

Preschool, Summer Power and Uproar 2010 Registration Form Andover YMCA Community Center

Please fill out completely and return to: **YMCA Customer Service Center • 2125 East Hennepin Ave • Mpls., MN 55413 • 612-230-9622 • fax 612-465-0559**

Participant Information:

Child's Name _____

YMCA Member? Yes member # _____ No, Participant only



\$50 one-time non-refundable registration fee enclosed **PLEASE FILL OUT THIS CHART BY PUTTING AN "X" IN EACH APPLICABLE BOX**

Preschool Adventures Ages 3 – 5 years FEES: 5 days per week \$75

	July 12-16	July 19-23	July 26-Aug 30	Aug 2-6	Aug 9-13	Aug 16-20
SITE: <input type="checkbox"/> Andover YMCA Community Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summer Power Grades K – 5

PLEASE FILL OUT THIS CHART BY PUTTING AN "X" IN EACH APPLICABLE BOX

FEES: 5 days per week \$160 4 days per week \$134 3 days per week \$108

<input type="checkbox"/> June 14-18	<input type="checkbox"/> June 21-25	<input type="checkbox"/> June 28-July 2	<input type="checkbox"/> July 5-9	<input type="checkbox"/> July 12-16	<input type="checkbox"/> July 19-23	<input type="checkbox"/> July 26-30	<input type="checkbox"/> Aug 2-6	<input type="checkbox"/> Aug 9-13	<input type="checkbox"/> Aug 16-20	<input type="checkbox"/> Aug 23-27	<input type="checkbox"/> Aug 30-Sept 3
<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.

SITE: Andover YMCA Community Center

Uproar Grades 6 – 8

PLEASE FILL OUT THIS CHART BY PUTTING AN "X" IN EACH APPLICABLE BOX

FEES: 5 days per week \$180 4 days per week \$148 3 days per week \$120

<input type="checkbox"/> June 14-18	<input type="checkbox"/> June 21-25	<input type="checkbox"/> June 28-July 2	<input type="checkbox"/> July 5-9	<input type="checkbox"/> July 12-16	<input type="checkbox"/> July 19-23	<input type="checkbox"/> July 26-30	<input type="checkbox"/> Aug 2-6	<input type="checkbox"/> Aug 9-13	<input type="checkbox"/> Aug 16-20	<input type="checkbox"/> Aug 23-27	<input type="checkbox"/> Aug 30-Sept 3
<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.

SITE: Andover YMCA Community Center

Subsidy Provider Information: A *current* "Authorization of Service" must be on file before your child's registration will be accepted.

Our family currently receives subsidy from: County _____ YMCA Personal Pricing Plan Third Party Agency Other _____

Agency/County Worker's Name _____ Phone Number _____

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

Third Party Agency Name: _____ Third Party Member #: _____

Payment Information: Please note, Registrations will not be processed without registration fee.

Check Enclosed Amount: \$ _____ Registration Fee Full Payment **Credit Card** Visa MasterCard Discover American Express

Weekly EFT Authorization (Electronic Fund Transfer)
Please charge Only \$50 registration per session Entire fee for all programs selected \$50 registration now, remaining balance one week prior to the start of the session.

Name on Card _____ Card Number: _____ Exp Date: _____

I agree to pay above total amount according to card issuer agreement. **X** _____

PLEASE SEE NEXT PAGE FOR DAY CAMP REGISTRATION FORM

Preschool, Summer Power and Uproar Andover YMCA Community Center Day Camp Guy Robinson • Emergency & Health Information Form

Please fill out completely and return to: **YMCA Customer Service Center • 2125 East Hennepin Ave • Mpls., MN 55413 • 612-230-9622 • fax 612-465-0559**
PLEASE USE ONE FORM PER CHILD AND PRINT NEATLY.

Child's First Name _____ Middle Initial _____ Last Name _____ Birthdate _____ Gender F M

Grade in Fall 2010 _____ Age _____ This is my _____ year in Summer Programs

Friends you would like to be grouped with : (To ensure positive group dynamics, please limit **two** friends per request who are within the same age group.) _____

Child resides with Mother Father Both Other _____

#1 Parent/Guardian's First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Change of Address

Parent/Guardian's Birthdate _____ Gender F M Home Phone (_____) _____ E-mail _____

Parent/Guardian's Work Phone (_____) _____ Cell Phone(_____) _____

#2 Parent/Guardian's First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian's Birthdate _____ Gender F M Home Phone (_____) _____ E-mail _____

Parent/Guardian's Work Phone (_____) _____ Cell Phone(_____) _____

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION

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

1. Name _____

Relationship to child _____

Phone: Day (_____) _____ Evening (_____) _____

2. Name _____

Relationship to child _____

Phone: Day (_____) _____ Evening (_____) _____

Family Doctor _____

Phone (_____) _____

Family Dentist _____

Phone (_____) _____

Do you carry family medical/hospital insurance? Yes No

Carrier _____

Policy/Group # _____

MONTH, DATE AND YEAR OF MOST RECENT IMMUNIZATIONS:

DPT _____ Polio _____

Measles _____ Mumps _____

Rubella _____ HIB _____

Tetanus _____

IS THE CHILD TAKING ANY MEDICATIONS? 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 the YMCA for this form, or pick it up at your site.

HAS CHILD HAD ANY OF THE FOLLOWING, AND IF SO, PLEASE EXPLAIN:

Special needs _____

Allergies or Asthma _____

Dietary restriction/s _____

Chronic or recurring illnesses _____

Operations or serious injuries (include date/s) _____

Status of child's vision, hearing, and speech _____

Does your child have a communicable disease or condition which may prove to be a risk to others?

Yes No

If yes, please comment: _____

Description of any camp activities from which the camper should be exempted for health reasons: _____

SIGNIFICANT INFORMATION ABOUT YOUR CHILD'S BEHAVIOR THAT WOULD BE HELPFUL TO KNOW:



RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in YMCA activities, and for other good and valuable consideration, I hereby agree to **release and discharge from liability** arising from negligence the **YMCA of Metropolitan Minneapolis** and the **YMCA of Greater St. Paul** and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in YMCA activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
 2. I **expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees**. My child's participation in these activities is purely voluntary and I elect to have my child participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that my child is unable to participate due to physical or medical conditions, then I will immediately discontinue my child's participation.
 3. I **hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my child's participation in these activities, or my child's use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct**. Should Releasees 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.
 4. I represent that I have adequate insurance to cover any injury or damage I or my child may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that my child has no medical or physical condition which could interfere with his/her safety in these activities, or else I am willing to assume — and bear the costs of — all risks that may be created, directly or indirectly, by any such condition.
 5. In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
 6. 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.
- By signing this document, I agree that if my child is hurt or property damaged during my child's participation in this activity, then I and my child may be found by a court of law to have waived our right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**
- I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to my child or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

Parent/Guardian Authorization

1. In the event that my child needs immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give my child reasonable first aid, and to arrange transport of my child to a health care facility for emergency services as needed.
2. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers.
3. My child has my permission to be transported by the YMCA as needed for field trips, inclement weather, or late pick up. I also give my permission to participate in walking field trips.
4. I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise.
5. I hereby release all pictures of my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.
6. If my child requires use and administration of an epi-pen, it is my responsibility to ensure that the epi-pen is on my child or within their personal belongings every day of the program. If YMCA staff is required to administer and use the epi-pen, I agree to forever release and discharge the YMCA and its directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen.
7. I give my permission for the YMCA to administer sunscreen as needed.

Parent Signature _____ Print Name _____

Minor Name _____

Address _____ City _____ State _____ Zip _____

Telephone (with area code) _____ Date _____