



# 2010 Spring Break Camp Registration

## YMCA of Greater Williamson County

Cost: YMCA Family Members \$155 Program Participants \$185

Child's Name \_\_\_\_\_ Gender: M F DOB \_\_\_\_\_ Grade \_\_\_\_\_

Child's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's Day Phone \_\_\_\_\_

Responsible Parent/Guardian's Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_ Mobile/Pager \_\_\_\_\_ Email Address \_\_\_\_\_

Other Parent/Guardian's Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_ Mobile/Pager \_\_\_\_\_ Email Address \_\_\_\_\_

Local Person to call in case of emergency if parent/guardian cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital/Clinic \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Please list any special problems or limitations your child may have which the staff should be aware of and note required treatment:

I hereby authorize the YMCA Spring Break Camp staff to allow my child to be released to the following persons:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

### PARENT'S/GUARDIAN'S ACKNOWLEDGEMENTS

Please Initial all lines to indicate received written policies/materials and agree to terms.

\_\_\_\_\_ **ADA Policy (Required):** Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

\_\_\_\_\_ **Permission for Transportation (Required):** I grant permission for the YMCA Camp staff to transport my child to and from camp for field trips and other planned events. I understand that all reasonable precautions will be taken to ensure the safety and health of my child.

\_\_\_\_\_ **Waiver for Medical Treatment (Required):** In the event that my child requires emergency medical treatment and I can not be reached, I hereby authorize the YMCA Camp staff to make arrangements to transport my child to the physician, hospital or clinic that I have designated or the nearest hospital/emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.

\_\_\_\_\_ **Waiver for Participation (Required):** I understand that YMCA activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all YMCA programs and facilities including transportation to and from said activities. I further release, absolve, indemnify, and agree to hold harmless, the YMCA, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of YMCA facilities or participation in any YMCA activity, whether located on YMCA property or not.

\_\_\_\_\_ **Waiver for Photo/Video Release (Optional):** I give my consent for any photos or videos taken of my child involved in YMCA programs to be used for YMCA promotions, trainings or display.

\_\_\_\_\_ **Refunds & Transfers (Required):** I understand that refunds or transfers of payment are not applicable.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# SPRING BREAK CAMP 2010 INFORMATION & WAIVERS

## March 15—March 19, 2010

**Campers may be dropped off as early as 7:00 am each morning and picked up as late as 6:30 pm each evening. Drop-off and Pickup will occur in**

### Tango Tower Waiver

(Grades 2 and up)

**THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY TOWER EVENT.**

**PARTICIPANT NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

I understand that my participation in programs/events offered at the Tango Tower of the YMCA of Greater Williamson County / Round Rock ISD is based on the "Challenge by Choice" philosophy. I recognize that the Tango Tower is designed to use experiential, engaging, teaching techniques, but that my participation is purely voluntary. At all times I will choose my level of participation in any activity. I understand the employees of the YMCA of Greater Williamson County / RRISD have received extensive training, and will work to protect the emotional and physical safety of myself and/or my child. I understand that climbing, high ropes course, ground initiatives, and other activities that are part of the Tango Tower Program for which I and/or my child have enrolled, entails certain risks. I elect to participate in spite of these risks. Therefore, for myself/my child, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release the YMCA of Greater Williamson County / RRISD and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program. I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of this and all future programs I participate in. I grant the YMCA of Greater Williamson County / RRISD and persons acting through them, the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself or my child for use in materials they may create.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X \_\_\_\_\_

**Participant Signature**

X \_\_\_\_\_

**Parent/Guardian Signature**

**Twin Lakes Family YMCA**  
Member Services  
204 East Little Elm, Cedar Park  
(512) 250-9622  
**Office Hours:**  
**M-F, 5:00 a.m.—10:00 p.m.**  
**Sat., 7:00 a.m.—6:00 p.m.**  
**Sun., 12:00 p.m.—6:00 p.m.**

**Taylor Family YMCA**  
106 W Lake Drive, Taylor  
(512) 365-9622  
**Office Hours:**  
**M-F, 5:00 a.m.—9:30 p.m.**  
**Sat, 8:00 a.m.—6:00 p.m.**  
**Sun, 1:00 p.m.—5:00 p.m.**

**Licensed Child Care**  
1812 N. Mays Street, Round Rock  
(512) 615-5563  
**Office Hours:**  
**M-F, 7:00 a.m.—7:00 p.m.**  
**Sat, 9:00 a.m.—2:00 p.m.**

**LAST DAY TO REGISTER IS March 1st**

**If space is available, late registration will be March 2nd—11th. \$25 late fee applied**

*The total fee must be enclosed with the registration form. Incomplete forms or those without payment attached will not be accepted. Refunds or transfers of payments are not applicable.*