



# REGISTRATION GUIDE

## Hey Parents!

This guide will help you through the remaining steps of the enrollment process following your online registration, or your initial submission of a registration form. **Please note that required documents (Steps 1 and 2 below) MUST be submitted two weeks prior to your camper's arrival on site. Campers without completed paperwork will NOT be allowed to participate in camp activities.**

Thank you for choosing YMCA Camp Thunderbird for your child's summer adventure!

## STEP 1 FINAL REGISTRATION KIT (REQUIRED)

The **attached** packet includes **mandatory forms** that must be submitted for EACH camper two weeks prior to attendance. **Please do not separate these forms.**

## STEP 2 ADDITIONAL DOCUMENTS (REQUIRED)

In addition to the FINAL REGISTRATION KIT, the following items **MUST** be submitted for EACH camper two weeks prior to attendance:

1. **Proof of identity** (a copy of a public school report card **OR** a copy of a birth certificate).
2. A copy of your child's most recent **physical**.
3. A copy of your child's most recent **immunization record**.

## STEP 3 SUPPLEMENTAL FORMS (OPTIONAL)

Additional forms for Day Camp may or may not apply to your family. These include:

1. **Sunscreen/Bug Spray Authorization Form** (required for any child who will need to have sunscreen or insect repellent administered on site, during camp hours).
2. **Medication Form** (required for any child who will need to have medication administered during camp hours).
3. **Change/Cancellation Form** (required to cancel a session, or to add a session; also required to change registration information such as bus stop location, authorizations for adult pick-up or family contact information, etc.).

These optional forms may be downloaded from our website (listed below) or they can be requested from our Day Camp Office.

## PARENT RESOURCES (INFORMATIONAL ONLY)

Parent resources can be found on our website, [ymcacampthunderbird.org](http://ymcacampthunderbird.org) and/or can be requested from our Day Camp Office. (These items are for informational purposes only, and do not require submission of any further documentation on behalf of the parent.) These resources include:

- 2015 Refrigerator Page (guide to upcoming activities, special events and Family Nights).
- 2015 Parent Handbook (parents are expected to read it in its entirety).

**All items can be submitted in person at any Y location.**

**Or by mail to:**  
YMCA Camp Thunderbird  
9300 Shawonodasee Road  
Chesterfield, VA 23832

**Or items can be faxed to:**  
804.748.8365

**Or items can be emailed to:**  
[CampTB@ymcarichmond.org](mailto:CampTB@ymcarichmond.org)



**FOR YOUTH DEVELOPMENT®**  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Parents, meet us online!

For parent resources, up-to-the-minute information, facility pictures, news articles about camp, staff bios and more!

**[YMCACampThunderbird.org](http://YMCACampThunderbird.org)**  
**[facebook.com/YMCAThunderbird](https://facebook.com/YMCAThunderbird)**  
**[twitter.com/YMCAThunderbird](https://twitter.com/YMCAThunderbird)**

### **YMCA Camp Thunderbird Outdoor Center**

Phone: 748.6714

Fax: 748.8365

Email: [CampTB@ymcarichmond.org](mailto:CampTB@ymcarichmond.org)



**YMCA Camp Thunderbird Outdoor Center**  
9300 Shawonodasee Road, Chesterfield, VA 23832  
P 804.748.6714 [YMCACampThunderbird.org](http://YMCACampThunderbird.org)



School Year: \_\_\_\_\_

Please print information on form.

# VIRGINIA CHILD CARE LICENSING AGREEMENT

### Child's Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender:  Female  Male Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ YMCA Facility Member  Yes  No

List Previous Child Care Centers/Schools: \_\_\_\_\_ Member #: \_\_\_\_\_

School Attending: \_\_\_\_\_ School Phone #: ( ) \_\_\_\_\_ Grade: \_\_\_\_\_

### Parent(s)/Guardian(s) Information:

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Company Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Primary E-Mail: \_\_\_\_\_  
(To Receive Program Updates)

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Company Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Primary E-Mail: \_\_\_\_\_  
(To Receive Program Updates)

Person or agency having legal custody: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

