



REGISTRATION FORM 2021 YMCA Day Camp

CAMPER INFORMATION

Child's name: _____

Gender: _____ Birth date: _____ Age at camp: _____ Grade in fall: _____

Shirt size: YXS YS YM YL AS AM AL

Street address: _____

City: _____ State: _____ Zip: _____

Billing address (if different): _____

City: _____ State: _____ Zip: _____

Guardian 1 name: _____ Custodial parent?: Yes No

Relationship to camper: _____ Email: _____

Primary phone: _____ Secondary phone: _____

Guardian 2 name: _____ Custodial parent?: Yes No

Relationship to camper: _____ Email: _____

Primary phone: _____ Secondary phone: _____

(If there are special circumstances involving visitation and pick-up rights, you must provide the camp director with legal documentation of those arrangements.)

Will your child need special assistance at camp due to a special need? Yes No

If yes, please describe: _____

Has your child passed a YMCA Swim Test before? Yes No

EMERGENCY CONTACT

Name: _____ Relationship to camper: _____

Primary phone: _____ Secondary phone: _____

PICK-UP INFORMATION (Please list all adults authorized to pick-up your child in your absence.)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Our Mission: A worldwide charitable fellowship united by a common loyalty to Jesus Christ for the purpose of making people grow in spirit, mind and body.

PLEASE CHECK THE WEEKS YOUR CHILD WILL ATTEND. LIST THE LOCATION THEY WILL ATTEND.

DATES	THEME	CENTER LOCATION
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

PAYMENT INFORMATION

- A non-refundable deposit is required to confirm each session of camp and will be applied to the total camp fee. The non-refundable deposit can be transferred to a different week the camper is not already registered for if the request is made in writing two weeks prior to the start of the session.
- Payment for the balance of the camp fees must be scheduled at the time of registration using the credit or debit card of your choice. Payments will then be deducted from the account of your choice the Wednesday before each session begins.
- You may change your payment method at any time before the Wednesday before each session begins by visiting the Welcome Center of the Y or accessing your online account. Visit ymcamidtn.org and select "Manage Account" in the upper right corner.
- Failure to pay for the week's session by the Wednesday before the session begins may result in the loss of spot or late payment fee assessed. This is in addition to the \$20 fee assessed for all returned payments.

PARENT/GUARDIAN POLICY ACKNOWLEDGEMENT AND WAIVER

As the parent or guardian of the camper whose name appears above:

- I approve this registration and give my permission for the camper to participate in all planned camp activities (except as may be noted on this registration).
- In consideration of the camper named on this registration being allowed to participate in the activities and programs of the YMCA of Middle Tennessee ("YMCA") and to use its facilities (whether owned or leased), equipment and machinery, I do hereby waive, release and forever discharge the YMCA and it's officers, agents, employees, volunteers, directors and all others from any and all responsibility or liability for injuries or damages resulting from the camper's participation in such activities or programs (including transportation to and from camp and including off-site trips) or use of such facilities, equipment or machinery, even if such damage or injury results from a negligent act or omission.
- I have reviewed and completed the Health History Form.
- I agree that the YMCA may photograph or videotape the camper/child, and the YMCA may use those photographs or video footage for its marketing purposes. I release the YMCA from any claim or liability related to that use, and waive all claims against the individual staff persons and the YMCA of Middle Tennessee.
- I understand the YMCA is not responsible for lost, stolen or damaged personal articles.

Parent/guardian printed name: _____ **Date:** _____

Parent/guardian signature: _____ **Date:** _____

OFFICE USE ONLY

Amount received: _____ Received by: _____ Core payment ID: _____