

# Tiftarea YMCA

1823 Westover Road Tifton GA 31794 229.391.9622

## SUMMER CAMP REGISTRATION FORM

### Camper Information

Member  Non-member

Child's Name \_\_\_\_\_ Name Called \_\_\_\_\_

Male  Female Shirt Size \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child's School \_\_\_\_\_ Grade [as of May 10] \_\_\_\_\_

### Family Information

Mother/guardian's name \_\_\_\_\_ Employer \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father/guardian's name \_\_\_\_\_ Employer \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Person Permitted to Remove Child

### Legal Custody: Proof of custody required.

Mother  Yes  No

Mother Only  Legal Guardian

Father  Yes  No

Father Only  Both Parents

Please list other family members or friends that are allowed to pick up your child below.

### Emergency Information

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

### **PLEASE CHECK ALL THAT APPLY TO YOUR CHILD. IF NONE, WRITE N/A.**

Allergies [type] \_\_\_\_\_

Medication [type & schedule] \_\_\_\_\_

Special Circumstances [Please list below] \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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I hereby agree to inform the YMCA Day Camp Administration or office Administrator of any changes in my child's scheduled attendance. I understand that I must pay for all the time my child is registered regardless of attendance, and must notify the YMCA of changes at least two weeks in advance if my child will not be attending.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I have received a copy of the parent's registration handbook.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that the YMCA of Georgia and the Tiftarea assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports program, the use of any equipment, exercise, or other activities. I expressly acknowledge that I assume the risk for any and all injuries and illnesses which may result from his/her participation in these activities. In consideration of the privilege of participating at the YMCA, I hereby voluntary release and discharge the YMCA of Georgia and the Tiftarea, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities. While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children who are [1] danger to themselves, [2] of danger to others, or [3] a disruption to the normal activities making it reasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be ground for dismissal for YMCA programs. We strongly recommend that you discuss with staff any special conditions or circumstances involving your child. We request that you do this PRIOR to registration so that we can advise you as to whether we can make a reasonable accommodation for your child. I understand that the YMCA of Georgia and the Tiftarea is NOT responsible for personal property lost or stolen while members and/or program participants are using the YMCA facilities or on YMCA premises. In the event of an emergency and my emergency contact person cannot be reached, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application. I understand that no accident or medical insurance is provided with this activity. I give my permission to the YMCA of Georgia and the Tiftarea to use, without limitation or obligation, photographs, film footage, or tape recordings which include my child's image or voice for purposes of promoting or interpreting YMCA programs. I give permission for my child to be transported by bus services secured by the YMCA for related program activities.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Copy of Insurance Card**

Full Time

Part Time \*

*Please check the weeks your child will be at camp.*

**Minimum is 5.**

<input type="checkbox"/> May 24	<input type="checkbox"/> June 28
<input type="checkbox"/> May 31	<input type="checkbox"/> July 5
<input type="checkbox"/> June 7	<input type="checkbox"/> July 12
<input type="checkbox"/> June 14	<input type="checkbox"/> July 19
<input type="checkbox"/> June 21	<input type="checkbox"/> July 26

**\* Part time campers attend a minimum of 2 days per week and a maximum of 3 days per week.**