AMPLIFY YOUR SPRING
RAGSDALE FAMILY YMCA SPRING BREAK CAMP!

Spring Break Camp runs Monday, April 6, 2020 through Friday, April 10, 2020 therefore, we have 5 days to AMPLIFY YOUR SPRING though Character Development, engaging activities and games, arts and crafts, outdoor adventures, daily swimming, movies, field trips, reading and a whole lot more. Spring break brings the opportunity to take a break and have fun, and what better place to spend it then the Ragsdale Family Y. Join us for an adventurous week filled with non-stop fun and entertainment.

**Dates, Prices and Details!**

**DATES:** April 6 - April 10 (Monday-Friday)

**HOURS:** 7:30am - 6:00pm  
(Drop off begins at 7:30am and Pick-up ends at 6:00pm)

**ELIGIBILITY:** Must be enrolled in Kindergarten - Middle School. (All eligible children must have a 5th birthday of 8/31/2019 or earlier. The YMCA has the right to request a copy of a birth certificate.)

**PRICES**
All prices are for the entire Camp (5 Days).  
Prorates and/or refunds will not be provided for days not attended.  
Members: $115.00  
Non-Members: $165.00

**REGISTRATION & CAPACITY**
Monday, April 13, 2020 is the final deadline for registration. Registration is open to the first 25 enrolled. Registration will close once our cap has been reached.

**WHAT TO BRING AND WEAR TO CAMP**
Swim Suit and Towel (daily)  
Daily Bagged Lunch  
Play clothes and Sneakers Required  
Refillable Water Bottle  
(More details available on the Camp Newsletter)

**WHAT TO LEAVE AT HOME**
Toys, Gaming Systems, Electronics, Cell Phones or anything you would not want lost or broken.  
We have plenty of fun activities planned to keep you entertained!
SPRING BREAK CAMP – 2020 REGISTRATION FORM
All sections of this registration form must be completely filled out

PARTICIPANT INFORMATION

Child’s First Name: ___________________________  Last Name: ___________________________

Birthdate ___/___/___  Age ___  Gender (circle one): Male  Female  Grade (2019–2020): ___

Child’s First Name: ___________________________  Last Name: ___________________________

Birthdate ___/___/___  Age ___  Gender (circle one): Male  Female  Grade (2019–2020): ___

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 ___________________________
PARTICIPANT MEDICAL INFORMATION

PLEASE LIST ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF

NAME:

NAME:

PLEASE LIST ANY ALLERGIES YOUR CAMPER HAS, INCLUDING FOOD ALLERGIES

NAME:

NAME:

AUTHORIZED PICK-UP

THE FOLLOWING PEOPLE HAVE MY PERMISSION TO PICK-UP MY CHILD 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 CHILD. ANY PERSON NOT LISTED BELOW WILL NOT HAVE AUTHORITY TO PICK UP MY CHILD.

PICK UP PASSWORD: __________________________

NAME: __________________________ PHONE: __________________________

NAME: __________________________ PHONE: __________________________

NAME: __________________________ PHONE: __________________________

NAME: __________________________ PHONE: __________________________

NAME: __________________________ PHONE: __________________________

NAME: __________________________ PHONE: __________________________

NAME: __________________________ PHONE: __________________________
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 from school and 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