



DAY CAMP APPLICATION

| Mark Branch of Choice | | |
|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Cleveland | <input type="checkbox"/> Hamilton | <input type="checkbox"/> North Georgia |
| <input type="checkbox"/> Downtown | <input type="checkbox"/> J.A. Henry | <input type="checkbox"/> YMCA Healthy Living Center at North River |

Scanned Attached

Child's Information: (Please, only one child per registration form.)

Name _____ SS# (last 4 digits) _____ Birthday _____

Male Female Age* _____ Hair Color _____ Eye Color _____ Height _____ Weight _____ Grade _____

* must be 5 years old.

Parent/Guardian's Information:

Email Address: _____ Cell Phone: _____

Mother's Name: _____ Birth Date: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's Employer: _____ Work Phone: _____ Work Hours: _____

Address: _____ City: _____ State: _____ Zip: _____

Father's Name: _____ Birth Date: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Cell Phone: _____

Father's Employer: _____ Work Phone: _____ Work Hours: _____

Address: _____ City: _____ State: _____ Zip: _____

Marital Status: Married Separated Divorced Widowed Single

Child's Legal Guardian(s): Both Parents Mother Father Other

Child's Living Arrangements: Both Parents Mother Father Other

LIST NAMES AND PHONE NUMBERS OF PERSONS AUTHORIZED TO PICK UP YOUR CHILD:

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell Phone: _____

LIST ANYONE NOT AUTHORIZED TO PICK UP YOUR CHILD: (Please Explain)

Name: _____

(If the person is a legal parent/guardian you must have legal documents from the court stating this person is not allowed to pick up your child.)

Emergency Information and Contacts:

GIVE NAMES AND PHONE NUMBERS OF THREE PEOPLE TO CALL IF YOU CANNOT BE REACHED:

(These people are authorized to pick up child)

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell Phone: _____

Physician Information:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Insurance Information:

Insurance Company: _____ Policy Number: _____

Special Accomodations:

My child has the following special needs: _____

My child has the following known allergies: _____

My child is on the following medications for long term continuous use _____

My child has the following pre-existing illness or health concerns: _____

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my child. I have read the rules and policies of the YMCA Child Care program and understand the YMCA adheres to these rules. I agree to follow the policies of the YMCA. I understand that my failure to do so may result in our being discharged from the program. I understand that payment is expected in advance and that there will be a late fee assessment should I neglect to pay on time. I understand that the YMCA is mandated by law to report any suspected child abuse or neglect to the appropriate authorities for investigation. I hereby consent to the use of my child's likeness in photographs, film, videotape or website for use in editorial, illustrated or promotional purposes.

Parent/Guardian Signature: _____ Date: _____

The YMCA considers all registrations without regard to race, color, religion, sex, national origin, or the presence of medical condition or handicap. However, the YMCA does reserve the right to refuse admission to any child who may require a level of attention beyond that which the YMCA programs are designed to accommodate or who may require specialized training that may prevent the YMCA staff from adequately meeting the needs of the child. Limited financial assistance is available.

CHILD'S HEALTH HISTORY CHECKLIST

Child's Name: _____ Birth Date: _____

Parent/Guardian Name: _____

The answers to these questions will help us to know if your child has any medical problems.

We need this information in case he/she should become ill and we would be unable to reach you right away. Please circle the appropriate answer, and detail at the bottom.

Pregnancy and Birth:

1. Yes No Were there any problems with pregnancy or your child's birth?
2. Yes No Was his/her birth weight under 5 _ pounds?
3. Yes No Did the baby have any problems in the hospital?

Medical Problems:

4. Yes No Has your child ever been in the hospital overnight?
5. Yes No Is your child taking any medications?
6. Yes No Any allergies or reactions to medicine, immunizations or insects?
7. Yes No Does your child have any food allergies?
8. Yes No Has your child had asthma or wheezing?
9. Yes No Does your child have speech or hearing problems?
10. Yes No Has your child has more than two ear infections in a year?
11. Yes No Has your child had tonsillitis?
12. Yes No Does your child have trouble with his/her eyes?
13. Yes No Has your child had a bladder or kidney infection?
14. Yes No Does he/she have burning while urinating?
15. Yes No Does he/she have seizures, fits or shaking spells?
16. Yes No Have you ever been told your child has a heart murmur?
17. Yes No Has your child ever had a bumpy or swollen reaction to a TB test?
18. Yes No Has your child ever been with anyone who has TB?
19. Yes No Has your child ever had worms?
20. Yes No Does your child scratch his/her genital area? Any redness or soreness?
21. Yes No Is your child a hemophiliac (free bleeder)?
22. Yes No Does your child have tubes in his/her ears?

