



# 2015 WEST ST. TAMMANY YMCA Summer Camp Registration

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Gender: \_\_\_\_\_ Grade Entering in Fall of 2015: \_\_\_\_\_ School: \_\_\_\_\_

Please check off the weeks you would like your child to attend camp at the YMCA!

- Week 1: 5/26—5/29: Aloha, Summer!
- Week 2: 6/1—6/5: Oh, the Places You'll Go!
- Week 3: 6/8—6/12: Goin' Green
- Week 4: 6/15—6/19: Time Travelers
- Week 5: 6/22—6/26: Movin' & Groovin'
- Week 6: 6/29—7/3: American Heroes
- Week 7: 7/6—7/10: Celebration of Nations
- Week 8: 7/13—7/17: It's Bugs' Life
- Week 9: 7/20—7/24: Lights, Camera, Action!
- Week 10: 7/27—7/31: H2Wow!
- Week 11: 8/3—8/7: See ya, Summer!

### Youth Camp (entering grades K-6<sup>th</sup>)

- Member: \$150/Week
- Non-Member: \$195/Week (\$30 one time registration fee)

### Teen Camp (entering grades 7-10)

- Member: \$150/Week
- Non-Member: \$195/Week(\$30 one time registration fee)

\*\$25 deposit per week taken at the time of registration (for both members and non-members); weekly rates will be the above amounts less the \$25 deposit.

**How did you hear about us?**  Friend/Family  E-mail  Television  Radio  Billboard  
 Facebook  Website  Drive By  Summer Camp Guide: \_\_\_\_\_  Other \_\_\_\_\_

**Please Circle One:**      **Member**                      **Non-Member**

**I will be signing my camper up for**  Youth Camp  Teen Camp

T-Shirt Size (2 shirts included):  YXS  YS  YM  YL  S  M  L  XL

I would like to purchase \_\_\_\_\_ extra shirts at \$10 per shirt.

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

Mother's Name: \_\_\_\_\_ Place of Work : \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Place of Work: \_\_\_\_\_

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

Email Address 1: \_\_\_\_\_

Email Address 2: \_\_\_\_\_

### **AUTHORIZED PICK UP INFORMATION** (other than parents):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**I understand that any changes/additions/deletions made to the authorized pick up list must be done in writing and given directly to the on-duty Camp Director.**

Please initial: \_\_\_\_\_

Special Custody Arrangements: \_\_\_\_\_



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**Emergency Contacts** *(other than parents):*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Medical Information**

Camper's Medical information or other needs should be brought to YMCA staff's attention to ensure the safety of your child and other children participation in YMCA programs.

Does your child have any special allergies?  Yes  No

If yes, please list and describe: \_\_\_\_\_

\_\_\_\_\_

Does your child take any medication?  Yes  No

If yes, please list and describe: \_\_\_\_\_

\_\_\_\_\_

Will medication need to be administered during camp hours?  Yes  No

\*If yes, please fill out a medication authorization form. Medication authorization forms must be filled out each week.

Does your child have any special needs?  Yes  No

If yes, please list and describe: \_\_\_\_\_

\_\_\_\_\_

**Physician Information**

Child's Physician Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Child's Dentist Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Emergency Medical Authorization**

I hereby give my consent to the YMCA of Greater New Orleans to secure emergency medical treatment for my child in the event of a medical emergency if parents/guardians and emergency contacts listed on this form are unable to be contacted.

I hereby release any facts concerning my child's medical history, including allergies, medications and any physical impairments to which a physician should be made aware in an emergency situation. I assume all responsibility for payment of all medical costs incurred and understand that the YMCA of Greater New Orleans is not responsible for the payment of any medical costs incurred.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

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

**Payment Options**

Card on File with YMCA

New Form of Payment

Credit Card: Name on Card: \_\_\_\_\_

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Bank Account

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

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

**PAYMENT POLICY AND PROCEDURES:**

Deposits are non-refundable but are transferrable within the 2015 Summer Camp season. Balances must be satisfied the Thursday prior to the intended week of participation. Late fees will be charged in the amount of \$10/day that over-due balances exist. No refunds or credits will issued to anyone withdrawing once the first day of the session has begun. Cancellations or transfers must be made in writing one week in advance. Payments can be made by automatic withdraw from the account on file at the YMCA or a separate bank account or credit card.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT**

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO THE LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to the location.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of releasees or otherwise.

THE UNDERSIGNED HEREBY ASSUMED FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as permitted by the state of Louisiana and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effort.

I hereby give my consent to the YMCA of Greater New Orleans to secure emergency medical treatment for my child in the event of a medical emergency if parents/guardians listed on this form are unable to be contacted. I understand that I am liable for any resulting medical bills. I understand that if transportation is required for this program, that my child will be transported in vehicles owned or secured by the YMCA. I hereby give my consent for my child to participate in swimming or physical activities during the program. I will notify the YMCA of any special needs my child may have to allow them to make the needed accommodations. I understand that filming and photographs of activities will take place for future use in publications or news releases, so I hereby give the YMCA permission to publish photos/videos in which I and/or my child appear in for no compensation. I also understand some art creations made by participants may be used for recognition items for donors and other supporters of the YMCA and hereby give the YMCA permission to use my child's artwork.

**I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT :**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Member? Y      N	# Weeks	Shirt Size	Deposit Due \$
If yes, member Number	Rate \$150      \$195	# of Extra Shirts	Staff Initial
If no, registration Fee \$	Total \$	Extra Shirt Cost \$	Payment Method <input type="checkbox"/> ON FILE <input type="checkbox"/> Credit Card <input type="checkbox"/> Bank Account
Total of Registration Fee, Weekly Fee, and Shirt Cost \$			Other Information