



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2024 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, 2023: _____

***MUST be at least 4 by December 31, 2023 and potty-trained.**

Medical forms on file at (check one): Y Child 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 YMCA Camp or Activity:

- w1. _____ In initialing this agreement, I certify that my child 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 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 understand that participation in the YMCA Programs and the use of the YMCA's facilities and Equipment is potentially hazardous. I also understand that some activities involve a risk of injury and even death and that my child is 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 hereby agree to expressly assume and accept any and all risks of injury or death.
4. _____ I 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 hereby acknowledge that I have been advised to seek advice from a physician regarding my child's use of the YMCA's Facilities and Equipment. I also acknowledge that it is required for my child to have a yearly physical examination and consultation with their physician to be allowed to participate in YMCA Programs and
- use the YMCA's facilities and Equipment. I acknowledge that my child has had a physical examination and has been given their physicians permission to participate. I do hereby assume all responsibility for child's participation in the YMCA's Programs and their 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, website, and programs. The YMCA of Hagerstown, 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 my child should the need arise. I also authorize YMCA to arrange for transport of 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 understand that all deposits are for a guarantee of a specific camp slot and as such are non-refundable.
9. _____ I understand that failure to bring my child by the designated time on field trip days will mean that my child will not be provided ANY care for that day.

Participant Agreement (Please print and sign below):

Transporting for Programs: I understand that some programs involve field trips with travel from the YMCA facility. I give permission to the YMCA to transport 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 notice 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** and given to the Camp Director at the YMCA or by email to 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: _____