

2018 HOLIDAY CAMP K-5 REGISTRATION

Enrollment is first-come, first-served.

Please return forms with program fees to the Albany YMCA at: 921 Kains Avenue, Albany, CA 94706.
Please fill out a separate form for each child.

FINANCIAL ASSISTANCE IS AVAILABLE*

Child's Name: _____ Gender: _____ Grade: _____ School _____

Best Email _____ (confirmation and information will be sent to this address)

Address: _____ City: _____ Zip: _____

Parent/Guardian 1: _____ Home #: (____) _____ Cell # (____) _____

Parent/Guardian 2: _____ Home #: (____) _____ Cell # (____) _____

Camp is held at 1216 Solano Avenue; camp opens at 7:30am and closes at 6:30pm.

Program Trip	Date	Fee	Enter amount
CLOSED	Monday, December 24	CLOSED	CLOSED
CLOSED	Tuesday, December 25	CLOSED	CLOSED
Albany Bowl	Wednesday, December 26	\$50	\$
Golden Skate	Thursday, December 27	\$50	\$
Pump It Up	Friday, December 28	\$50	\$

CLOSED	Monday, December 31	CLOSED	CLOSED
CLOSED	Tuesday, January 1	CLOSED	CLOSED
The Jungle	Wednesday, January 2	\$50	\$
Sky High	Thursday, January 3	\$50	\$
Chabot Space & Science	Friday, January 4	\$50	\$

***Financial assistance awarded for Y-Kids is applicable to Holiday Camp.**

Field trips may be subject to change; no refunds provided.

STAFF USE ONLY; Date Received: _____ Staff completing form: _____	SUBTOTAL PROGRAM FEES	\$
	Received after December 19th, add \$10 late fee.	
	TOTAL ENCLOSED	\$

NOTE: Please complete the Emergency Medical Treatment and General Consent Waiver. If your child is currently enrolled in Y-Kids, you may sign below authorizing use of the current form for this HOLIDAY CAMP.

Please print your name: _____

Signature: _____

REFUND POLICY: Full refund or credit, minus a \$7 per day processing fee, will be given if registration is cancelled by **December 19th**. After the 19th, CREDIT for half the program fees paid may be used toward another YMCA program if written cancellation notice is received by the Albany YMCA office at least **two** days prior to the day cancelled. There will be **credit only, NO CASH REFUND** for days cancelled after December 19th. For any days cancelled with less than 2 days notice, there will be **NO CREDIT, nor CASH REFUND**.

Child's Name

YMCA OF THE CENTRAL BAY AREA

Release and Waiver of Liability And Indemnity Agreement

IN CONSIDERATION of 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 on-site or off-site program affiliated with the YMCA, 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 and/or the affiliated program(s). It is further warranted that such entry into the YMCA for observation or use of any facilities and/or equipment or participation in any such affiliated program(s) constitutes an acknowledgement that such premises and all facilities and equipment thereon and 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 ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1 THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE THE YMCA, its directors, officers, employees, volunteers and/or 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 therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the 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.

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 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 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 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 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 have been made.

I HAVE READ THIS RELEASE:

Print Name: _____ Date: _____
(Parent or Guardian)

Parent/Guardian Signature: _____

This document helps inform the staff about your child, and is taken on all field trips. Please answer each section completely.

CHILD'S LAST NAME _____
(Please print)

**AGREEMENT FOR ADMISSION, EMERGENCY MEDICAL TREATMENT, GENERAL CONSENT WAIVER
ALBANY YMCA HOLIDAY CAMP 2018-2019**

1. CHILD'S INFORMATION: (Please Print)

Child's name: _____ Gender: _____
Last First M.I.

Address: _____ City: _____ Zip: _____

Birthdate: ____/____/____ Present age: _____ Grade in school: _____

2. PARENT INFORMATION: The YMCA has unrestricted permission to release the above named child to all parents listed below. On the reverse side, please list any other persons who have permission to pick up your child.

CALL FIRST: Parent/Guardian 1: _____

_____	_____	_____
Name	Relationship	Home Phone

Address	Work Phone	
Cell phone: _____	E-mail: _____	

Parent/Guardian 2) _____

_____	_____	_____
Name	Relationship	Home Phone

Address	Work Phone	
Cell phone: _____	E-mail: _____	

Name(s) of any siblings in Camp _____

3. MEDICAL INFORMATION

Name of Doctor & Phone # _____ Insurance Co. & Policy # _____

Please answer the following questions fully, explaining all Yes answers on another sheet so we can better serve your child.

Does your child have any special physical, behavioral, or other needs? _____ If yes, please indicate below and contact the Program Director for an appointment _____

Does your child have any problems or fears that staff should know about? _____

Medical History: please mark Yes or No.

____ Asthma (last attack) ____ Hayfever ____ Vision Problems ____ Speech Problems ____ Hearing Problems ____ Motion Sickness
____ Other (describe) _____

Does your child have any allergies to medications? If so, list: _____

Medications taken daily _____

Medications recently discontinued _____

Does your child have any known allergies to foods? _____ Please list: _____

Other Allergies Insect/Plant/Animal/Etc.: _____

SUNSCREEN POLICY: Staff will apply sunscreen to your child as needed **unless** you check the box below.

Do **NOT** apply sunscreen to my child other than what I provide.

The Albany YMCA has my unrestricted permission to release the named minor at any time, to the following individuals without any further written or verbal communication from me:

YOU MUST LIST AT LEAST TWO LOCAL PEOPLE TO CONTACT IN CASE OF EMERGENCY IF PARENT(S) ARE UNAVAILABLE.

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

Additional names:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

PARENTAL/GUARDIAN CONSENT

Recognizing that the YMCA will do its best to ensure a safe experience, I understand that certain dangers or accidents may occur. I hereby release the Albany YMCA from any and all responsibility and liability of any nature, including claims of injury, illness, death, loss or damage, resulting from my child's participation in any program activities.

MEDICAL CONSENT

As the parent, legal guardian, or authorized representative, I hereby give consent to the YMCA Kids' Club program to provide all emergency dental or medical care prescribed by a duly licensed physician (MD or DO) or dentist (DDS) for the above named child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child.

PARTICIPATION AGREEMENT

Please go over these items with your child:

- Participant agrees to abide by rules and regulations set by the program for the health, safety and welfare of the participants.
- All medications will be brought directly to the site staff in accordance with the Medications Policy.
- Willful destruction of property will be the responsibility of the participant's parent/guardian.
- Participants must remain within established boundaries wherever the program occurs on and off YMCA property.
- Participants are not allowed to be in possession of any tobacco, alcohol, illegal drugs, firecrackers, firearms, or explosives.
- The YMCA is not responsible for lost, damaged or stolen personal belongings.
- Continued inappropriate behavior, such as threatening, swearing, not following directions, teasing, sexual harassment/intimidation, fights, or improper behavior in vehicles, may result in immediate dismissal from the program with no refund.
- Any participant who poses a threat to themselves or to others will be dismissed from the program with no refund.

The Program Director reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary. We reserve the right to dismiss any participant from the program at the parent/guardian's expense and liability for violating any of the above.

BY SIGNING BELOW, I AGREE THAT:

1. I have read and understand the policies and procedures of the Albany YMCA as outlined in this registration packet.
2. The named minor has my permission to participate in YMCA programs and field trips.
3. I give my permission for any pictures taken of my child participating in YMCA events to be used for publicity purposes.

X _____
Signature of Parent, Guardian,
or Authorized Representative

Printed Name

Date