



YMCA OF SOUTH FLORIDA

SUMMER CAMP REGISTRATION

- Sports Camp
 Specialty Camp
 Aquatics Camp
 Teen/LIT Camp
 Adventure Camp
 Traditional Camp
 ½ Day camp
 Other Camp

FOR OFFICE USE ONLY	
Registration taken by:	
Date of enrollment:	
Weekly Fee:	
Note:	

CHILD'S FULL NAME (Please Print)		AGE	DATE OF BIRTH	GENDER		NICKNAME
				F	M	
ADDRESS		CITY		STATE		ZIP
MOTHER/ GUARDIAN	FIRST NAME	LAST NAME		EMPLOYER		
	HOME #	CELL #		WORK #		
	EMAIL					
FATHER/ GUARDIAN	FIRST NAME	LAST NAME		EMPLOYER		
	HOME #	CELL #		WORK #		
	EMAIL					
	SCHOOL ATTENDING/GRADE:					

EMERGENCY INFORMATION AND AUTHORIZATION PICK-UP

The child will be released only to the custodial parent or legal guardian and the persons listed below must be 18 years old. The following people will also be contacted and are authorized to remove the child from camp in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached. Please list at least three (3).

NAME	RELATIONSHIP	PHONE #
NAME	RELATIONSHIP	PHONE #
NAME	RELATIONSHIP	PHONE #
NAME	RELATIONSHIP	PHONE #

MEDICAL INFORMATION

I hereby grant permission for YMCA staff to contact the following medical personnel to obtain emergency medical care if needed.

HOSPITAL PREFERENCE	
DOCTOR	PHONE#
DENTIST	PHONE#
MEDICAL INSURANCE CARRIER FOR PARTICIPANT	POLICY #

Does your child have allergies, special medical or dietary needs, or other areas of concern? Check one Yes No
 If yes, please describe (physician note required): _____
 Please list any allergies, special medical or dietary needs, or other areas of concern: _____

Medication (prescription or over-the-counter) will not be administered to your child while attending the YMCA program unless the custodial parent or legal guardian of the child completes a medication authorization form. Please refer to our policies concerning administration of medication in our program.
 HELPFUL INFORMATION ABOUT THE CHILD: _____

PLEASE READ THE FOLLOWING INFORMATION AND SIGN BELOW

I hereby state that my child is physically and mentally capable of safe participation in YMCA programs. I assume all risks and hazards incidental to the conduct of this program. I agree that the YMCA of South Florida shall not be responsible for any personal injuries or losses sustained by my child while on any YMCA premises, YMCA vehicles, or as a result of any YMCA sponsored activity. I further hold harmless the YMCA of South Florida from any claims or demands arising out of any such injuries or losses. I also authorize the YMCA to obtain medical treatment for my child in the event the parent(s), guardian or emergency contact cannot be reached. I understand and agree to abide by the policies therein stated. I also give permission to the use of photographs of my children in YMCA publications and news media and give permission to the above named child to participate in activities, field trips, and to use YMCA owned and contracted transportation.

SIGNATURE* _____ DATE _____
 PRINT NAME* _____

*Must be 18 years or older and be the parent or legal guardian to authorize registration.

YMCA of South Florida Assumption of Risk, Release and Indemnity Agreement for Minors

I certify to The Young Men’s Christian Association of South Florida, d/b/a YMCA of South Florida (the “YMCA”) that I am the parent and/or legal guardian of the minor person whose name is printed below (hereafter, “my child”) and that I have full authority to sign this document on behalf of my child and to legally bind my child to the terms of this document. In consideration of my child being permitted to enter upon, use and/or observe for any purpose the premises, facilities, equipment, services and programs of the YMCA and any on-site or off-site program affiliated with the YMCA, I, for myself and my child and each of our heirs, executors, personal representatives and beneficiaries, hereby acknowledge and agree as follows:

1. I hereby certify that my child is physically and mentally capable of safely participating in YMCA programs. I assume full responsibility for all risks of bodily injury, death, and property damage, whether or not due to the negligence of the YMCA, its directors, officers, employees, contractors and/or agents (hereinafter referred to as the “YMCA Parties”), while my child is in, upon, using and/or observing for any purpose the premises, facilities, equipment, services and programs of the YMCA and/or any on-site or off-site program affiliated with the YMCA, including, without limitation, the risks of thrown, kicked or batted balls, falling objects, uneven ground, holes in the ground and automobile accidents. Prior to allowing my child to enter, use or participate in any such premises, facility, equipment, service or program, I will inspect and carefully consider the risks associated therewith and will not register my child for or otherwise permit my child to enter, use or participate in any such premises, facility, equipment, program or service unless my child is physically and mentally capable of safely doing so and I am willing to assume all such risks.
2. I hereby release, waive and discharge all of the YMCA Parties from, and covenant not to sue any of the YMCA Parties for, any and all actions, causes of action, damages, claims and demands whatsoever (including, without limitation, for personal injuries, death and property damage) which I or my child ever had, now have, or hereafter can, shall or may have, arising out of or in connection with my child’s entry upon, use and/or observation for any purpose of the premises, facilities, equipment, services and programs of the YMCA and/or any on-site or off-site program affiliated with the YMCA, whether the same arises or is caused by the sole or joint negligence of any YMCA Party or otherwise, and whether the same is now known or unknown, foreseen or unforeseen. I acknowledge and agree that this is a perpetual release of all personal injury and other claims and is intended to cover each and every present and future occasion on which my child enters upon, uses and/or observes for any purpose the premises, facilities, equipment, services and programs of the YMCA and/or any on-site or off-site program affiliated with the YMCA.
3. I hereby agree to indemnify and to hold harmless all of the YMCA Parties from and against any and all claims, actions, damages, losses, liabilities, costs and expenses of any nature whatsoever (including, without limitation, reasonable attorneys fees and expenses), whether known or unknown, foreseen or unforeseen, present or future, that any YMCA Party may incur or suffer as a result of or in connection with my child’s entry, use and/or observation for any purpose of the premises, facilities, equipment, services and programs of the YMCA and/or any on-site or off-site program affiliated with the YMCA, whether the same arises or is caused by the sole or joint negligence of any YMCA Party or otherwise, and/or any certification made by me in this document which is not true and correct in any respect.
4. I hereby irrevocably grant to the YMCA Parties my permission and the full right to (a) obtain and authorize medical treatment for my child in the event of injury or other emergency and (b) use for promotional and all other legal purposes any photographs, videos, recordings and any other record of my child upon or using the premises, facilities, equipment, services and programs of the YMCA and any on-site or off-site program affiliated with the YMCA.
5. I hereby agree that the YMCA has the right to suspend and/or terminate my child’s participation in any and all YMCA services and programs for non-payment of dues or fees, or for behavior that interferes with the enjoyment of the YMCA by other participants, staff or for any reason deemed sufficient in the sole discretion of the YMCA. All YMCA dues and fees are non-refundable except as may be otherwise stated in writing by the YMCA.

I understand and agree that this document is intended to be as broad and inclusive as is permitted by the laws of the State of Florida and that if any portion hereof is held invalid, the balance shall continue in full legal force and effect. No representations or statements of inducement have been made to me. I HAVE READ AND AM VOLUNTARILY SIGNING THIS ASSUMPTION OF RISK, RELEASE AND INDEMNITY AGREEMENT.

Print Name of Child: _____

Signature of Legal Guardian: _____ Date: _____

Print Name of Legal Guardian: _____