

**Bell Family YMCA
Hartwell, GA
2018 Spring Dazzle Days**

“To put Christian principles into practice through programs that build healthy spirit, mind and body for all.”

Rate(s): \$15.00/day Member, \$20.00/day Non-member

Hours: 7:00 a.m.-6:00 p.m.

(Must bring own lunch) (Morning & afternoon snack will be provided.)

Check day attending: _____ Mon 4/2 _____ Tues 4/3 _____ Wed 4/4 _____ Thurs 4/5 _____ Fri 4/6

(Additional \$5 per day if early drop off is needed.) Early Drop-off needed? ___ Yes (\$5)

Camper Information (Please fill out a separate form for each child) _____ YMCA Member? ___ Yes ___ No

Child's name: _____ Nickname _____

___ Male ___ Female Date of Birth: ___/___/___ Age _____

Child's School _____ Grade _____

Parent Information

Mother/guardian's name _____

Home address _____ City _____ Zip _____

Home Phone #: _____ Work Phone #: _____ Cell #: _____

Father/guardian's name _____

Home address _____ City _____ Zip _____

Home Phone #: _____ Work Phone #: _____ Cell #: _____

Emergency Information

Below, please list two people to be contacted in case of illness, accident, or emergency if the child's parents or guardians cannot be reached.

Name _____ Relationship to child _____

Home Phone #: _____ Work Phone #: _____ Cell #: _____

Name _____ Relationship to child _____

Home Phone #: _____ Work Phone #: _____ Cell #: _____

Please check all that apply to your child, or write N/A for those that do not apply:

____ Allergies (food, insects, allergens, etc.)

____ Medication (type & schedule)

____ Special Circumstances (medical conditions, specific fears, etc.)

Pick-Up List

Please list all people authorized to pick up your child. *NOTE: We will not release your child to anyone who is not listed on this form. DO NOT put anyone on this form that cannot pick up your child. They will be required to show a photo I.D. if other than parent. PLEASE let us know as soon as possible of any changes.

- 1. _____ Relationship _____
Address _____
- 2. _____ Relationship _____
Address _____
- 3. _____ Relationship _____
Address _____

Please list any person(s) who DO NOT HAVE permission to pick up your child.

- 1. _____ Relationship _____
Address _____
- 2. _____ Relationship _____
Address _____

Program Waiver

The undersigned acknowledges and agrees to the following:

- 1. I understand the Bell Family YMCA assumes no responsibility for injuries or illness which I or my child may sustain as a result of physical condition or resulting from participation in any athletic activities, sports programs, the use of any equipment, exercises, or other activities while on the property of or in conjunction with any activity held, coordinated or sponsored by the BFY YMCA. In consideration of the privilege of participation at the BFY YMCA, I hereby voluntarily release and discharge the BFY YMCA, its officers, directors, employees, agents, and/or servants from any claims whatsoever, including for injury, illness, death, loss or damage which I or my child may suffer as a result of my/his/her participation in these activities. I understand that no accident or medical insurance is provided with these activities. I fully indemnify and hold harmless the Bell Family YMCA, its officers, directors and employees from any and all claims.
- 2. While the Bel Family YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children and adults, Bell Family YMCA will not accept children or adults that are (a) of danger to themselves, (b) of danger to others, or (c) a disruption to the normal activities making it unreasonably difficult for other children or adults to enjoy BFY YMCA programs and activities. Any of the above reasons will be grounds for dismissal from BFY YMCA programs and activities. We strongly recommend that you discuss with YMCA staff any special conditions or circumstances involving your child or an adult member in your household. We request that you do this PRIOR to registration so that we can advise you as to whether we can make a reasonable accommodation for your child or adult household member.
- 3. I understand the Bell Family YMCA is not responsible for personal property lost or stolen while members and/or program participants are using BFY YMCA facilities, participating in BFY YMCA activities, or on BFY YMCA premises.
- 4. I give my permission to the Bell Family YMCA for the use of photos and slides that may be taken of my child or of myself and to use, without limitation or obligation, photographs, film footage, or tape recordings which may include either my image or voice or the image and voice of my child for purposes of promoting or interpreting BFY YMCA programs.
- 5. In the event of an emergency and my emergency contact person cannot be reached, I hereby give permission to the physician selected by the Bell Family YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.
- 6. I understand that no accident or medical insurance is provided with this activity.
- 7. I give my permission for my child to be transported to and from the program by the Bell Family YMCA.

Signature

Date