken of my child for YMCA publication purposes.

Transportation Release: I give my child permission to be transported by the YMCA. I understand that the Tampa Metropolitan Area YMCA will provide transportation to and from scheduled field trips.

Handbook: I have received a parent handbook and agree to follow all stated policies.

Medical or Other Information (allergies, medical, physical or emotional conditions, or special needs)

Physician's Name/Address: _____ Tel. _____

Insurance Co/Policy Number: _____

Parent's Name (please print): _____

Parent's Signature: _____ Date: _____

Parent email address: _____

Yes! I would like to sponsor another child to attend camp.

Yes! I would like to volunteer in camp.