

PARTICIPANT INFORMATION: Use full legal names for all parties

Child's First Name: _____ MI: _____ Last Name: _____

Birthdate: ____/____/____ Gender: F M Grade in Fall: _____

Name and email of person responsible for billing: _____

Race/Ethnic Background of Participant (optional):

Black or African American White Hispanic or Latino American Indian/Alaskan Native

Asian or Pacific Islander Other _____

CHOOSE YOUR DAYS

Please choose 3-5 days each week

June 8 - 12

DAYS
 M Tu
 W Th
 F All Days

June 15 - 19

DAYS
 M Tu
 W Th
 F All Days

June 22 - 26

DAYS
 M Tu
 W Th
 F All Days

June 29 - July 3

DAYS
 M Tu
 W Th
 F **Note:** Camp closed Friday, 7/3

July 6 - 10

DAYS
 M Tu
 W Th
 F All Days

July 13 - 17

DAYS
 M Tu
 W Th
 F All Days

July 20 - 24

DAYS
 M Tu
 W Th
 F All Days

July 27 - 31

DAYS
 M Tu
 W Th
 F All Days

Aug 3 - 7

DAYS
 M Tu
 W Th
 F All Days

Aug 10 - 14

DAYS
 M Tu
 W Th
 F All Days

Aug 17 - 21

DAYS
 M Tu
 W Th
 F All Days

Aug 24 - 28

DAYS
 M Tu
 W Th
 F All Days

Aug 31 - Sept. 4

DAYS
 M Tu
 W Th
 F **Note:** Camp closed 9/3 and 9/4

Billing will be processed bi-weekly, and all invoices will be sent to the email address listed above.

CHILD CARE SUBSIDY PROVIDER INFORMATION:

A current "Authorization of Service" must be on file before your child's care may be billed to a county/third party agency. Parent/guardian is responsible for full payment until the "Authorization of Service" is received.

Our family currently receives child care assistance from:

County: _____ Third Party Agency: _____ Other: _____

Agency/County Worker's Name: _____ Phone Number: _____

Case # Required: _____ Paperwork submitted to County/Agency: Yes No

REGISTRATION FEE:

There is a \$50 nonrefundable registration fee per child. An email with a payment link will be sent to you within one week of receiving this registration form. Your registration will not be completed until the registration fee is paid for each child and all required forms are submitted. All invoices will be emailed.

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION; MEDICAL HISTORY

Child's Name: _____ Gender: _____ Birthdate: ____/____/____

#1 Parent/Guardian's First Name: _____ MI: ____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian's Birthdate: ____/____/____ Gender: _____ Email: _____

Cell Phone: _____ Cell Carrier: _____ Other Phone: _____
(for enabling text alerts)

#2 Parent/Guardian's First Name: _____ MI: ____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian's Birthdate: ____/____/____ Gender: _____ Email: _____

Cell Phone: _____ Cell Carrier: _____ Other Phone: _____
(for enabling text alerts)

Child resides with: _____

The following people should be contacted in case of emergency, only if parent(s) or guardian cannot be reached. These people are authorized to pick up the child:

1. Name: _____
Relationship to child: _____
Cell Phone: _____ Home/Work Phone: _____

2. Name: _____
Relationship to child: _____
Cell Phone: _____ Home/Work Phone: _____

Do you carry family medical/hospital insurance? Yes No

Carrier: _____

Policy/Group #: _____

Family Doctor: _____

Phone: _____

Is the child taking any medication? Yes No

If yes, what kind and why: _____

If medication needs to be administered during the program, a Medication Permission Form must be completed. Call your YWCA camp site for this form, or pick it up at your site.

Please include a copy of child's immunization record when you submit this form.

Does the child have any of the following? If yes, please explain:

Allergies: _____

Dietary restriction(s): _____

Special need(s): _____

Status of child's vision, hearing and speech:

Does your child have a communicable disease or condition that may prove to be a risk to others? Yes No

If yes, please describe: _____

Description of any camp activities that the camper should be exempted for health reasons:

Describe any current physical, mental or psychological conditions requiring medication, treatment or special restrictions or considerations while at YWCA Summer Kids Camp:

Record of Past Medical Treatment. Chronic Concerns:

Check all that pertain to this camper/participant and provide information about supportive health care. Please see parent handbook for restrictions on staff administration of medication.

