



Healthy Kids Summer Camp
2023 Registration Form
(Ages 5-12)

Child's Name: _____ Race: _____ DOB: __/__/____ Age: ____

School Attending: _____ Grade: _____ Gender: ___ Male ___ Female

Parent 1: _____ DOB: __/__/____ Employed By: _____

Parent 2: _____ DOB: __/__/____ Employed By: _____

Primary (Best) Contact's Phone #: _____

Secondary Contact's Phone #: _____

Address: _____ City: _____ Zip: _____

Primary (Best) Contact's Email: _____

Secondary Contact's Email: _____

Sessions Attending: Please indicate which weeks your child will be attending:

- I _____ June 5th - June 8th
II _____ June 12th - June 15th
III _____ June 19th - June 22nd
VI _____ June 23rd - June 29th

No Camp Session week of July 3rd - 7th

- V _____ July 10th - July 13th
VI _____ July 17th - July 20th
VII _____ July 24th - July 27th

T-shirt Size: (circle) YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL

I have read all information recorded on this registration card and it is correct.

Parent's or Guardian's Signature: _____

I hereby give my permission for my child or ward to participate in the specific activities described on the reverse side of this card ("activities"). I understand that the activities are inherently risky and potentially hazardous, and as a result, I accept full responsibility for, and risk of, injury to my child or ward for loss or damage to his or her property that my result from his or her participating therein. I, for, and on behalf of myself and my child or ward, hereby release, waiver, and covenant not to sue the Young Men's Christian Association of Montgomery, Inc., and its directors, officers, employers, and agents (collectively the "Releases") from all claims, demands, damages, losses, or causes of actions arising from any injury to my child or ward or loss or damage to his or her property that my occur while my child is participating in the activities. I further indemnify and hold harmless the Releases from all loss, liability, damage, or cost that may occur du to my child's or ward's participation in the activities.

In the event of injury, I authorize the Releases 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 hereby give my permission to the Releases 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 the YMCA programs and activities.

I have read and voluntarily signed this agreement and agree to be bound by its terms

Parent or Guardian's Signature: _____ Date: _____

STAFF USE ONLY

YMCA Membership Y _____ N _____ COST: \$45 Members / \$85 Non-Members Payment Method _____

One time Registration Fee Collected: _____ \$25.00/camper RECEIVED BY: _____ (Staff Signature)