



**DAY CAMP
@ CAMP WANICA
REGISTRATION 2024**

YMCA of Corsicana

#BestSummerEver

T shirt size:	SWIM LEVEL:
Youth: S M L XL	◇ Beginner
Adult: S M L XL	◇ Intermediate
	◇ Advanced

CHILD'S NAME:	DATE OF BIRTH: ___/___/___ GENDER: MALE OR FEMALE	AGE : RACE:	GRADE IN FALL 2023
----------------------	--	----------------	--------------------

CHILD'S ADDRESS	CITY / STATE / ZIP
-----------------	--------------------

START DATE (SESSION)	DAYS OF CARE: ___ M ___ T ___ W ___ Th ___ F
----------------------	--

PRIMARY PARENT/GUARDIAN CONTACT INFO __ MOTHER __ FATHER __ OTHER: _____

PRIMARY PARENT/GUARDIAN'S NAME	HOME PHONE #	CELL PHONE #	WORK PHONE #
--------------------------------	--------------	--------------	--------------

HOME ADDRESS (IF DIFFERENT FROM CHILD)	CITY / STATE / ZIP
--	--------------------

Custodial Parent: ◇ YES ◇ NO	May the Y release to non custodial parent?	Email Address:
------------------------------------	--	----------------

SECONDARY PARENT/GUARDIAN CONTACT INFO __ MOTHER __ FATHER __ OTHER: _____

SECONDARY PARENT/GUARDIAN NAME:	HOME PHONE #	CELL PHONE #	WORK PHONE #
---------------------------------	--------------	--------------	--------------

HOME ADDRESS (IF DIFFERENT FROM CHILD)	CITY / STATE / ZIP
--	--------------------

Custodial Parent: ◇ YES ◇ NO	Email Address:
------------------------------------	----------------

EMERGENCY CONTACT/AUTHORIZED PICK UP (OTHER THAN PARENTS)	RELATIONSHIP	PHONE #	CELL PHONE #
NAME:			

ADDITIONAL AUTHORIZED PICK UP (OTHER THAN PARENTS)				
NAME		RELATIONSHIP	PHONE #	CELL #

FOR OFFICE USE ONLY:
PROGRAM: _____
SESSIONS: _____
RECEIPT# _____
STAFF _____
DATE ___ / ___ / ___

LIABILITY WAIVER: INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

The YMCA of Corsicana will not assume responsibility for any injury incurred while participating in any athletic events, childcare programs, parent/child events and outings, special events, sport programs, or any related YMCA sponsored activities. Certain risks of injury are inherent during participation in these programs and events. Nor will the YMCA of Corsicana be responsible for any lost or stolen items while members and/or program participants are using YMCA facilities, on YMCA premises, or on off-site YMCA program locations. I, the undersigned for myself and my heirs, do hereby release the YMCA of Corsicana and its employees and agents from any and all claims for injury, loss, or damage I may suffer as a result of my participation, including any injury caused by negligence, if any, of the YMCA, its officers, employees, agents, volunteers, or the negligence of anyone else. I give my permission to the YMCA of Corsicana to use photographs, film footage, or tape recordings, which may include my image or voice for purpose or promoting or interpreting YMCA programs for no compensation.

INSURANCE

I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all YMCA activities.

MEDICAL RELEASE

I authorize the YMCA to provide or obtain emergency medical attention for me or members of my family in the event of sickness or injury. I realize and understand that my family insurance policy will be responsible for any accident or medical claim. Should I, or any member of my family, require special medical treatment, prescriptions, or hospital care, I am responsible for all expenses.

Signature of Parent or Guardian (18 years or older)

Date

YMCA OF CORSICANA MEDICAL RELEASE FORM

CHILD'S NAME

PROGRAM ATTENDING

HEALTH INFORMATION

PLEASE LIST ANY DIETARY RESTRICTIONS:

PLEASE LIST ANY KNOWN ALLERGIES:

PLEASE ANSWER YES OR NO, IF YOUR CHILD HAS ANY OF THE FOLLOWING:

ADD _____ ADHD _____ DIABETES _____ ASTHMA _____ ANY MEDICAL DIAGNOSIS _____
EXISTING ILLNESS _____ LIMITATIONS IN ACTIVITY _____ TAKE MEDICATION _____
DISABILITY WHICH NEEDS SPECIAL ATTENTION _____ BEHAVIOR PROBLEMS _____

I UNDERSTAND UPON REVIEWING MY CHILD'S APPLICATION THE YMCA MAY REQUIRE A DOCTOR'S CONSENT FOR MY CHILD TO ATTEND THE YMCA CHILD CARE PROGRAM

PARENT/GUARDIAN SIGNATURE _____ DATE _____

MEDICAL INFORMATION

PHYSICIAN

HOSPITAL

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE #: _____

PHONE #: _____

CONSENT

MY CHILD MAY ONLY BE RELEASED FROM THE YMCA PROGRAM TO THE FOLLOWING INDIVIDUALS, WHO MUST PRESENT A VALID PICTURE IDENTIFICATION.

NAME: _____

RELATIONSHIP: _____

PHONE: _____

MEDICAL SERVICES: IN THE EVENT I CANNOT BE REACHED TO MAKE ARRANGEMENTS FOR MEDICAL ATTENTION, I AUTHORIZE THE YMCA DIRECTOR OR PERSON IN CHARGE TO TAKE MY CHILD TO THE ABOVE STATED PHYSICIAN'S OFFICE AND/OR HOSPITAL. I GIVE CONSENT FOR THE ABOVE STATED FACILITY TO SECURE ANY AND ALL NECESSARY EMERGENCY MEDICAL CARE FOR MY CHILD.

TRANSPORTATION: I HEREBY GIVE CONSENT FOR MY CHILD TO BE TRANSPORTED AND SUPERVISED BY THE YMCA TO AND FROM SCHOOL AND FOR FIELD TRIPS AS NEEDED.

WATER ACTIVITIES: I HEREBY GIVE CONSENT FOR MY CHILD TO PARTICIPATE IN WATER ACTIVITIES THAT MIGHT BE OFFERED BY THE YMCA. I GIVE THE YMCA STAFF PERMISSION TO ASSIST MY CHILD IN THE APPLICATION OF SUNSCREEN.

PHOTOGRAPHY: I HEREBY GIVE CONSENT FOR MY CHILD'S PICTURE TO BE USED FOR ADVERTISING/ FUNDRAISING PURPOSES.

IMMUNIZATION: I UNDERSTAND THAT I MUST PROVIDE A CURRENT COPY OF MY CHILD'S SHOT RECORD PRIOR TO MY CHILD ATTENDING.

PARENT/GUARDIAN SIGNATURE

PRINT NAME

DATE