

Venice YMCA
Summer Camp 2010
Gymnastics/Rock Climbing/Cheerleading/Dance

Child's Name _____ Nickname _____
Date of Birth _____ Age _____ Grade **completed as of 6/4/10:** _____
Home address _____ City _____
State _____ Zip code _____

Mother's Name _____
Employer _____ Email Address _____
Home address _____ City _____
State _____ Zip code _____ Home phone # _____
Work phone # _____ Cell phone # _____

Father's Name _____
Employer _____ Email Address _____
Home address _____ City _____
State _____ Zip code _____ Home phone # _____
Work phone # _____ Cell phone # _____

Custody: Mother _____ Father _____ Both _____ Other _____
Child lives with: _____

Additional contacts:

Child will be released to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached.

Name _____ Relationship _____
Address _____
City _____ State _____ Zip Code _____
Phone # _____ Work Phone # _____ Cell # _____

Name _____ Relationship _____
Address _____
City _____ State _____ Zip Code _____
Phone # _____ Work Phone # _____ Cell # _____

- **DO NOT** put anyone on this form that cannot pick up your child. If both parents are listed, that indicates to us that either parent is authorized to pick up your child unless otherwise noted.
- All persons authorized to pick-up children should be prepared to show identification (photo i.d.) at the time of sign-out for the child to be released to them.

Does your child have any allergies/special dietary needs? _____yes _____no
Please list _____

Does your child have any physical disabilities or are there activities in which he/she should not participate? _____yes
_____no
Please list _____

Does your child have any emotional/physical problems that our staff should be aware of? _____yes _____no Please list

Can he/she swim? _____yes _____no If known, what is his/her swim level? _____

I will allow my child's picture to be taken for promotional purposes: ____yes____no

I will allow my child to attend field trips and participate in special events: ____yes____no

My child will be participating in other activities at the Venice YMCA.

Name of program, times and weeks attending:

I understand the Venice YMCA is not responsible in the event of an accident or injury, and I understand that it is my responsibility to carry **medical insurance** for my child. I authorize the use of available medical services and understand that every effort will be made to contact parents or guardians in the event of accident or illness. I hereby grant permission for the staff of the facility to contact the following medical personnel or obtain emergency medical care if warranted.

Doctor's Name _____ Phone number _____

Dentist's Name _____ Phone number _____

Hospital Preference _____

RELEASE & 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 Florida 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.

Parent/Guardian Signature _____ Date _____