

YMCA OF GREATER NEW YORK SUMMER DAY CAMP REGISTRATION FORM

Branch: _____

Camp Site: _____

Camp Type: _____

PARTICIPANT INFO:

Child's Name: _____

Date of Birth: _____ Gender: _____ Grade in September 2018: _____

School: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Email: _____

My child will: Be picked up Walk Home (Only campers 10 years or older. Please sign bottom of page 2.)

T-Shirt Size: Child: XS Small Medium Large XL Adult: XS Small Medium Large XL

PARENT/GUARDIAN INFO:

Name of Parent/Guardian Registering Child: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Email: _____

Name of 2nd Parent/Guardian: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Email: _____

EMERGENCY CONTACT INFO:

Please list two (2) additional contacts, to be used if the parents/guardians cannot be reached.

Name: _____ Relation: _____

Work Phone: (_____) _____ Cell Phone: (_____) _____

Name: _____ Relation: _____

Work Phone: (_____) _____ Cell Phone: (_____) _____

PHYSICIAN INFO:

Name: _____ Phone: (_____) _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

AUTHORIZATION/CONSENT

EMERGENCY AUTHORIZATION: I understand that in the event of an emergency affecting my child while participating in a YMCA program, a designated employee of the YMCA will attempt to contact me and inform me as soon as possible. In the event I cannot be reached, I hereby give permission for my child to be treated by a medical professional or hospitalized by hospital selected by the YMCA.

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Child's Name: _____ Date: _____

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PERMISSION FORM

I hereby grant permission for my child to use all equipment and participate in all activities at the YMCA.

I hereby grant permission for my child to leave the YMCA Summer Camp premises, under proper supervision of the YMCA staff, for neighborhood walks, park activities and field trips. It is my understanding that these trips will be taken over the camp session without further consent from me.

Parent/Guardian Name: _____ Parent/Guardian Name: _____
Child's Name: _____ Date: _____ Phone: (_____) _____

AUTHORIZED PICKUP FORM:

The following individuals are 16 years old or older and are allowed to pick up my child from the YMCA Summer Camp Program. Please include the Parents/Guardians. Those authorized to pick up your child, will be asked for photo ID for verification.

Name	Relationship	Phone Numbers
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that no one else will be allowed to pick up my child unless I notify the YMCA in advance and in writing. This person will also be asked for their photo ID for verification.

Parent/Guardian Signature: _____ Date: _____

AUTHORIZED PICKUP FORM:

My child is 10 years of age or older and may sign themselves out and go home without an escort at the end of the day.

Parent/Guardian Signature: _____ Date: _____

AGREEMENT

I, the undersigned, give permission for my child to participate in Summer Camp. I am aware that a completed medical form signed by a physician is required before my child may begin Summer Camp. I understand that enrollment is based on availability. Lastly, I fully understand that my child is responsible for their possessions. I have read, signed, and agreed to the registration requirements.

Parent/Guardian Name: _____ Parent/Guardian Name: _____
Child's Name: _____ Date: _____

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STANDARD RELEASE FORM

From time to time, the YMCA of Greater New York (the "YMCA") takes pictures or records videos of members and non-members participating in YMCA programs, using its facilities, or attending one of its special events. Additionally, the YMCA may permit members of the media (the "Media") to take such pictures or record such videos in order to promote the YMCA's charitable mission and for other journalistic purposes.

The individual person named below is signing this Release for the purposes of allowing the YMCA and the Media to use one or more such photographs, video recordings, and/or sound recordings (collectively, "Recordings") of such person for any purpose consistent with the YMCA's charitable mission, which includes, but is not limited to, the YMCA or the Media publishing such Recordings in newspapers, web sites, and other print or electronic publications, on television, or on the radio. By signing this Release, such person acknowledges that he or she has freely consented to be photographed, filmed, or otherwise recorded and has signed this Release of his or her own free will. If the person named below is under age 18, a parent or guardian of such person must sign on such person's behalf.

1. I agree that I am willing to be photographed, filmed, or otherwise recorded by the YMCA, its contractors, and the Media, either individually or as part of a group Recording, which may include my image, likeness, and/or voice. I further agree that my name may be used to identify me as a subject of any Recordings featuring my image, likeness, and/or voice.
2. I understand that the YMCA will own all rights in the Recordings of me that the YMCA or a YMCA contractor takes or records ("YMCA Recordings"), and that the YMCA will have the exclusive right to use, or allow others to use, such YMCA Recordings in any medium for any purpose consistent with the YMCA's charitable mission as determined by the YMCA.
3. I understand that the Media will own all rights in the Recordings of me that the Media takes or records ("Media Recordings"), and that the Media will have the exclusive right to use, or allow others to use, such Media Recordings in any medium for any lawful purpose.
4. I understand that I am waiving any and all rights that may preclude the YMCA's or the Media's use of the Recordings as described above.
5. I acknowledge that neither the YMCA nor the Media has any obligation to use any Recordings of me or to use such Recordings for any particular purpose.
6. I understand that I will receive no monetary payment or other compensation in exchange for the rights to use Recordings of me.

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Child's Name: _____ Date: _____ Phone: (_____) _____

Email (optional): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____