



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# ADDITIONAL CAMP REGISTRATION FORM 2019

Thank you for your interest in our Summer Day Camp program at the YMCA. Even if you have registered for camp through your online account, please fill out this additional registration packet. **THIS MUST BE COMPLETED PRIOR TO ATTENDING CAMP.**

YMCA Member #: \_\_\_\_\_ Security Word: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

### RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to enter the YMCA for any purpose, including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned, for himself or herself and any personal representatives, heirs and next of kin, hereby acknowledge, agrees and represents that he or she has, or immediately upon entering will, inspect such premises and facilities. It is further warranted that such entry into the YMCA for observation, participation or use of any facilities or equipment constitutes an acknowledgement that such premises and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for the purposes of such observation or use.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION, USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY WAY, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING.

- 1) THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees and agents (herein after referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment herein; and undersigned is in, or about the premises or any facilities or equipment therein; and
- 2) THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases 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 whether caused by the negligence of the release or otherwise; and THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of the releases or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment hereon.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASES, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as in permitted by the laws of the State of Georgia and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representatives, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND ACCEPT THIS RELEASE

\_\_\_\_\_  
Signature of Applicant/Parent/Guardian (if under 18)

\_\_\_\_\_  
Date

## STATISTICAL SURVEY

The YMCA as a not-for-profit organization receives funding from the United Way and other foundations that require statistical information on our membership. The following information is confidential and is collected only for this purpose. Please check one in each category.

**Ethnicity:** African-American \_\_\_\_\_ Asian Pacific \_\_\_\_\_  
Hispanic \_\_\_\_\_ American Indian/Alaskan \_\_\_\_\_  
Caucasian \_\_\_\_\_ Other \_\_\_\_\_

**Annual Income:** Under \$10k \_\_\_\_\_ \$10k-\$20k \_\_\_\_\_ \$20k-\$50k \_\_\_\_\_ \$50k and above \_\_\_\_\_

**Number of individuals in Household:** 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 or more \_\_\_\_\_

## DEMOGRAPHIC SURVEY

The YMCA is required by the GA Dept. of Human Services (DHS) and the United Way to gather client information. Please complete the questionnaire. Note: Information is confidential and you will not be denied services.

### **PART ONE**

Are you a Georgia Resident? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you a U.S. Citizen? \_\_\_\_\_ YES \_\_\_\_\_ NO

**\*If not,** are you an alien who is legally allowed to work in the U.S.? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have at least one minor child; under age 18 living with you? \_\_\_\_\_ YES \_\_\_\_\_ NO

Does your child (ren) receive FREE or REDUCED lunch? \_\_\_\_\_ YES \_\_\_\_\_ NO

**(\*If your answer to this question is NO, please skip PART TWO and complete PART THREE)**

### **PART TWO**

Are you currently receiving Food Stamps, TANF, Medicaid or SSI? \_\_\_\_\_ YES \_\_\_\_\_ NO

**\*If your answer to this question is YES, Skip Part THREE.**

**\*If your answer to this question is NO, then complete PART THREE.**

**You must sign the certification below to complete this questionnaire.**

### **PART THREE**

How many people live with you at this address? \_\_\_\_\_

What is the total household income? \$ \_\_\_\_\_ (Total household means you, your spouse, children and any other person who lives with you at this address.)

### **CERTIFICATION**

I, the undersigned certify that the information shown above is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## ADDITIONAL ACKNOWLEDGEMENTS

1. I give permission for my child to attend and be transported on all field trips scheduled during YMCA program.
2. I understand that the YMCA Day Camp program operates as an exempt program based on Rule 591 – 1 – 1-.46(1)(a) of BFTS Child Care Rules and Regulations Manual.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## PARENT'S MANUAL AGREEMENT

I have read the camp manual policies and have received a copy for my files. I understand the policies and agree to abide by them as set forth by the Islands Family YMCA and the YMCA of Coastal Georgia.

I understand that if my child or I do not comply with these policies, it can result in dismissal from the program.

Below are the lists of topics that are explained in the Parent's Manual. By initialing them, I am agreeing to their terms. I also understand that all topics must be initialed, signed at the bottom, and returned before my child can attend camp.

- \_\_\_\_\_ Goals & Objectives of YMCA Day Camp
- \_\_\_\_\_ Camp Staff
- \_\_\_\_\_ What Goes on at Camp, a Typical Day
- \_\_\_\_\_ Weekly Themes
- \_\_\_\_\_ Special Activities & Field Trips
- \_\_\_\_\_ Swimming
- \_\_\_\_\_ Items Needed for Camp
- \_\_\_\_\_ Lunches
- \_\_\_\_\_ Medication/Medical Concerns & Illness/Health
- \_\_\_\_\_ Medical Treatment Standards & Guidelines
- \_\_\_\_\_ Bullying & ADA
- \_\_\_\_\_ Payment Procedures
- \_\_\_\_\_ Drop Off/Pick Up Expectations & Fees
- \_\_\_\_\_ Security Password

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**YMCA of Coastal Georgia, Inc.**  
**RELEASE AND WAIVER OF LIABILITY**  
**AND INDEMNITY AGREEMENT**

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the 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 participating in any program affiliated with the YMCA, without respect to location.
2. 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 in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Georgia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

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

I HAVE READ THIS RELEASE

I HAVE READ THIS RELEASE

\_\_\_\_\_  
/ /  
date

\_\_\_\_\_  
participant's signature

\_\_\_\_\_  
/ /  
date

\_\_\_\_\_  
parent's or guardian's signature  
(if participant is legally a minor)