



Office Use

- | | | | | |
|--------------------------------------|-----------------------------------|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Stuart Exp | <input type="checkbox"/> FTP Exp | <input type="checkbox"/> PSL E Exp | <input type="checkbox"/> TBA Camp | <input type="checkbox"/> Aqua/Surf |
| <input type="checkbox"/> Stuart Teen | <input type="checkbox"/> FTP Teen | <input type="checkbox"/> PSL E Teen | <input type="checkbox"/> Cooking | <input type="checkbox"/> Babysitting |
| <input type="checkbox"/> PSL Exp | <input type="checkbox"/> IDT Exp | <input type="checkbox"/> SPW Gym 1/2 day | <input type="checkbox"/> Fishing | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> PSL Teen | <input type="checkbox"/> | <input type="checkbox"/> SPW Gym Full | <input type="checkbox"/> Basketball | |

_____ / ____ / _____ (____) _____
 Student Name Sex Age D.O.B Grade entering Home Phone

_____ _____ _____ _____
 Street City State Zip

_____ _____ _____
 email address child's race (for funding purposes) How did you hear about us?

Mom's Name: _____ Place of Business: _____ Phone: (____) _____

Dad's Name: _____ Place of Business: _____ Phone: (____) _____

Mom's Cell/Pager # (____) _____ Dad's Cell/ pager # (____) _____

In case of emergency and neither parent can be reached, call _____ (____) _____

Background Info:

Who has legal custody of your child? Shared Mother Father Guardian

Authorized to pick-up (other than custodial parent(s)/ guardian). Pick-up code word _____

Name: _____ Name: _____ Name: _____

Name: _____ Name: _____ Name: _____

NOT authorized to pick-up:

Name: _____ Name: _____ Name: _____

Please answer the following:

- List any medical or behavioral conditions to which we should be alerted: _____
- List any food allergies or restrictions: _____
- Initial* that you understand that your child must be signed in and signed out each day. Please initial _____
- Initial* that you agree to the policies set forth in the YMCA Summer Camp handbook. Please initial _____
- I give my child permission to participate in off-site field trips _____ Yes _____ No*
*If no, your child is not eligible for full-day camp.
- I give the YMCA permission to take photographs and video footage of my child. _____ Yes _____ No
- My child can swim the length of the pool (25 yards). _____ Yes _____ No

Acknowledgement of risk, waiver of liability, medical authorization

As legal guardian of _____, I recognize that potential severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, skating, roller hockey, cheerleading, ball sports, swimming and rock climbing. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participation in any and all YMCA programs and activities and accept all risks associated with that participation.

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

In the event of an emergency I would like my above mentioned child to be taken to a hospital for medical treatment and I hold YMCA of the Treasure Coast and its representatives harmless in their execution of this action.

THE UNDERSIGNED HAS READ, UNDERSTOOD AND VOLUNTARILY SIGNS THE ACKNOWLEDGEMENT OF RISK and WAIVER OF LIABILITY and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

 PARENT OR LEGAL GUARDIAN SIGNATURE

 DATE

White - office

Pink - alternate location

Yellow- director