### Emergency Contact Information: (Other than Parent(s)/Guardian(s) listed above)

First Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Company Name: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Alternate Phone #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Second Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Company Name: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Alternate Phone #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person(s) authorized to PICK-UP your child: \_\_\_\_\_ Relationship: \_\_\_\_\_

Person(s) authorized to PICK-UP your child: \_\_\_\_\_ Relationship: \_\_\_\_\_

Person(s) NOT authorized to PICK-UP your child: \_\_\_\_\_ Relationship: \_\_\_\_\_

Person(s) NOT authorized to PICK-UP your child: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

Administrator of Center: \_\_\_\_\_ Date: \_\_\_\_\_

**EFT Policy: The YMCA of Greater Richmond converts all check payments to a one-time electronic funds transfer**  
**No registration can be accepted if there is an outstanding balance due associated with this membership account**

**IT IS AGREED THAT THE YMCA WILL NOTIFY THE PARENT(S)/GUARDIAN(S) OF ANY ILLNESS OF THE CHILD AND THAT THE CHILD WILL BE PICKED UP AS SOON AS POSSIBLE THEREAFTER.**

**Medical Information:**

Allergies or intolerance to food, medication, etc:

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If an allergic reaction occurs, please list steps to take to relieve reaction:

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Is your child allergic to:  Poison Ivy  Poison Oak  Sumac  Other \_\_\_\_\_  No

Is your child allergic to bee stings?  No  Yes If yes, what type of medical treatment is needed?

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Chronic physical problems, pertinent developmental information, any special accommodations needed:

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Health History (please check if your child has/had any of the following):  Asthma  Chickenpox  Convulsions

Frequent Ear Trouble  Fainting Spells  Frequent Colds  Heart Trouble  Frequent Sore Throats

Frequent Headaches  Measles  Polio  Meningitis  Mumps

Sinusitis  Tuberculosis  German Measles  Kidney Trouble  Diabetes

Does your child take medications or vitamins on doctor's orders?

If so, please specify:

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If center is to administer medications, previous contact must be made for proper procedures (An authorization form is available upon request and is required with each medicine.)

Has your child had a tetanus shot within the last 5 years?  Yes Date of shot: \_\_\_\_\_  No

Has your child in the past six months been under medical care?  Yes  No

If yes, please provide the details:

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Child's Physician and Office Name:

Physician's Phone: ( )

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**PARENT/GUARDIAN SIGNATURE:**

Date:

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**Emergency Medical Authorization**

I give the YMCA of Greater Richmond permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of the YMCA of Greater Richmond. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I authorize the YMCA of Greater Richmond to obtain immediate medical care and give consent to the hospitalization and performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement may cover only those situations which are true emergencies and only when he/she cannot be reached. I understand that the provider will take every effort to contact me and/or my designated emergency contacts.

I/we will be responsible for payment of medical expenses.

Medical treatment costs are covered by:

Insurance Company Name:

Policy #:

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**PARENT/GUARDIAN SIGNATURE:**

Date:

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**Parental Agreement**

- 1) The child day care center agrees to notify the parent/guardians whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.
- 2) The parent/guardian authorize the child day care center to obtain immediate medical care if any emergency occurs when the parent /guardian cannot be located immediately.
- 3) The parent/guardian agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, a defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

**PARENT/GUARDIAN SIGNATURE:**

Date:

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### Permission Slips

I hereby give my permission for the YMCA to take my child on supervised walking excursions.  Yes  No

I hereby give my permission for the YMCA to take my child on field trips.  Yes  No

**PARENT/GUARDIAN SIGNATURE:**

Date:

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### Transportation Authorization/Rules

Children must follow these basic safety rules while being transported. With the first infraction, a parent will be notified and asked to discuss proper behavior with his/her child. With the second infraction, transportation services may be denied for a minimum of two days, and the parent will be notified. With the third infraction, transportation services will be terminated.

- 1) No fighting, swearing or abusive behavior.
- 2) Must remain seated properly with seat belt on at all times.
- 3) Cannot have any part of his/her body out of the vehicle.
- 4) No eating or drinking on the vehicle.
- 5) May throw nothing out of the window.
- 6) Potentially dangerous actions will not be tolerated.
- 7) Must be respectful to and listen to the bus driver.

