



**Peninsula Metropolitan YMCA
2009 Summer Camp
Registration Form**

Branch _____

Child Name (First, MI, Last):		Nickname:	
Address:	Date of Birth:		Sex:
	City :		Zip:
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed:			
Previous Child Day Care Programs and Schools Attended:			
If Child Attended this Center and Another School/Program, Give Name of School/Program/Grade:			

Parent(s)/Guardian(s)

Parent/Legal Guardian:		Relationship To Child:	
Place of Employment (w/address):		Business Phone:	
Home Address:		Home Phone:	
Email:		Cell Phone:	
Parent/Legal Guardian:		Relationship To Child:	
Place of Employment (w/address):		Business Phone:	
Home Address:		Home Phone:	
Email:		Cell Phone:	

Emergency Information

Allergies or Intolerance to Food, Medication, etc., and Action to take in an Emergency:		
Child's Physician:		Phone:
Please give Twp People to Contact if Parent(s) Cannot be Reached		
Contact Person 1:	Address:	Phone:
Contact Person 2 :	Address:	Phone:
Person(s) Authorized to Pick up Child :		
Person(s) NOT Authorized to Pick up Child:		

We build strong kids, strong families, strong communities.



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1. The Peninsula Metropolitan YMCA Summer Camp Program agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. I, parent/guardian, hereby authorize the Peninsula Metropolitan YMCA Summer Camp Program representatives to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
3. I, parent/guardian, agree to inform the Peninsula Metropolitan YMCA Summer Camp Program within 24 hours or the next business day after my child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
4. I, parent/guardian, give permission for my child to participate in neighborhood walks or field trips in an authorized vehicle. I, parent/guardian, understand that I will be informed of all planned field trips.
5. I, parent/guardian, grant permission for my child to be included in YMCA program pictures, and give permission for those pictures to be used by the program.
6. I, parent/guardian, grant permission for my child to participate in the activities and in the use of the equipment in the program.
7. I, parent/guardian, grant permission for my child to watch an occasional PG rated movie. I understand that the movies will be approved and viewed by the director.
8. I, parent/guardian, understand that my child will be swimming during program hours at a predetermined day/time at the Peninsula Metropolitan YMCA. My child's swimming level is:
9. I authorize the YMCA and Summer Camp Staff to apply sunscreen on my child as stated by the Virginia Department of Licensing procedures. Please note that for children under the age of nine years old, staff may apply sunscreen on the child. Children over the age of nine years old may apply sunscreen on themselves with adult supervision. Parents are responsible for providing hypoallergenic/SPF15 sunscreen for their child(ren). The YMCA staff may also provide bug repellent for my child if necessary.
10. I hereby request to participate in the activities below conducted by the Peninsula Metropolitan YMCA. I hereby acknowledge that I have been made aware and fully understand that there are certain elements of risk, which are beyond the control of the Peninsula Metropolitan YMCA, it's instructors, volunteers, agents, and employees, inherent in these activities in which my child is about to voluntarily engage.
11. In consideration of the use of the facilities and equipment of the Peninsula Metropolitan YMCA, I do hereby assume all risk of injury arising out of my participation in such activities or use of equipment and I specifically release, covenant not to sue, hold harmless and indemnify the Peninsula Metropolitan YMCA, from any and all liabilities, damages, causes of action, suits, claims, and demands of any nature whatsoever, which are related to, arise out of, or are in any way connected with my participation in these activities or use of equipment, that may accrue to me, or to heirs or personal representatives for any such injury from the date hereof and at all times hereafter.
12. I am aware that the Peninsula Metropolitan YMCA requires strict adherence to its standards of safety and conduct. I agree to fully abide by the standards or accept dismissal for refusing to adhere to them.

SIGNATURES:

Parent(s) or Guardian(s): _____ **Date:** _____

Administrator of Center: _____ **Date:** _____

By initialing below, I give my consent for my child in the following:

_____ Climbing Wall _____ Swimming _____ Gym/Sports Activities

Date Child Entered Care: _____ Date Child Left Care: _____

****If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.**

Office Use Only - Identity Verification

Place of Birth	Birth Date	Birth Cert #	Date Issued
Other form of Proof	Date Documentation Viewed	Person Viewing Document	