



Mission Valley and Toby Wells YMCA

2009 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 16 - June 19	_____	<input type="checkbox"/> MV <input type="checkbox"/> TW
2 June 22 - June 26	_____	<input type="checkbox"/> MV <input type="checkbox"/> TW
3 June 29 - July 3	_____	<input type="checkbox"/> MV <input type="checkbox"/> TW
4 July 6 - July 10	_____	<input type="checkbox"/> MV <input type="checkbox"/> TW
5 July 13 - July 17	_____	<input type="checkbox"/> MV <input type="checkbox"/> TW
6 July 20 - July 24	_____	<input type="checkbox"/> MV <input type="checkbox"/> TW
7 July 27 - July 31	_____	<input type="checkbox"/> MV <input type="checkbox"/> TW
8 August 3 - August 7	_____	<input type="checkbox"/> MV <input type="checkbox"/> TW
9 August 10 - August 14	_____	<input type="checkbox"/> MV <input type="checkbox"/> TW
10 August 17 - August 21	_____	<input type="checkbox"/> MV <input type="checkbox"/> TW
11 August 24 - August 28	_____	<input type="checkbox"/> MV <input type="checkbox"/> TW
12 August 31 - September 4	_____	<input type="checkbox"/> MV <input type="checkbox"/> TW

Payment Method:

Check Enclosed Visa MC Discover American Express

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 have 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

CAMP 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 _____ Email _____

EMERGENCY INFORMATION

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

Name	Phone	Relationship

CHILD RELEASE AUTHORIZATION

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

Name	Relationship

MEDICAL INFORMATION

Family Physician: _____

Phone: _____

Date of last exam: _____

Medical Insurance Carrier: _____

Policy and/or Group #: _____

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

Name	Relationship

IMMUNIZATION HISTORY

VACCINES	YEARS OF BASIC IMMUNIZATION	YEAR OF LAST BOOSTER
Date of Last Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (SALK)		
Measles (Hard measles, Red Measles, Rubeola)		
Mumps		
Rubella (German Measles, 3 Day Measles)		
Hemophilus Influenza B (HB)		
Hepatitis B		

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:

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

HEALTH HISTORY

Check all that apply:

ALLERGIES/DIETARY RESTRICTIONS			CONDITIONS REQUIRING CONSIDERATION					
<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	Peanuts	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Bleeding Disorders
<input type="checkbox"/>	Insect Sting	<input type="checkbox"/>	<input type="checkbox"/>	Poison Ivy, Etc.	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	Other

Is the child currently taking medications? Yes No

Medications administered at Camp require a completed MEDICATION RELEASE FORM.

List any conditions requiring special consideration, accommodations or restrictions while at camp:

List any past medical treatment that may affect participation in camp:

List any activities from which the camper should be exempted for health reasons:

MEMBER OF THE YMCA

No Yes: as a Family Youth

Branch: _____ Expiration Date: _____

Signature of Parent/Guardian _____ Date _____

Print Name _____