My child has permission to be transported by a YMCA vehicle and participate in ALL YMCA program activities and related field trips.

**PARENT/GUARDIAN SIGNATURE:**

Date:

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### Swimming/Wading/Boating

Rules of the Pool: Check child's swimming level:  Beginner  Intermediate  Advance

- 1) All children must pass the swim test in order to participate in free swim.
- 2) No running, pushing or dunking.
- 3) No abusive language or rough play will be allowed
- 4) Lifeguard has the right to dismiss anyone who is careless or dangerous to others.
- 5) No diving in shallow water.
- 6) No food or drinks in pool area.
- 7) No unauthorized flotation devices.

My child has my permission to participate in swimming activities.

I HAVE READ AND UNDERSTAND THE POOL/WATER RULES.

**PARENT/GUARDIAN SIGNATURE:**

Date:

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### Photography Release

I hereby irrevocably consent to and authorize the use and reproduction by the YMCA of Greater Richmond or anyone authorized by the YMCA of Greater Richmond of any and all photographs and videos which might be or have been taken during the program of my child, for any purpose whatsoever without compensation to me for future promotional purposes.

**PARENT/GUARDIAN SIGNATURE:**

Date:

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### **Parent Statement of Understanding**

- I understand the YMCA Staff and Volunteers are prohibited from babysitting or transporting children in their personal vehicles at any time outside of the YMCA program(s).
- I understand that I am not to leave my child at the YMCA of Greater Richmond or program site unless a YMCA Staff is there to receive and supervise my child.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick-up my child must either be listed with the YMCA of Greater Richmond or other arrangements must be made by calling the YMCA office to inform them of a change.
- Failure to up-date personal information may result in withdrawal from the program. For safety reasons, it is extremely important to be able to reach the parent(s)/guardian(s) or emergency contact(s) for a child in our program.
- I understand that should a person arrive to pick-up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

I understand that the YMCA of Greater Richmond and its child care employees are mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

**PARENT/GUARDIAN SIGNATURE:**

Date:

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### **Disciplinary and Behavior Management Policy**

The YMCA of Greater Richmond will not tolerate unacceptable behavior and the consequences will be explained to our program participants.

- 1) Participation in an activity will be denied for repeated poor behavior and the child will be directed to an alternate activity.
- (2) The parent(s)/guardian(s) will be informed by phone, in writing and through parent/guardian conferences, if the child continues to display poor behavior. Physical discipline will not be used nor will food be denied as a punishment.
- (3) If the unacceptable behavior endangers another's safety or the child's safety, immediate suspension/termination may result. The parent/guardian of the child will be notified and the child MUST be picked-up WITHIN ONE HOUR after notification. If you are unable to pick-up your child immediately, please make other arrangements for someone to pick-up your child immediately. Failure to pick-up your child within ONE HOUR after notification may result in withdrawal from the program.

Failure to comply with the following rules may result in an unacceptable behavior notification:

- Repeatedly engaging in fighting (physical aggression) as a way to solve an issue.
- Stealing or defacing YMCA or other's property.
- Refusing to follow basic safety rules.
- Repeated disrespect for staff or rude and discourteous behavior toward other children.
- Repeatedly displaying an inability to follow established guidelines.
- Any act(s) that is(are) deemed unsafe or unacceptable as determined by the staff.

The YMCA requires the support of the parent(s)/guardian(s) in encouraging appropriate behavior of their child. The YMCA staff will strive to provide a safe and fun environment for all program participants; however, the YMCA will not allow children who continually display disruptive behavior to hinder the safety or enjoyment of others.

We encourage parents' comments. Please do not hesitate to discuss any concerns you may have with the Child Care Director . Thank you for your cooperation.

**PARENT/GUARDIAN SIGNATURE:**

Date:

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**Parent Handbook**

I have received the parent handbook and it is my responsibility to read and understand/be aware of ALL policies in the parent hand-book. If you have any questions, please contact the Association Child Care Director of the YMCA of Greater Richmond at (804) 474-4417.

