



# BREAK CAMP Registration Form

CAMP NAME \_\_\_\_\_

Camp Date/s: \_\_\_\_\_

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Part I Participant Information

<b>Child's Full Name</b> (Last, First, Middle)	Nickname	Birth Date (Month/Day/Year)	Sex	Allergies:
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## Part II Parent / Guardian Information/Authorized Pick-up Person

<b>Name</b> (Last, First, Middle)	Email	Best Contact #
<b>Name</b> (Last, First, Middle)	Email	Best Contact #

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to the hospital.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### WAIVER/PERMISSION:

I HEREBY GRANT PERMISSION FOR MY CHILD TO BE TRANSPORTED BY THE YMCA FOR ACTIVITIES TO, BUT NOT LIMITED TO, SWIMMING AND FIELD TRIPS. I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME OR MY EMERGENCY CONTACT. IF I OR SOMEONE ON THE EMERGENCY FORM CANNOT BE REACHED, I GIVE THE YMCA PERMISSION TO SECURE THE MEDICAL TREATMENT NECESSARY FOR MY CHILD, INCLUDING HOSPITALIZATION, INJECTION, ANESTHESIA, OR SURGERY. I UNDERSTAND IN EMERGENCIES REQUIRING IMMEDIATE MEDICAL ATTENTION, MY CHILD WILL BE TAKEN TO THE NEAREST HOSPITAL EMERGENCY ROOM. MY SIGNATURE AUTHORIZES THE RESPONSIBLE PERSON AT THE CHILD CARE FACILITY TO HAVE MY CHILD TRANSPORTED TO THE HOSPITAL.

I UNDERSTAND THAT THE YMCA OF METROPOLITAN WASHINGTON ASSUMES NO RESPONSIBILITY FOR INJURIES OR ILLNESSES WHICH MY CHILD MAY SUSTAIN AS A RESULT OF THEIR PHYSICAL CONDITION OR RESULTING FROM THEIR PARTICIPATION IN ANY ATHLETIC ACTIVITIES, SPORTS PROGRAMS, THE USE OF ANY EQUIPMENT, EXERCISE, OR OTHER ACTIVITIES. I EXPRESSLY ACKNOWLEDGE ON BEHALF OF MYSELF AND MY HEIRS THAT I ASSUME THE RISK FOR ANY AND ALL INJURIES AND ILLNESSES WHICH MAY RESULT FROM OUR PARTICIPATION IN THESE ACTIVITIES. I HEREBY RELEASE AND DISCHARGE THE YMCA OF METROPOLITAN WASHINGTON, ITS AGENTS, SERVANTS AND EMPLOYEES FROM ANY AND ALL CLAIMS FOR INJURY, ILLNESS, DEATH, LOSS OR DAMAGE WHICH I AND MY HEIRS MAY SUFFER AS A RESULT OF OUR PARTICIPATION IN THESE ACTIVITIES. I UNDERSTAND THAT THE YMCA OF METROPOLITAN WASHINGTON IS NOT RESPONSIBLE FOR PERSONAL PROPERTY LOST OR STOLEN WHILE MEMBERS AND/OR PROGRAM PARTICIPANTS ARE USING YMCA FACILITIES ON YMCA PREMISES. I GIVE MY PERMISSION TO THE YMCA OF METROPOLITAN WASHINGTON TO USE INDEFINITELY, WITHOUT LIMITATION OR OBLIGATION, PHOTOGRAPHS, FILM FOOTAGE OR TAPE RECORDINGS WHICH MAY INCLUDE MY CHILD'S IMAGE OR VOICE FOR PURPOSE OF INTERPRETING YMCA PROGRAMS. I ACKNOWLEDGE THE WAIVER SET FORTH ABOVE.

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

### PAYMENT (CHECK ONE)

- CASH                       CHECK                       CHARGE (VISA, MASTERCARD, DISCOVER, or AMERICAN EXPRESS)
- E-MEMBER (CURRENT CREDIT CARD DRAFTING MEMBER OR CREDIT CARD INFORMATION FILE. ONLY SIGNATURE REQUIRED BELOW.)

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### REFUND AND CANCELLATION:

If cancellation is made less than two weeks before the start of the camp, no fees will be returned.  
If my child does not attend a day/week I paid for I understand that I will not receive reimbursement for that day/week.

### OTHER FEES:

All returned checks will be assessed a \$25 processing fee.  
Bank draft payments returned with non-sufficient funds will incur a \$25 processing fee.  
There is a non-refundable \$50 youth program membership/\$90 family program membership fee for all non-YMCA Members.

There is a late pick-up charge of \$2 per minute, per child. You will be expected to make late pick-up payments on the same day. If you are later than 45 minutes picking up your child, we are required by law to call child protective services and or local police.

I have read and understand that I will be held responsible for the above information.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_