



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Summer Day Camp 2011 Registration Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ 2011 Grade: \_\_\_\_\_

Gender:  Male  Female    Shirt Size:  6-8  10-12  14-16  S  M  L  XL  XXL

Child is:  A member of the Y  Not a member of the Y  Request membership information

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Alternate Email Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_

**Emergency Contact 1:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_

**Emergency Contact 2:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

### Pick Up Authorization

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_

**Other information we should know about your child (allergies, likes, dislikes, special needs, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **PARENTAL CONSENTS**

I understand that repeat disruptive, abusive, rude, or otherwise inappropriate behavior by my child will result in her/his dismissal. The Director of Youth Development will determine when dismissal shall occur. I understand that the Y will do its best to refer my child to an alternative program if this occurs; however, advanced notice of such dismissal from the Y program is not required. **Parent/Guardian Initials** \_\_\_\_\_

My child has my permission to participate in Summer Day Camp activities. I understand that all YMCA Day Camp Staff are trained and certified in First-Aid and Child CPR. I authorize the YMCA Day Camp Staff to provide any and all necessary medical treatment within the scope of their training, as required for my child's health and safety. I authorize the YMCA staff to arrange emergency treatment for my child. I understand that the YMCA staff will make a reasonable attempt to contact me prior to seeking professional medical treatment. I recognize and acknowledge that there are risks of physical injury and I understand that I am financially responsible for any professional medical treatment arising from any injuries, and/or damages or loss which may result from my child's participation in any and all activities connected with or associated with camp. **Parent/Guardian Initials** \_\_\_\_\_

## **AUTHORIZATION & PERMISSION**

I hereby do declare my child to be physically sound, having medical approval to participate in the activities of the Bloomington-Normal YMCA. This health history is correct so far as I know and the person herein described has permission to engage in all prescribed program activities except as noted. I agree not to hold the YMCA nor any of its paid staff or volunteers responsible in the event of an accident. I understand that the YMCA is not able to provide professionally trained and certified staff to accommodate campers' special needs. I certify that my child does not require an aid to attend camp or that I will make arrangements to provide one.

I hereby give permission for my child to participate in Summer Day Camp activities and to travel by bus with the YMCA staff. I understand that only licensed and qualified personnel will operate any vehicle to and from Summer Day Camp and that there will be at least one YMCA staff member present at all times. I agree to release the Bloomington-Normal YMCA, its officers and directors, and the YMCA Summer Day Camp staff from any and all claims of damages, demands or liabilities which may arise as a result of my child's participation in camp activities and bus trips.

I hereby give permission to the medical personnel selected by the Director of Youth Development, or YMCA Day Camp Staff, to order X-rays, routine tests and treatment for me or my child, and in the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician selected by the Director of Youth Development to hospitalize, secure proper treatment for and order injections and/or anesthesia and/or surgery for me or my child as named above. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

My signature below indicates that I have the legal authority to register the child named on this form and that to the best of my knowledge the information on this application form is complete and accurate. I further understand that this is an application and the named child's participation is contingent upon space being available in the program in which I want the child to participate. I also understand that once my application is confirmed, I must complete payments by the deadlines as outlined on the 2011 Payment Form. All necessary forms must be signed and on file with the Y prior to my child attending day camp. Failure to comply with the above could result in the loss of a reserved space for your camper or campers.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Printed Name:** \_\_\_\_\_

**To complete the registration process, this form must be returned to the Y, 602 South Main Street, Bloomington, Illinois 61701 with the registration fee, all applicable deposits per weekly session, and a copy of the child's most recent health physical and immunization record (photocopy is acceptable).**



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### **BLOOMINGTON-NORMAL YMCA PHOTO AND VIDEO/AUDIO RECORDING RELEASE**

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by BLOOMINGTON-NORMAL YMCA, I hereby give my permission and consent, now and for all time, to BLOOMINGTON-NORMAL YMCA, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with BLOOMINGTON-NORMAL YMCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at BLOOMINGTON-NORMAL YMCA, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at BLOOMINGTON-NORMAL YMCA, I authorize, according to this Release, shall belong to BLOOMINGTON-NORMAL YMCA, YMCA of the USA and third parties collaborating with BLOOMINGTON-NORMAL YMCA and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at BLOOMINGTON-NORMAL YMCA;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at BLOOMINGTON-NORMAL YMCA will not be subject to any obligation of confidentiality and may be shared with and used by BLOOMINGTON-NORMAL YMCA, YMCA of the USA and third parties collaborating with BLOOMINGTON-NORMAL YMCA and/or YMCA of the USA;
- BLOOMINGTON-NORMAL YMCA, YMCA of the USA and third parties collaborating with BLOOMINGTON-NORMAL YMCA and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at BLOOMINGTON-NORMAL YMCA; and
- BLOOMINGTON-NORMAL YMCA, YMCA of the USA and third parties collaborating with BLOOMINGTON-NORMAL YMCA and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide use and shall be entitled to the unrestricted use of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at BLOOMINGTON-NORMAL YMCA for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge BLOOMINGTON-NORMAL YMCA, YMCA of the USA and third parties collaborating with BLOOMINGTON-NORMAL YMCA and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at BLOOMINGTON-NORMAL YMCA as described herein.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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

I am the Mother/Father/Legal Guardian of \_\_\_\_\_ (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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## Summer Day Camp Optional Information

Parent Name: \_\_\_\_\_

How did you hear about Summer Day Camp?  Previously Attended  Word of Mouth  Newspaper  
 YMCA Website  Other Website: \_\_\_\_\_  Facebook  TV  Radio  
 Other: \_\_\_\_\_

If you know of other potential campers that would benefit from Summer Day Camp, please list them here:

| <u>Child's Name</u> | <u>Parent's Name</u> | <u>Phone Number</u> | <u>May We Use Your Name When We Contact Them?</u>        |
|---------------------|----------------------|---------------------|--|
| _____               | _____                | _____               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____               | _____                | _____               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____               | _____                | _____               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____               | _____                | _____               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____               | _____                | _____               | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I am interested in providing financial assistance to sponsor a camper or campers this summer.  
Please contact me by:

Home Phone  Alternative Phone  Email  Mail to Home Address

Other: \_\_\_\_\_

I WOULD LIKE TO RECEIVE EMAIL NOTIFICATIONS REGARDING CAMP UPDATES.

I WOULD LIKE TO RECEIVE INFORMATION ABOUT MEMBERSHIP AND OTHER YMCA PROGRAMS  
 By Email  By Mail

Follow the Y at [www.twitter.com/bnymca](http://www.twitter.com/bnymca) or [www.facebook.com/bnymca](http://www.facebook.com/bnymca)

Don't forget to add [www.bnymca.org](http://www.bnymca.org) to your favorites list!