**PARENT/GUARDIAN SIGNATURE:**

Date:

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**Release From Liability**

Recognizing that the YMCA of Greater Richmond will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release the YMCA of Greater Richmond, its employees, volunteers, independent contractors, directors and agents from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child from participation in the program.

**PARENT/GUARDIAN SIGNATURE:**

Date:

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**Financial Assistance**

The YMCA of Greater Richmond wants to provide services for everyone and does not want to turn anyone away due to his/her inability to pay for programs. It is the YMCA of Greater Richmond's policy to provide services for any youth who desires to participate in a YMCA program. Through the generosity of the YMCA of Greater Richmond's annual giving campaign we are able to offer a limited number of financial assistance spaces. For additional information, please contact the Financial Assistance Coordinator.

**Identity Verification**

(Not required for children enrolled in a Virginia public school if Y program is transporting child directly to/from public school)

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof	Date Documentation	Person Viewing Documentation Viewed	

If proof of identity is required and a copy is not kept, please fill out the following.

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):

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Date

Proof of the child’s identity and age may include a certified copy of the child’s birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child’s identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U.S. that a certified copy of the child’s birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child’s proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the children directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child’s identity, documentation of viewing the information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.



**Draft Authorization (Required if not paying in full at time of registration)**

Member/Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Child's Name: \_\_\_\_\_

**All drafts will be taken on the Monday prior to the week of service.**

**Amount to be drafted:**

I would like to have my remaining balance automatically drafted from my:

Checking Account (Please attach a voided check)

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Credit/Debit Card (please attach a copy of card)

VISA    Master Card    AMEX    Discover

Credit Card Issuer: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name of the Account Holder: \_\_\_\_\_

Draft Begins

Draft Ends

I understand that this draft will remain in effect until all payments have been made for the enrolled program, or for the time we are participants. I understand that if I wish to terminate or change my draft, I must give the YMCA a 15 day written notice. Questions regarding your draft should be addressed to the Childcare Office Manager, as soon as possible. Any error must be identified no later than 10 days from the posted bank or credit card statement date.

Should my bank or credit card issuer for any reason not honor my draft, I realize that I am still responsible for that payment, plus a \$25 return service fee and \$10 late fee applied by the YMCA. This is in addition to any service fee my bank may charge. I also realize that my account will be automatically re-debited on the next drafting cycle for payment of a draft not honored. I understand that after two unresolved drafts services to my child will be terminated.

**Accounting Policies:**

The required deposit fee of \$50 per session is due at the time of registration and is non-refundable. Weekly draft payments are due the Monday a week prior to the session start date, whether a child is in attendance or not. This payment is due on Monday prior to the week services are to be rendered. There are no vacation or free weeks.

MEMBER/PARTICIPANT SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_



# CAMP THUNDERBIRD DAY CAMP

## RULES/REGULATIONS & AUTHORIZATIONS

### ARCHERY (BOWS/ARROWS), RIFLERY (BB GUNS/.22 RIFLES), SLINGSHOTS

#### Rules and Regulations:

1. All children may participate in archery, BB gun, and slingshot activities. Only children ages 11 and up may earn the ability to shoot rifles.
2. All provided safety equipment must be used at all times (eye protection: archery, BB guns, slingshots; ear protection: rifles).
3. Child must be seated or involved in supervised activity when not shooting.
4. Only the instructor and shooter may be allowed on the range.
5. No one may go on the range without the instructor's permission.
6. All guns/arrows must always face in a safe direction.
7. No "dry firing" (archery).
8. Child must always follow instructor's directions while on the range.

I hereby give permission for my child to participate in archery (all ages): Yes  No   
I hereby give permission for my child to participate in riflery (BB guns - all ages, rifles ages 11 & up): Yes  No   
I hereby give permission for my child to participate in slingshots (all ages): Yes  No

### CANOEING

#### Rules and Regulations:

1. All participants MUST wear a lifejacket.
2. All campers 8 years old and younger must have a staff member in the canoe.
3. All campers 9 and older who have not yet reached the "Fish" level in swim lessons must have a staff member in the canoe.
4. No rocking the boat.
5. Child must always follow instructor's directions.

