



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 2023 CAMP REGISTRATION FORM

Please print neatly in order that we may better serve you and your child.

Child's Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

Gender:  M  F  N/B Date of Birth: \_\_\_\_\_ \*Age as of Dec. 31, 2022: \_\_\_\_\_

**\*MUST be at least 4 by December 31, 2022 and potty-trained.**

Medical forms on file at (check one):  Y Day Care  School Site (name) \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

First Parent/Guardian's Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address if different than child: \_\_\_\_\_

Second Parent/Guardian's Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address if different than child: \_\_\_\_\_

## ADDITIONAL CONTACTS

First Contact Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Pick Up  Emergency  Emergency Transport Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Second Contact Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Pick Up  Emergency  Emergency Transport Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

# INFORMED CONSENT AND RELEASE OF LIABILITY

## The following **MUST** be initialed in order to Participate in any Y Program/Activity:

1. \_\_\_\_\_ In initialing this agreement, I certify that I/my child am/is able to participate fully in the program unless otherwise stated in writing to the YMCA.
2. \_\_\_\_\_ In consideration of being allowed to participate in the activities and programs of the YMCA (the "YMCA Programs") and to use the facilities, equipment, and machinery of the YMCA (the "YMCA's facilities and Equipment"), I/We do hereby waive, release and forever discharge, and indemnify and hold harmless the YMCA and its officers, agents, employees, representatives, and all others from any and all responsibility or liability for injuries or damages, except those caused by the negligent act or omission of any of the foregoing persons, or entities, arising out of, resulting from, or in connection with my/our use of the YMCA's facilities and equipment or my/our participation in any YMCA programs.
3. \_\_\_\_\_ I/We understand that participation in the YMCA Programs and the use of the YMCA's facilities and Equipment is potentially hazardous. I/We also understand that fitness activities involve a risk of injury and even death and that I/we am/are voluntarily participating in the YMCA Programs as well as field trips and using the YMCA's facilities and equipment with knowledge of the dangers involved. I/We hereby agree to expressly assume and accept any and all risks of injury or death.
4. \_\_\_\_\_ I/We understand that the YMCA's facilities and Equipment and YMCA Programs may not be advisable for certain individuals, including but not limited to persons suffering from heart disease, diabetes, high or low blood pressure, asthma and other conditions and illnesses, and persons taking medication. I/We hereby acknowledge that I/we have been advised to seek advice from a physician regarding the use of the YMCA's facilities and Equipment. I/We also acknowledge that it has been recommended that I/we have a yearly or more frequent physical

examination and consultation with my/our physician as to my/our participation in YMCA Programs and my/our use of the YMCA's facilities and Equipment. I/We acknowledge that I/we have either had a physical examination and have been given y/our physicians/ permission to participate, or that I/We have decided to participate in YMCA Programs and/or use the YMCA's facilities and Equipment without the approval of my/our physician and do hereby assume all responsibility for my participation in the YMCA's Programs and my/our use of the YMCA's facilities and Equipment.

5. \_\_\_\_\_ As part of the overall YMCA program, participants occasionally are photographed/videotaped and have work displayed by the YMCA staff. If initialed, you hereby grant permission and approval that you or your child may be photographed or videotaped by YMCA Staff, and also that the participant's likeness, name, performance, artwork, or written work may be used by the YMCA in any YMCA publications, materials, advertisements, web-site, and programs. Hagerstown YMCA, permits individuals to use photographic devices during program instruction with certain stipulations on how and where they can be used. A procedure outlining the parameters of this is posted in most program areas and a copy will be made available to individuals that request it. It is required that an individual that uses photographic devices adhere to this procedure. For your safety and security the YMCA may be monitoring certain areas by video surveillance.
6. \_\_\_\_\_ I authorize the YMCA to provide medical care and seek advanced medical care for myself or my child should the need arise. I also authorize YMCA to arrange for transport or my child for the purpose of providing medical care, if necessary, at the discretion of the YMCA or medical personnel.
7. \_\_\_\_\_ I acknowledge I have received the parent booklet for regulated childcare.
8. \_\_\_\_\_ I/we understand that all deposits are for a guarantee of a specific camp slot and as such are non-refundable.

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## Participant Agreement (Please print and sign below):

**Transporting for Programs:** I understand that some programs involved field trips with travel from the YMCA facility and I give permission to the YMCA to transport me/my child via YMCA vehicle and indemnify and hold harmless the YMCA, its officers, agents, representatives, and employees from any claim for damage or injury to person or property arising out of such transport, except as caused by the gross negligence of the YMCA, its representative agents or employees.

**Changes or cancellation of Camps** made with less than two weeks of noticed prior to the camp start date will not be accepted and **all**

**fees, including deposits, are non-refundable.** All changes and cancellations by a participant must be made in WRITING either in person at the YMCA or by email to [finance@ymcahagerstown.org](mailto:finance@ymcahagerstown.org) **TWO** weeks prior to the start of the program. Fees will continue to be charged regardless if the participant attends during the noticed period. No faxes or phoned in changes or cancellations are accepted. The YMCA cannot be responsible for mail and e-mail that does not reach us. Please follow-up with us to be sure we have received your request. Failure to receive notification of changes or cancellation from you will cause fees to continue to be charged regardless of whether the participant attends or not.

Name of Parent/Legal Guardian (Printed): \_\_\_\_\_

Parent's/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_