

ACADEMIC ENRICHMENT

CAMP REGISTRATION/ St. Maria Goretti



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PARTICIPANT INFORMATION

Participant's First Name:			Participant's Last Name:			YMCA Site: LAKEWOOD FAMILY YMCA		
Date of birth:	Age:	Gender: M F	Grade:	School Enrolled: St. Maria Goretti	Ethnicity:			
Home address:			City:	State:	Zip Code:	Home Phone Number:		
Child Lives With (circle one) Mother Father Both 50/50 Other:			Teacher's Name:		List Any Known Allergies:			
			Classroom Number:					

PARENT OR GUARDIAN INFORMATION

(The "Responsible Party" is the parent/guardian enrolling the child and is responsible for payment of fees, signing releases, authorizing individuals to sign out the child and making any changes to the child's participation in the program.)

Responsible Party's First and Last Name:			Date of birth:		Relationship to child:			
Home address:			City:	State:	Zip Code:	Cell Phone Number:		
Employer Name:	Work Phone:		Email Address:					
Other Parent's First and Last Name:			Date of birth:		Relationship to child:			
Home address:			City:	State:	Zip Code:	Cell Phone Number:		
Employer Name:	Work Phone:		Email Address:					

SIGN OUT / EMERGENCY CONTACT INFORMATION

The following individuals have my **unrestricted** permission to sign the above-named child out from the YMCA program and should be contacted in an emergency when I cannot be reached. Please notify the Program Director in advance in writing if an individual not listed will be picking up your child. **(Minimum of two required)**

Name	Phone #1	Phone #2	Relationship to child	Pick-Up	Emergency
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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The following individuals are **restricted** from signing out my child due to a court-issued restraining order (A certified copy of the official court documentation must be submitted and on file with the YMCA).

Name:

Name:

PROGRAM PARTICIPATION PLAN

Program Plan

- AM Care (7:00 am – 9:00 am)
- PM Camp Hours (12:00 pm – 6:00 pm)

Participants will be engaged in traditional camp activities once they are released from class.

Activities include: group games, arts & crafts, team building activities

SIGNATURES

I authorize the verification of the information provided on this form. I acknowledge that I have received a copy of the parent handbook and are responsible for the information it contains, including but not limited to program policies, procedures and financial obligations.

Parent/Legal Guardian Name (print):

Parent/Legal Guardian Signature:

Date:

Please select age-appropriate camp:

- Kindergarten – 2nd Grade Camp
- 3rd – 8th Grade Camp

SPECIAL NEEDS OR ACCOMODATIONS:

Please list so that we may provide your child with the best possible care

YMCA Health Policies and Procedures

The YMCA does not carry accident or injury insurance for program participants. Therefore, you the parent or legal guardian, or your health insurance must cover all medical expenses resulting from any injury incurred by your child at the YMCA or in a YMCA program.

If your child is injured at the YMCA or in a YMCA program, the staff will take whatever steps necessary to obtain emergency medical care if warranted. These steps may include but are not limited to:

1. Attempt to contact the parent, legal guardian, and/or emergency contact,
2. If we cannot contact anyone, we may do any or all of the following:
 - Call the paramedics/ambulance
 - Take, or have your child taken to, an emergency hospital-accompanied by a YMCA staff member-for diagnosis and/or treatment

We will not administer any product that is not in its original container and clearly marked by the manufacturer or pharmacy. All medication for any child, along with written instructions for administering must be given to your child's Day Camp Director or Site Director. We will not administer over the counter medication.

If your child becomes ill at the YMCA, he/she will be isolated from the other children and you will be contacted to pick up your child immediately. **Please make sure to inform the YMCA of any changes in phone numbers or emergency contacts.**

I, the undersigned parent or legal guardian of _____ a minor, do hereby authorize the YMCA of Greater Long Beach and the Weingart-Lakewood Family YMCA, and their staff, as agents for the undersigned, to consent to any x-ray examination, anesthetic, dental, medical, or surgical diagnosis or treatment and hospital care which is advised by, and is to be rendered under general or specific supervision of any licensed physician, dentist, surgeon, or hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

I understand this authorization is given in advance of any specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of the State of California.

Signature of Parent or Legal Guardian

Date

Please list the following information:

Your Insurance Carrier _____ Policy # _____

Family or Child's Physician _____ Phone # _____

Physician's Address _____ City _____ Zip Code _____

Please list the medication, dosage, and times to be administered by YMCA staff to your child (you must fill out an additional sheet at the site):

Medication _____ Dosage _____ Time _____

Medication _____ Dosage _____ Time _____

Medication _____ Dosage _____ Time _____

Medication _____ Dosage _____ Time _____



YMCA OF GREATER LONG BEACH RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, and/or branch affiliates, its directors, officers, employees, and agents (hereinafter referred to in this waiver as "releases from all liability to the undersigned or such children and all his or her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the release's or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program or activity affiliated with the YMCA. YMCA shall not be liable for any damages arising from any act or neglect of any other member, occupant, or user of the YMCA premises or participant in YMCA programs or activities.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the release's and each of them from any loss, liability, claims and/or damage, liens, judgments, penalties, attorneys' and/or consultants' fees, expenses and/or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program or activity affiliated with the YMCA whether caused by negligence of the release's or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children, due to negligence of release or otherwise, while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program or activity affiliated with the YMCA.
4. THE UNDERSIGNED acknowledges that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including several cases in Long Beach and Los Angeles County, California. The undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of the YMCA if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify the YMCA immediately if he or she believes that any of the foregoing access/use restrictions may apply.

The YMCA has taken certain steps to implement recommended guidance and protocols issued by the Public Health Agencies for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above. The undersigned acknowledges and agrees that the YMCA may revise its procedures at any time based on updated recommended guidance and protocols issued by the Public Health Agencies and further agrees to comply with the YMCA's

revised procedures prior to utilizing the facilities, services, and programs of the YMCA. The undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by the YMCA, social distancing of 6 feet per person among children and their caregivers in a childcare setting is not possible. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of the YMCA and acknowledges that use thereof by the undersigned and/or such participating children may, despite the YMCA's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The parties agree that the County of Los Angeles, State of California is the appropriate venue for the enforcement or interpretation of this waiver and in the event of litigation, the prevailing party shall be entitled to his/her/their attorney fees and costs from the losing party.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements of inducement apart from the foregoing written agreement have been made.

I give permission for the YMCA to use any pictures taken for future promotion purposes.

Applicant name: _____ Date of Birth: ____ / ____ / ____ Gender: M / F

Address: _____
STREET UNIT # CITY STATE ZIP

Home: _____ E-mail: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

HAVE READ AND UNDERSTAND THIS RELEASE

Signature of Applicant _____ Date _____

Signature of Applicant's Parent/Guardian (under 18) _____

OFFICE USE ONLY

STAFF INITIAL RECEIVING WAIVER