I hereby give permission for my child to participate in canoeing: Yes  No

### WOOD BURNING

#### Rules and Regulations:

1. All provided safety equipment must be used at all times (gloves, eye protection).
2. Child must be seated or involved in supervised activity when not participating.
3. Child must always follow instructor's directions.
4. Intentional misuse of equipment may result in suspension/expulsion from camp.

I hereby give permission for my child to participate in wood-burning: Yes  No

### AUTHORIZATION TO REMOVE TICKS, SPLINTERS AND BEE STINGS

In the event of illness or accident, having parental responsibility for the below named child, I give permission for first aid to be administered where considered necessary by a trained first aider, if available or medical treatment to be administered by a suitably qualified medical practitioner. In the event that enhanced first aid is needed, the proper procedures will be followed based on the severity of the situation. Typical enhanced first aid includes tick and splinter removal and treatment for bee stings. I understand that I will be notified when first aid is given, regardless of the extent of the injury.

I hereby give authorization to remove ticks, splinters, and bee stings: Yes  No

I hereby give permission for camp to write my child's name on any property they bring to camp using a permanent marker:

Yes  No

**ALPINE TOWER AND ZIP LINE (FOR CHILDREN AGES 8 AND UP). SEE ATTACHED WAIVER.**

**Sunscreen and Bug Spray** are considered medications, and a Medication Administration Form (included in packet) must be completed for all children to receive sunscreen/bug spray while at camp. **ANY SUNSCREEN/BUG SPRAY THAT IS SENT TO CAMP BY PARENTS WILL NOT BE RETURNED AT THE END OF THE SESSION, DUE TO THE LARGE NUMBER OF CHILDREN THAT ATTEND CAMP.**

**Nut-Free Zone.** Due to the large number of children with peanut allergies, all snacks served at camp are peanut-free. Please do not send your child to camp with snacks or other food containing peanuts.

**Always ID Policy.** To ensure children are released to the appropriate parent/guardians, YMCA Camp Thunderbird requires parents to always show ID when picking up their child.

**ACCOUNTING POLICIES**

**Draft**

Automatic draft is the required method of payment for Child Care and Camp Programs. Drafts will be continuous and will occur every Monday. I understand that this draft will remain in effect until all payments have been made for the enrolled program, or for the time we are participants. I understand that if I wish to terminate or change my draft, I must give the YMCA a 15 day written notice.

Questions regarding your draft should be addressed to the Child Care Office Manager, as soon as possible. Any error must be identified no later than 10 days from the posted bank or credit card statement date. Should my bank or credit card issuer for any reason not honor my draft, I realize that I am still responsible for that payment, plus a \$25 return service fee and \$10 late fee applied by the YMCA. This is in addition to any service fee my bank may charge. I also realize that my account will be automatically re-debited on the next drafting cycle for payment of a draft not honored. I understand that after two unresolved drafts services, my child's enrollment will be terminated.

**Late Payments**

There will be a \$10.00 late fee charged after the Monday in which payment was due.

If payment is not received by Monday prior to the start of the next week, you will risk losing your child's space in our program. Payment is due Monday prior to the week services are to be rendered. There are no vacation or free days.

**Membership Changes**

If I become a facility member of the YMCA's in the Greater Richmond area, you must notify the branch Child Care Accounting Department and your rate will be adjusted accordingly.

**Late pick-up**

A late fee of \$1.00 per minute will be charged for any child not picked up by 6:00 p.m. This fee must be paid, by draft of account or by check, the Monday following the late occurrence.

PARENT SIGNATURE/DATE

Child's Name

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# ALPINE TOWER AND ZIP LINE RELEASE/INDEMNIFICATION OF ALL CLAIMS AND COVENANT NOT TO SUE

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. By signing this agreement, you give up your right to bring a court action, to recover compensation or obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your use of the Alpine Tower and/or the Zip Lines, now or any time in the future.

