



# Mission Valley and Toby Wells YMCA

## 2008 Summer Camp Registration

(Please complete one form per camper)

Phone: (619) 298-3576 Fax: (619) 298-4341

Camper's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ E-mail: \_\_\_\_\_

Week/Session	Camp Name	Camp Location
		<i>Mission Valley = MV Toby Wells = TW</i>
1 June 17 - June 20	_____	<input type="checkbox"/> MV <input type="checkbox"/> TW
2 June 23 - June 27	_____	<input type="checkbox"/> MV <input type="checkbox"/> TW
3 June 30 - July 3	_____	<input type="checkbox"/> MV <input type="checkbox"/> TW
4 July 7 - July 11	_____	<input type="checkbox"/> MV <input type="checkbox"/> TW
5 July 14 - July 18	_____	<input type="checkbox"/> MV <input type="checkbox"/> TW
6 July 21 - July 25	_____	<input type="checkbox"/> MV <input type="checkbox"/> TW
7 July 28 - August 1	_____	<input type="checkbox"/> MV <input type="checkbox"/> TW
8 August 4 - August 8	_____	<input type="checkbox"/> MV <input type="checkbox"/> TW
9 August 11 - August 15	_____	<input type="checkbox"/> MV <input type="checkbox"/> TW
10 August 18 - August 22	_____	<input type="checkbox"/> MV <input type="checkbox"/> TW
11 August 25 - August 29	_____	<input type="checkbox"/> MV <input type="checkbox"/> TW

### Payment Method:

Check Enclosed     Visa     MC     Discover

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Name on card: \_\_\_\_\_

Please accept my payment of \$ \_\_\_\_\_ .

\$10 per week deposit required in order to reserve your spot. (Some camps require a \$50 deposit as indicated.)

**Deposits are nonrefundable.**

**I understand that, because of increased camp costs this summer, a \$2.75 service charge will be added to each week of camp. I have also read the Parent's Handbook and understand the policies and procedures, including those regarding deposits, payments, and transfers.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



# MISSION VALLEY/TOBY WELLS YMCA

5505 Friars Road, San Diego, CA 92110-2682 Phone: (619) 298-3576 Fax: (619) 298-4341

## REGISTRATION FORM (One Form Per Child)

Version en Español disponible en la area de recepcion y en el internet en:  
www.missionvalley.ymca.org

Child's name \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ School \_\_\_\_\_

Parent's name \_\_\_\_\_ Parent's name \_\_\_\_\_

Employed by \_\_\_\_\_ Employed by \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Parent's work phone/cell \_\_\_\_\_ Parent's work phone/cell \_\_\_\_\_

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

### EMERGENCY INFORMATION

Authorized persons, other than parents, to be called in case of an emergency:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

### INFORMATION REQUIRED BY STATE LAW

HEALTH INSURANCE CO. \_\_\_\_\_

Policy number: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### HEALTH RECORD (check if applicable or allergic)

- Ear Infections     Poison Oak     Rheumatic Fever     Diabetes
- Insect Stings     Convulsions     Penicillin     Hay Fever
- Behavioral Problems     Tetanus immun. date: \_\_\_\_\_
- Other: \_\_\_\_\_

Operations, serious injuries, diseases, restrictions on physical activity:  
\_\_\_\_\_  
\_\_\_\_\_

Give name and purpose of medication taken:  
\_\_\_\_\_  
\_\_\_\_\_

### FINANCIAL SUBSIDY INFORMATION

Child/family is enrolling in this YMCA program with subsidy funds paid for by:

- YMCA     GAIN or Alternative Payment Program
- Other: \_\_\_\_\_

### MEMBER OF THE MISSION VALLEY YMCA:

- No     Yes; as a     Family     Youth

Expiration Date: \_\_\_\_\_

- Please send more information about YMCA Membership

### CHILD RELEASE AUTHORIZATION

Authorized persons, other than parents, to pick up child from the facility:

Name	Relationship
_____	_____
_____	_____

Persons **UNAUTHORIZED** to pick up child from the facility:

Name	Relationship
_____	_____
_____	_____

Child in custody of:

- both parents     mother     father

other: \_\_\_\_\_

Child lives with:

- both parents     mother     father

other: \_\_\_\_\_

### BRANCH RELEASE/WAIVER FOR YMCA YOUTH (MINORS)

Name of Minor \_\_\_\_\_

Please Print

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor being permitted to enter any branch of YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above or any program, I, on behalf of myself (as parent, guardian, coach aide, spectator or participant) hereby:

1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended, and (iv) I voluntarily sign this document.

2. Release the YMCA, its directors, officers, employees, and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch.

3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA branch; whether caused by the negligence of Releasees or otherwise.

4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.

5. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.

6. The Mission Valley YMCA may use my child's photos for promotional purposes. I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full legal force and effect.

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

Date \_\_\_\_\_

Print Name \_\_\_\_\_