

Downtown Berkeley YMCA One Day Camps Registration Form

One form per participant is required. Both sides must be filled out completely in order to process your registration.

PLEASE PRINT CLEARLY

Camper's First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Parent/Guardian's email: _____

Camper's Birthday: ____/____/____ Entering Grade: _____ School: _____

The above address and/or phone number has changed in the last year. Yes No

An agency is subsidizing camp fees. Name of agency _____

Is there another camper with whom your child would like to be in a group with? _____

(Please indicate other camper's full name. We will try to accommodate your request but cannot guarantee it.)

Are there any activities in which she/he should not participate? _____

Does your child have any special physical, behavioral and/or needs our staff should be aware of? Please explain _____

Parent/Guardian Information

Name: _____

Work Phone: _____ Cell: _____

Name: _____

Work Phone: _____ Cell: _____

Are there any custody concerns that we should be aware of? _____

Emergency Contact / Child Release Authorization

The Berkeley YMCA has my unrestricted permission to release the named minor at any time, to the following individuals, and to contact them in case of an emergency if the parents / guardians are unavailable.

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

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Health Information

To be completed by parent/guardian.

If your child has special needs, please contact the Director at 665-3238.

Name of Physician: _____

Phone #: _____

Name of Dentist : _____

Phone #: _____

Carrier of family medical/hospital insurance and policy#:

Health History

(Check all that apply, giving approximate dates)

Diseases _____
Chicken Pox _____
Measles _____
German Measles _____
Mumps _____
Ear Infections _____
Heart Defect/Disease _____
Contact Lenses/Glasses _____
Epilepsy _____
Diabetes _____
Asthma _____
Bleeding Disorder _____
Other _____

Does your child have any allergies? (Please list)

Parental/guardian Consent

Recognizing that the YMCA will do its best to ensure a safe experience, I understand that certain dangers or accidents may occur. I hereby release the Berkeley-Albany YMCA from any and all responsibility and liability of any nature, including claims of injury, illness, death, loss or damage, resulting from my child's participation in any program activities.

Medical Consent

As the parent, legal guardian, or authorized representative, I hereby give consent to the Downtown Berkeley YMCA One Day Camps to provide all emergency dental or medical care prescribed by a duly licensed physician (MD or DO) or dentist (DDS) for the above named child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child.

Participation Agreement

Please go over these items with your child:

1. Participant agrees to abide by rules and regulations set by the program for the health, safety and welfare of the participants.
2. All medications will be brought directly to the site staff in accordance with the Medications Policy.
3. Willful destruction of property will be the responsibility of the participant's parent/guardian.
4. Participants must remain within established boundaries wherever the program occurs on and off YMCA property.
5. Participants are not allowed to be in possession of any tobacco, alcohol, illegal drugs, firecrackers, firearms, or knives.
6. The YMCA is not responsible for lost, damaged or stolen personal belongings.
7. Continued inappropriate behavior, such as threatening, swearing, not following directions, teasing, sexual harassment/intimidation, fights, or improper behavior in vehicles, may result in immediate dismissal from the program with no refund.
8. Any participant who poses a threat to themselves or to others will be dismissed from the program with no refund.

The Program Director reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary. We reserve the right to dismiss any participant from the program at the parent/guardian's expense and liability for violating any of the above.

By Signing Below, I Agree That:

- ✓ I have read and understand the parent/guardian consent.
- ✓ The named minor has my permission to participate in YMCA programs and field trips.
- ✓ I give my permission for any pictures taken of my child participating in YMCA events to be used for publicity purposes.

Signature of Parent / Guardian
or Authorized Representative

Printed Name

Date