## Acknowledgment of Risk

I HEREBY ACKNOWLEDGE AND AGREE that the use of the Alpine Tower and/or the Zip Lines have inherent risks. I have full knowledge of the nature and extent of all the risks associated with the use of the Alpine Tower and/or the Zip Lines, including but not limited to:

1. All manner of injury resulting in falling off the Alpine Tower and/or the Zip Lines;
2. Rope abrasion, entanglement and other injuries resulting from activities on or near the Alpine Tower and/or the Zip Lines such as, but not limited to, climbing, belaying, rappelling, lowering on rope, rescue systems, and any other rope techniques;
3. Injuries resulting from falling climbers or dropping items, such as, but not limited to, ropes or climbing hardware;
4. Cuts and abrasions resulting from skin contact with the Alpine Tower and/or the Zip Lines;
5. Failure of rope, slings, harnesses, climbing hardware, anchor points, or any part of the Alpine Tower and/or the Zip Line structures.

I further acknowledge that the above list is not inclusive of all possible risks associated with the use of the Alpine Tower and/or the Zip Lines and that the above list in no way limits the extent or reach of this release and covenant not to sue.

## Release/Indemnification and Covenant Not to Sue

In consideration of my use of the Alpine Tower and/or the Zip Lines, I agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE The Young Men's Christian Association of Greater Richmond ("YMCA"), its officers, agents, and employees from any cause of action, claim, or demand of any nature whatsoever, including but not limited to, a claim of NEGLIGENCE, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against the YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my use of the Climbing Wall whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to the NEGLIGENCE of the YMCA, its officers, agents, and employees. In consideration of my use of the Alpine Tower and/or the Zip Lines, I, the undersigned user, agree to INDEMNIFY AND HOLD HARMLESS the YMCA, its officers, agents, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatever arising out of or in any way related to my use of the Alpine Tower and/or the Zip Lines. I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the use of the Alpine Tower and/or the Zip Lines and that I am voluntarily assuming the risks. I understand that I will be solely responsible for any loss or damage, including death, I sustain while using the Alpine Tower and/or the Zip Lines and that by this agreement the YMCA is released of any and all liability for such loss, damage, or death. I further certify that I am in good health and that I have no physical limitations which would preclude my safe use of the Alpine Tower and/or the Zip Lines. I further certify that I am of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after have carefully read it, of my own free will. As a participant or the parent of participant that cannot be reached in an emergency, I hereby give permission to any licensed physician, surgeon, clinic, or hospital to secure proper treatment and to order injection or anesthesia for me or my child as named below.

The UNDERSIGNED acknowledges that the YMCA is a charitable non-profit organization organized under the laws of the State of Virginia and nothing in this Agreement shall be construed as a waiver of charitable non-profit status and/or benefits under Virginia law.

## Contract to Follow Alpine Tower and/or the Zip Lines Safety Policies

I accept full responsibility for my own safety and the safety of other climbers while on the Alpine Tower and/or the Zip Lines. I agree to abide by, and to help enforce, the following Alpine Tower and/or the Zip Lines safety policies:

1. All participants MUST be at least 8 years old.
2. Participants must wear helmets and harnesses appropriately.
3. All participants with long hair must have hair tied up underneath the helmet.
4. Participants on the ground must wear helmets while in the "drop zone" underneath the platform.
5. Participants cannot have gum or candy in their mouth while participating.
6. Participants must have appropriate foot wear. No open-toed shoes.
7. Participants must follow appropriate commands to belay, climb, and zip.
8. Participants must always follow instructions while on the tower platform and using the tower elements.
9. All participants must have the physical and mental ability to climb a 50 ft tower.
10. Inform other climbers of any situation seen as unsafe or not in accordance with Alpine Tower and/or the Zip Safety Policies.
11. All accidents or equipment damage must be reported immediately.

The YMCA reserves the right to withdraw the membership of any individual permanently or for a specified period of time for breach of contract in following the Alpine Tower and/or the Zip Safety Policies, or for any conduct that is viewed as unsafe or inappropriate. In consideration of the use of the Alpine Tower and/or the Zip, I acknowledge that I have read and agree to abide by the Alpine Tower and/or the Zip Safety Policies.

