

**Grandview Family YMCA 2019-2020**

**Days Out Program Registration Form**

(Please Print) 2019-2020 DAYS OUT REGISTRATION FORM

Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate (Month/Day/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male  Female 

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child attend our After-School Program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper lives with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Pick-Up: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­

Authorized Pick-Up: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Authorized Pick-Up: Name: \_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

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Authorized Pick-Up: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Pick-Up: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Daily Rate:**

Please see page 2 for individual pricing.

**Hours:**

Drop off begins at 6:30 am – 9:00 am. All activities will take place between 9:00 am – 3:00 pm. Check out will be from 3:00 pm – 6:00pm.

**Location:**

4700 Camp Grandview Road

Millbrook, AL. 36054

**What to Bring:**

Food and Drinks will be provided. NO toys ,trading/battling cards of any kind, and electronic devices are strictly prohibited.

**Activities:**

Field Games, Hiking, Archery, Red Dirt Hill, and MUCH MORE!

**Questions:**

Contact the Welcome Center at 290.9622

**To Register:**

Fill out registration form and turn into the Welcome Center or register online.

Grandview Family YMCA offers a wonderful opportunity for kids aged Kindergarten thru 8th grade to be outside and active during their days off school. Our school year days out program offers a variety of activities (pending weather). Check your child’s school calendar and choose the dates that work best with your schedule.

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| --- | --- | --- | --- | --- | --- |
| Days Out Program  Dates for 2019-2020 | **Member Rates:** | | **Non- Member Rates:** | | **Weekly Rates:** |
|  | ASP Member  ($20) | Member ($25) | ASP Non-Member  ($25) | Non-Member ($30) | Weekly Rate  ($120 - M  $145 – NM) |
| **Monday, August 5, 2019** |  |  |  |  |  |
| **Tuesday, August 6, 2019** |  |  |  |  |  |
| **Monday, October 14, 2019** |  |  |  |  |  |
| **Tuesday, October 15, 2019** |  |  |  |  |  |
| **Wednesday, October 16, 2019** |  |  |  |  |  |
| **Monday, November 11, 2019** |  |  |  |  |  |
| **Monday, November 25, 2019** |  |  |  |  |  |
| **Tuesday, November 26, 2019** |  |  |  |  |  |
| **Monday, December 23, 2019** |  |  |  |  |  |
| **Thursday, December 26, 2019** |  |  |  |  |  |
| **Friday, December 27, 2019** |  |  |  |  |  |
| **Monday, December 30, 2019** |  |  |  |  |  |
| **Thursday, January 2, 2020** |  |  |  |  |  |
| **Friday, January 3, 2020** |  |  |  |  |  |
| **Monday, January 6, 2020** |  |  |  |  |  |
| **Monday, January 20, 2020** |  |  |  |  |  |
| **Monday, February 17, 2020** |  |  |  |  |  |
| **Monday, March 23, 2020** |  |  |  |  |  |
| **Tuesday, March 24, 2020** |  |  |  |  | Weekly Rate is **ONLY** valid for March 23-27 |
| **Wednesday, March 25, 2020** |  |  |  |  |
| **Thursday, March 26, 2020** |  |  |  |  |
| **Friday, March 27, 2020** |  |  |  |  |
| **Friday, April 10, 2020** |  |  |  |  |
| **Friday, May 22, 2020** |  |  |  |  |  |

Participation Agreement

In consideration for my child or ward being permitted to utilize the facilities, services and programs of The Young Men’s Christian Association of Montgomery, Inc. (“YMCA”), I, on behalf of myself and my child or ward, and his or her heirs, personal representatives, assigns and next-of-kin, do hereby agree to the following:

1. I understand that the activities that my child or ward will be engaging in while he or she is in or upon the premises of the YMCA, using any of its facilities, services or equipment, or participating in any YMCA program or activity are inherently risky and potentially hazardous and I, for and on behalf of my child or ward, hereby accept full responsibility for, and risk of, any injury to my child or ward or loss or damage to his or her property that may occur as a result thereof.

2. I hereby release, waive and covenant not to sue the YMCA, its successors and assigns, and its directors, officers, employees, and agents (collectively, the “Releasees”) from all claims, demands, damages, losses and causes of action arising or resulting from any injury to my child or ward or loss or damage to his or her property that may occur while my child or ward is in or upon the premises of the YMCA or using any of its facilities, services or equipment, or participating in any YMCA program or activity.

3. I hereby indemnify and hold harmless the Releasees from all loss, liability, damage, or cost they may incur due to my child’s or ward’s presence in or upon the premises of the YMCA or use of its facilities, services or equipment, or participation in any YMCA program or activity.

In the event of injury, I hereby authorize the Releasees to provide or cause to provide such medical care and treatment to my child or ward as may be necessary and appropriate. I understand that I am solely responsible for all costs incurred for such medical care or treatment.

I further understand that if my child or ward fails to abide by the rules and regulations of the YMCA, he or she is subject to removal from the premises of the YMCA and/or removal from participation in YMCA programs and activities without a refund of dues, fees or other amounts paid to the YMCA.

I hereby give my permission to the YMCA to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings which may include my child’s or ward’s image or voice for the purpose of promoting or interpreting YMCA programs and activities.

In accordance with the U.S. Department of Agriculture discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department is prohibited. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Right program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <http://www.asci.usda.gov/comlpaint_filing_cust.html>, or at any USDA office, or call (866)632-9992 to request a form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Ave, SW, Washington, DC 20250-9410, by fax (202)690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

I, as a parent or guardian of the above named minor, hereby give my permission for my child or ward to use the facilities and services of the YMCA and to participate in the programs and activities offered by the YMCA. I HAVE READ AND VOLUNTARILY SIGN THIS AGREEMENT AND AGREE, INDIVIDUALLY AND ON BEHALF OF SAID CHILD OR WARD, TO BE BOUND BY ITS TERMS.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_