

Day Camp Sign Up Form

Mail to: YMCA Day Camp, P.O. Box 2440, Julian, CA 92036 or FAX to 765-0183

Mail with \$120/week full payment. If faxing, please include credit card information.

Camper's Name: _____ Date of Birth: _____

School Grade Next Fall: _____ Boy _____ Girl _____ Home Phone: _____

Session (circle one or more): 3-July 2-July6 4-July 9-13 5-July 16-20 6-July 23-27 7-July 30-Aug 3

Address: _____ City: _____ Zip: _____

Parent 1: _____ Parent 2: _____

Phone #'s during camp hours: _____

Phone #'s for Wednesday overnight: _____

Any additional phone #'s (work, pager, etc.): _____

In case of emergency, can also notify: _____

Who has permission to pick your child up at camp?: _____

\$125 payment should accompany application.

Make checks payable to "YMCA Camps"

Waiver of Liability & Parent's Authorization

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in the YMCA program described above. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. In consideration of said minor being permitted to enter any branch of YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above or any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby:

1. Acknowledge the (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonable suited for the purposes intended and (iv) I voluntarily sign this document.
2. Release YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA branch; whether caused by the negligence of Releasees.
4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
5. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Important: Parent/Guardian's Signature Required: _____

Signature

Date

Payment Information:

Check enclosed, Amt:\$ _____ Card # _____

Please charge Credit Card

my: Debit Card Exp. Date: _____

Visa Master Discover

For: \$ _____ (Amount) Cardholder: _____