



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CAMP BOOMERANG - 2017 SUMMER DAY CAMP REGISTRATION FORM

All sections of this registration form must be completely filled out

CAMPER INFORMATION

Child's First Name: _____ Last Name: _____

Birthdate ___/___/___ Age ___ Gender (circle one): Male Female Grade (2016-2017): _____

Child's First Name: _____ Last Name: _____

Birthdate ___/___/___ Age ___ Gender (circle one): Male Female Grade (2016-2017): _____

CONTACT INFORMATION

Street Address _____ Apt.# _____

City _____ State _____ Zip Code _____

Email Address (required) _____

PARENT/GUARDIAN INFORMATION

Primary Guardian (Mother) (Father) (Other _____) Authorized to Pick Up: Yes No

First Name _____ Last Name _____

Cell Phone _____ Work Phone _____ Other Phone _____

Secondary Guardian (Mother) (Father) (Other _____) Authorized to Pick Up: Yes No

First Name _____ Last Name _____

Cell Phone _____ Work Phone _____ Other Phone _____

MUST LIST AT LEAST ONE EMERGENCY CONTACT OTHER THAN PARENTS LISTED ABOVE

Emergency Contact: Relation to Child _____ Authorized to Pick-Up: Yes No

Name _____ Phone _____

CAMPER MEDICAL INFORMATION

PLEASE LIST ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF

_____ CAMPER: _____

_____ CAMPER: _____

PLEASE LIST ANY ALLERGIES YOUR CAMPER HAS, INCLUDING FOOD ALLERGIES

_____ CAMPER: _____

_____ CAMPER: _____

AUTHORIZED PICK-UP

THE FOLLOWING PEOPLE HAVE MY PERMISSION TO PICK-UP MY CAMPER(S) IN THE CASE I AM UNABLE TO PICK THEM UP DUE TO AN EMERGENCY OR OTHER CIRCUMSTANCE. I UNDERSTAND THAT ANY OF THE PEOPLE LISTED BELOW MUST HAVE PROPER IDENTIFICATION IN ORDER TO PICK-UP MY CAMPER. ANY PERSON NOT LISTED BELOW WILL NOT HAVE AUTHORITY TO PICK UP MY CAMPER.

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

PICK-UP PASSWORD: _____

THIS PASSWORD IS ONLY TO BE SHARED WITH THOSE AUTHORIZED TO PICK UP YOUR CAMPER.
YOU OR ANY PERSON PICKING UP THE CAMPER WILL BE REQUIRED TO PROVIDE THE PASSWORD EACH DAY AT THE TIME OF PICK-UP.

WEEKLY SELECTION

PLEASE SELECT THE WEEKS YOUR CHILD WILL ATTEND CAMP BOOMERANG.

WEEK 1: PASSPORT TO FUN
JUNE 13 - JUNE 16 (No Camp June 12th)

WEEK 7: GAME CHANGER
JULY 24 - JULY 28

WEEK 2: WE GOT THE BEAT
JUNE 19 - JUNE 23

WEEK 8: CAMPERS WITH CAPES
JULY 31 - AUGUST 4

WEEK 3: COWABUNGA, DUDE!
JUNE 26 - JUNE 30

WEEK 9: SHIPWRECKED
AUGUST 7 - AUGUST 11

WEEK 4: CREATION NATION
JULY 3 - JULY 7 (No Camp July 4th)

WEEK 10: MORE THAN MEETS THE EYE
AUGUST 14 - AUGUST 18

WEEK 5: TRIPLE THREAT TALENT
JULY 10 - JULY 14

WEEK 11: GRAND FINALE
AUGUST 21 - AUGUST 25

WEEK 6: INVENTORS WORKSHOP
JULY 17 - JULY 21

*\$25.00 PER WEEK NON-REFUNDABLE / NON-TRANSFERABLE
DEPOSIT DUE AT THE TIME OF REGISTRATION.*

RELEASE AND WAIVER OF LEGAL LIABILITY

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and/or on behalf of any minor child, release the YMCA of Greensboro, Inc., its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately.

This is important to you and/or any minor children, so do not sign until you have had your questions answered. You provide this Release freely, and without duress under the following terms:

- 1) GENERAL RELEASE: I hereby agree for myself and/or my child and other respective heirs, assigns and legal representatives, to indemnify, defend and hold YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants ("Release") in the program harmless from any and all claim and causes of action of any nature for any and all personal injury or illness, including death, which may occur to me and/or my child or which may be aggravated during or by any activity during the course of the program in which I have decide to allow myself and/or my child to engage. I further waive any and all claims or causes of action, which I and/or my child may now or hereafter have against Releases which may at any time arise as a result of any act or thing occurring in or arising out of my and/or my child's participation in the program. I further expressly understand and agree the foregoing indemnity, release and waiver is intended to be as broad and inclusive as permitted by the law of the State of North Carolina and that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.
- 2) ASSUMPTION OF RISK: I, individually and/or on behalf of any minor child, expressly and specifically assume any and all risk of injury, illness, death or property damage resulting from my YMCA activities. You assume the risk: I, individually and on behalf of my minor child, understand that YMCA activities are strenuous and dangerous and should be engaged in only by persons in good health. I understand that I should consult a physician before enrolling myself and/or my child in the YMCA program. Once you sign, you are saying that you understand the risks involved and accept all of the risks.
- 3) MEDICAL RELEASE: I, individually and/or on behalf of any minor child, further hereby release YMCA from any claim whatsoever which may arise as a result of any first aid, treatment, or services or assistance provided to me in connection with any injury that arises from activities at YMCA. A) I take full responsibility for my and my child(s) welfare and safety on or at YMCA activities. B) I hereby give permission for emergency medical treatment to be administered as deemed appropriate.
- 4) INSURANCE: YOU ARE EXPECTED TO HAVE YOUR OWN HEALTH INSURANCE. You should understand that the YMCA does not carry insurance to cover injuries and losses that may befall you.
- 5) PHOTOGRAPHIC RELEASE: I consent to be photographed and to allow YMCA's use of any photos of myself and/or my minor child at its sole discretion.
- 6) I agree for my child's grades and performance in school to be tracked for funding and informational purposes.

HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.

Applicant or Parent/Guardian Signature

Date

TRANSPORTATION AUTHORIZATION

I, _____ (parent/guardian) of _____
give my permission to Ragsdale Family YMCA for my child to:

Please Initial:

_____ Be transported on YMCA vehicles to scheduled field trips and outings. I understand that the facility will use the appropriate child restraint devices and abide by all the safety rules when my child is transported in a vehicle. The facility will also notify me each time that my child is to participate in an activity that would involve transportation