**We ask that
you circle the
answers after you
print the form.**

General Development:

23. Yes No Does your child get along well with other children?
24. Yes No Is he/she usually happy?
25. Yes No Does your child have any special needs not indicated above?
26. Yes No When did you child last see a doctor? _____
27. Yes No Is your child able to play as hard as other children?

Details: _____

YMCA Agreement Form - Please read carefully and sign below. Please initial beside each number.

- ____ 1. This registration form is correct to the best of my knowledge and the child herein described has permission to engage in all prescribed activities, except noted by me.
- ____ 2. I understand that the YMCA does not provide health insurance coverage for participants. I am responsible for my own coverage.
- ____ 3. I understand that YMCA staff and volunteers are not allowed to baby sit or transport children at any time outside of the YMCA program.
- ____ 4. I understand that payment is expected the week prior to service and that there will be a \$10 late fee assessed should I neglect to pay on time.
- ____ 5. I understand that by enrolling my child in the YMCA program I have committed to the program for the program term and that I am charged regardless of my child's participation.
- ____ 6. I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.
- ____ 7. I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must either be listed with the YMCA or other arrangements must be made.
- ____ 8. I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.
- ____ 9. I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- ____ 10. I understand the YMCA Child Care Handbook is available at www.ymcachattanooga.org and am aware of the policies and procedures listed within.
- ____ 11. I understand this program operates under an exemption and is not licensed.
- ____ 12. I hereby consent to the use of my child's likeness in photographs, film or videotape for use in editorial, illustration or promotional purposes (including Social Media).
- ____ 13. The YMCA considers all registrations without regard to race, color, religion, sex, national origin and presence of medical condition or handicap. However, the YMCA does reserve the right to refuse admission to any child who may require a level of attention beyond that which YMCA programs are designed to accommodate or require specialized training that may prevent YMCA staff from adequately meeting the needs of the child.
- ____ 14. My child's health history and shot record is current and on file at the YMCA locaton listed on the registration form.
- ____ 15. I give permission to the YMCA to transport my child to and from field trips, schools, and/or swimming.
- ____ 16. Before any medication is dispensed to my child, I will provide a written authorization, which includes: name of my child, date, name of medication, prescription number, dosage, date of day, and time of day. Medicine will be in the original container with my child's name marked on it.
- ____ 17. I understand that I am responsible for providing **spray** sunscreen labeled with my child's name.
- ____ 18. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur (i.e. telephone numbers, work location, emergency contacts, child's physician, child's health status, and immunization records).
- ____ 19. I understand the YMCA cannot guarantee a 100% nut-free or allergen-free environment and, therefore, cannot be labeled as an allergen-free or nut-free facility.
- ____ 20. I understand the YMCA is committed reasonably to limit potential food allergens; therefore, I should not send peanut butter, or products that contain peanuts or tree nuts or have been manufactured in a facility with nuts.

I would like to receive email messages from the Y.



Program Participant and Guest Release & Waiver

Physical exercise, training and related activities can be strenuous and may cause serious injury. The YMCA of Metropolitan Chattanooga, Inc. ("YMCA") urges every member to obtain a physical examination from a medical doctor before using any exercise equipment or participating in any exercise or training class, related activity or YMCA sponsored program event or before undergoing changes in diet including the use of food supplements, weight reduction and/or body building enhancement products.

I, the undersigned agree to follow all rules and regulations of the YMCA while in, upon or about the premises or while using or observing the premises or any facilities or equipment, and understand and agree that I may be expelled at any time, for failure to abide by such rules and regulations.

I, the undersigned, agree to ensure that my child(ren), dependent(s), and/or other minors for whom I am responsible or for whose presence at the YMCA I am responsible follow all rules and regulations of the YMCA while in, upon or about the premises or while using or observing the premises or any facilities or equipment, and understand and agree that my child(ren), dependent(s) and/or other minors for whom I am responsible or for whose presence at YMCA I am responsible may be expelled at any time, with no refund of any monies paid, for failure to abide by such rules and regulations.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVING OR USING ANY FACILITIES OR EQUIPMENT, OR PARTICIPATING IN ANY ON-SITE OR OFF-SITE PROGRAM, ACTIVITY OR CLASS AFFILIATED WITH THE YMCA, INCLUDING USE OF THE YMCA DAY CARE FACILITIES, THE UNDERSIGNED HEREBY AGREE TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF HIS OR HER CHILDREN, 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 or his or her children and all their respective 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 or his or her children, whether or not caused by the negligence of any person, the releasees or otherwise while the undersigned or his or her children is in, upon, or about the YMCA premises or any facilities or equipment therein or participating in any program, class or activity affiliated with the YMCA without respect as to location.

2. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF HIS OR HER CHILDREN, 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 or his or her children in, upon or about the YMCA premises or in any way observing the use of or using any facilities or equipment of the YMCA or participating in any program, class or activity affiliated with the YMCA without respect as to location whether or not caused by the negligence of any person, the releasees or otherwise.

3. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF HIS OR HER CHILDREN, HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or his or her children whether or not caused by the negligence of any person, the releasees or otherwise while in, about or upon the premises of the YMCA and/or while observing the use of using the premises or any facilities or equipment thereon or participating in any program, class or activity affiliated with the YMCA without respect as to location.

The Undersigned, on his or her behalf and behalf of such children, specifically assumes all risks of personal injury, property loss, or damages whatsoever including risks associated with racquet sports, aerobics, yoga, fitness classes, fitness equipment, exercise, swimming, weights, locker room, sauna, parking, child care or in any program, class or activity affiliated with the YMCA without respect as to location. This assumption of risk also includes environmental, theft, and contagion risks in addition to risk associated with use of the YMCA's health and fitness advisory services.

4. IF THE UNDERSIGNED IS PLACING HIS OR HER CHILDREN IN A YMCA CHILD'S PROGRAM, ACTIVITY OR EVENT, THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY acknowledges that having his or her child or children participate in such activities may include inherent risks, hazards, and dangers that cannot necessarily be predicted or controlled. The Undersigned further understands that not all inherent risks, hazards and dangers can be eliminated, and that the inherent risks of the such activities can cause property damage, injury, illness, paralysis or death. Some of the activities such children may be involved with include, but are not limited to: wilderness travel and activities, bouldering, rock climbing, crafts, mountain biking, ropes challenge courses, archery, rafting, swimming, horseback riding, fishing, overnight camping, and other program activities.

5. THIS RELEASE & WAIVER SHALL BE GOVERNED BY AND CONSTRUED UNDER THE APPLICABLE LAWS OF THE STATE OF TENNESSEE. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Tennessee 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 HAVE READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no one has made any oral representations, statements or inducement other than as set forth above in writing.

Print Name of Minor Child Participant Date

Print Name of Minor Child Participant Date

Print Name of Minor Child Participant Date

Print Name of Participant/Parent Date

Print Name of Minor Child Participant Date

Signature of Participant/Parent Date

PARENT SUMMER CAMP PLANNER

2024 Dates & Themes

- | | | | |
|---|--------------------|--|---------------|
| <input type="checkbox"/> May 28- May 31 | Value Week | <input type="checkbox"/> July 1-5* | Wild West |
| <input type="checkbox"/> June 3- 7 | Fun & Fitness | <input type="checkbox"/> July 8 -12 | Grow With Us |
| <input type="checkbox"/> June 10-14 | All Star | <input type="checkbox"/> July 15-19 | Splish Splash |
| <input type="checkbox"/> June 17-21 | Great Outdoors | <input type="checkbox"/> July 22-26 | Mad Science |
| <input type="checkbox"/> June 24-28 | Space is the Place | <input type="checkbox"/> July 29 - Aug.2 | Aloha |

*No camp on July 4th.

YMCA DAY CAMP Credit/Debit Card Authorization Form

Child/Children's Name (s): _____

Parent Initial: _____ I understand that my card will be drafted every Friday for the upcoming week of service. I also understand that I must notify the YMCA program office by 5:00 p.m. on the Wednesday prior to the weekly draft if any changes need to be made in my child's attendance for the upcoming week of service. I hereby authorize the YMCA to charge my credit/debit card WEEKLY for day camp fees in the amount of \$_____ for each session my child/children will be attending.

Please Check: Discover Mastercard Visa American Express

Card Number: _____ Expiration Date: ____/____

Cardholders Name Print: _____

Signature: _____ Date: _____

Daytime Phone: _____



The mission of the YMCA is to put Christian principles into practice through programs that build healthy spirit, mind and body for all.

In proclaiming our foundation in Christian principles, the YMCA of Metropolitan Chattanooga follows the examples of Jesus Christ by loving people for who they are where they are, and by demonstrating respect, caring honesty, and responsibility toward individuals and families without regard to religious beliefs, gender, age, physical abilities or financial status.