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**Participant's** Printed Name (Please write legibly.) : \_\_\_\_\_ **Participant's** Birth Date: \_\_\_\_\_

Signature of Participant or Parent/Guardian (if Participant under the age of 18): \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Refusal of Climbing Safety Helmet (Age 18 and older)**

I, the UNDERSIGNED, recognize the danger inherent with climbing activities. I am assuming the hazard of this risk upon myself since I wish to climb. I realize I am subject to injury from this activity and that no form of preplanning can remove all of the danger to which I am exposing myself. I have been offered a protective helmet, which could have prevented permanent brain damage or head injury in the event of an accident. I am refusing this critical safety precaution.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES

**Authorization Form for  
Non-prescription Over-the-Counter Skin Products  
Licensed Child Day Centers  
VDSS Division of Licensing Programs Model Form**

**INSTRUCTIONS:**

This form must be completed by the parent/guardian to authorize the use of:

- Sunscreen
- Diaper ointment or cream
- Insect repellent

\_\_\_\_\_ has my permission to apply the non-prescription  
(Name of Provider)  
over-the-counter (OTC) skin product listed below to my child, \_\_\_\_\_  
(Child's name)

Product Name: \_\_\_\_\_

Known Adverse Reactions (if any): \_\_\_\_\_

- All OTC products must:
  - Be in the original container and, if provided by the parent, labeled with the child's name
  - Be used according to manufacturer's recommendation and instructions for application
  - Not be used beyond the expiration date of the product
- Sunscreen:
  - Must have a minimum sunburn protection factor (SPF) of 15
  - Shall be inaccessible to children under 5 yrs. & children in therapeutic or special needs programs
  - Children nine yrs. and older may self administer sunscreen if supervised
- Diaper ointment/cream and Insect repellents:
  - Shall be kept inaccessible to children
  - Record of use shall be kept that includes child's name, date, frequency of application, and any adverse reactions

This authorization is effective from: \_\_\_\_\_ until: \_\_\_\_\_  
(Start date) (End date)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Medication Authorization Form

For Prescription and Non-prescription Medications

VDSS Division of Licensing Programs Model Form



VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES

## INSTRUCTIONS:

- Section A must be completed by the parent/guardian for ALL medication authorizations.
- Section A and Section B must be completed for any long-term medication authorizations (those lasting longer than 10 working days).

### Section A: To be completed by parent/guardian

Medication authorization for: \_\_\_\_\_  
(Child's name)

\_\_\_\_\_ has my permission to administer the following medication:  
(Name of Child Care Provider)

Medication name: \_\_\_\_\_

Dosage and times to be administered: \_\_\_\_\_

Special Instructions (if any): \_\_\_\_\_

This authorization is effective from: \_\_\_\_\_ until: \_\_\_\_\_  
(Start date) (End date)

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section B: to be completed by child's physician

I, \_\_\_\_\_ certify that it is medically necessary for the medication(s) listed  
(Name of Physician)

below to be administered to: \_\_\_\_\_ for a duration that exceeds 10 work days.  
(Child's name)

Medication(s): \_\_\_\_\_

Dosage and Times to be administered: \_\_\_\_\_

Special Instructions (if any): \_\_\_\_\_

This authorization is effective from: \_\_\_\_\_ until: \_\_\_\_\_  
(Start date) (End date)

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# YMCA CAMP THUNDERBIRD DAY CAMP CHANGE/CANCELLATION FORM

Please refer to your YMCA Camp Thunderbird Parent Handbook for the Change/Cancellation Policy.

**Child's information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Current bus stop \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Day time phone: (    ) \_\_\_\_\_

**I would like to: (please check all that apply)**

Cancel session(s) \_\_\_\_\_

Add session(s) \_\_\_\_\_

I have enclosed my \$50 deposit (non-refundable) per child/per session. I understand that session fees are due 1 week prior to the beginning of each session.

Full session fees are included.

My draft information is on file when I completed the Draft Authorization form. Please draft on the Monday prior to the beginning of the session.

I would like to change my bus stop # from \_\_\_\_\_ to \_\_\_\_\_ Effective \_\_\_\_\_

**Add or Delete** (circle one) the following people to/from my pick-up/drop-off list \_\_\_\_\_

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

Other information change \_\_\_\_\_

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

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY:**

Member ST     Changed in all files