- | | |
|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Surgeries |
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Heart Defect/Disease |
| <input type="checkbox"/> Bleeding/Clotting Disorder | <input type="checkbox"/> Other |
| <input type="checkbox"/> Convulsions/Epilepsy | |

Provide information about health care need for each item checked:

If special accommodations are required, contact your YWCA site to be directed to appropriate staff. Accommodations will be considered looking at individual need and existing program ability and resources. Please contact the program early to ensure time for discussion and preparation.

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of (print Child's name) _____ ("my child") being permitted by YWCA to participate in its activities and to use its equipment and facilities, I agree to indemnify and hold harmless YWCA from any all claims which are brought by, or on behalf of my child, and which are in any way connected with such use or participation by my child.

1. I acknowledge that activities including, not limited to: indoor and outdoor camp and physical activities, water activities, swimming and field trips, entail known and unanticipated risks. These risks could result in physical or emotional injury, paralysis, death or damage to my child, to property or to third parties. Acknowledging that any and all such risks exist, I hereby release and discharge YWCA, its officers, agents and employees from any and all claims or liability for personal injury or property damage my child may suffer while participating in YWCA's program.
2. I expressly agree and promise to accept and assume all of the risks existing in the events and activities of this YWCA program. My child's participation in this activity is purely voluntary, and I elect for them to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless YWCA from any and all claims, demands or causes of action, which are in any way connected with my child's participation in this YWCA program or my child's use of YWCA equipment or facilities, including any such claims which allege negligent acts or omissions of YWCA.
4. Should YWCA, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury, illness or damage my child may cause or suffer while participating, or else I agree to bear the costs of any such injury, illness or damage myself. I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume – and bear the cost of – all risk that may be created, directly or indirectly, by any such condition.
6. This document is intended to be as broad and inclusive as permitted by law. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

PARENT/GUARDIAN AUTHORIZATION, AGREEMENT AND ACKNOWLEDGMENT OF RISK

1. I understand that the supervision of YWCA Minneapolis ("YWCA") for my child/minor child of which I am the guardian ("my child") begins when my child arrives at YWCA's facility and is checked in by YWCA personnel. I understand that I am not to leave my child at a YWCA program site unless released to a YWCA staff person who is there to receive and supervise my child.
2. I understand that YWCA's responsibility for my child ends when an authorized adult has signed my child out from YWCA's camp program.
3. If field trips are scheduled, my child has my permission to attend scheduled field trips.
4. My child has my permission to participate in activities that involve water while under the supervision of YWCA staff or its representatives.
5. My child has my permission to participate in outdoor activities and walking field trips while under the supervision of YWCA staff or its representatives.
6. My child has my permission to take part in and be transported for field trips, inclement weather or late pick-up as needed.
7. In the event that I cannot be reached to make timely arrangements in an emergency, permission is given to YWCA staff or their representatives to transport my child to the nearest medical facility and/or to secure the intervention of medical personnel deemed to be necessary for treatment, including hospitalization.
8. I understand that all precautions will be taken to ensure the safety and health of my child. I further understand that neither YWCA nor its representatives shall be held liable or responsible for medical treatment in such case of illness, accident or other emergency situation as may occur while my child is participating in YWCA programs.

GENERAL

1. YWCA staff has my permission to administer sunscreen on my child as needed.
2. YWCA has my permission to use photographs of my child participating in YWCA's camp program for promotional purposes and programming materials, including YWCA's website.
3. YWCA is not responsible for personal property.
4. All three pages of this registration form, immunization record and \$50 deposit must be turned in to complete registration.

By signing this document, I acknowledge that if my child is hurt or my property is damaged during my child's participation in YWCA's program, I may be found by a court of law to have waived my right to maintain a lawsuit against YWCA on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it and I agree to be bound by its terms.

Signature: _____ Print Name: _____ Date: _____