



YMCA of Metropolitan Columbus, GA DAY CAMP REGISTRATION

Enrollment Date _____

Location/Branch _____

----- **STUDENT INFORMATION** -----

Participant Name _____ Sex _____ Age _____ Birth Date _____

Participant Name _____ Sex _____ Age _____ Birth Date _____

Participant Name _____ Sex _____ Age _____ Birth Date _____

Home Address _____ City _____ State _____ Zip Code _____

----- **PARENT INFORMATION** -----

Parent/Guardian Name _____ Home Address (If different from Child) _____ City _____ State _____ Zip Code _____

Home Number: _____ Cell Number: _____ Work Number: _____

Email Address: _____

Child's Living Arrangements: Both Parents Mother Father Other

Child's Legal Guidance: Both Parents Mother Father Other

AUTHORIZED PERSONS FOR PICKUP AND EMERGENCY CONTACT

The Y can only release your child to those listed on this form, they must provide a photo ID at the time of pick up. Contact the Y director to make changes to this information.

The following adults are authorized to pick up my child in addition to those listed above:

Name _____ Phone # _____

Relationship to Child _____

Name _____ Phone # _____

Relationship to Child _____

Name _____ Phone # _____

Relationship to Child _____

EMERGENCY MEDICAL AUTHORIZATION

In the event that my camper(s) _____ suffer an injury or illness while in the care of the YMCA of Metropolitan Columbus, GA and I am unable to reach immediately, I hereby authorize the YMCA staff to make arrangements to transport my child to the physician, hospital or clinic that I have designated or the nearest hospital/emergency medical facility. I agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Camper's Doctor/Clinic Name _____ Phone # _____
 Hospital Choice _____
 Emergency Contact (other than parent) _____
 Phone # _____ Relationship to Camper(s) _____

List any physical, medical, and mental or developmental disabilities, allergies, and/or prescriptions or special procedures that need to be followed:

Camper Name	Condition(s), Allergies(s), Medication(s)
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PROGRAM AGREEMENT AND WAIVER

I hereby certify that my camper(s) is/are in normal health and capable of safe participation in this YMCA Day Camp Program. I assume all normal risks of this program. I hereby authorize the YMCA of Metropolitan Columbus, GA, to obtain emergency medical treatment for my child in the event that a parent/guardian cannot be reached. I certify that I and/or our family insurance provider will be responsible for any financial medical cost that may be associated with all medical attention and treatment given to my child. I hereby release, indemnify and hold harmless the John P. Thayer, D.A. Turner, and A.J. McClung YMCAs and the YMCA of Metropolitan Columbus staff, officers, directors, agents, and volunteers from any liability, claim or demand resulting from any legal medical attention and assistance that may be needed and provided as a result of any injury or harmful incident to my child. In addition to the above agreement and waiver, I also hereby give permission for my child to participate in all camp activities and permission to use photos taken to be used for publicity, and educational purposes, and for my name and phone number to be listed in the YMCA's parent roster.

Signature: _____ Date: _____
 Parent/Guardian

Signature: _____ Date: _____
 Program Director/YMCA Staff Member

OPTIONAL DEMOGRAPHIC INFORMATION

The YMCA is a not-for-profit organization receiving funding from the United Way of the Chattahoochee Valley and other foundations. Information collected is ONLY to ensure we are serving our entire community.

Ethnicity

- Native American
- Asian/Pacific Islander
- African American/Black
- Alaskan Native
- Caucasian/White
- Hispanic
- Other

Household Income

- \$0 – \$14,999
- \$15,000 – \$24,999
- \$25,000 – \$34,999
- \$35,000 – \$49,999
- \$50,000 – \$74,999
- \$75,000 and Over