

# YMCA OF COLUMBIA-WILLAMETTE | Summer Day Camp/Health Registration

**PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD.** Registration must be completed in full.

**PERMISSION IS GIVEN TO THE YMCA FOR THE FOLLOWING: Check (X) each item indicating approval.**

- ☐ In an emergency, the YMCA has my permission to obtain medical treatment for my child, call an ambulance or transport my child to any available physician or hospital at my expense, with the following restrictions (If applicable) \_\_\_\_\_  
\_\_\_\_\_
- ☐ I do not wish my child to receive any medical treatment.
- ☐ My child may be given medication. I understand the Medication Authorization Form must be completed prior to administering.
- ☐ My child may participate in YMCA field trips. I understand school bus, van or public transportation may be used.
- ☐ My child may participate in swimming or other water activities.
- ☐ My child may be photographed for online and print YMCA promotional purposes.
- ☐ When needed, the YMCA has my permission to help administer sunscreen. Sun protection is required under state licensing unless a doctor's note is provided. I understand that I need to provide sunscreen labeled with my child's name.

**If you or your child require any accommodation because of a disability or special needs, please contact our office at 503.327.0007 before registering.**

## EMERGENCY MEDICAL INFORMATION

Date of last tetanus \_\_\_\_\_ Date of last doctor visit \_\_\_\_\_ Does your child have any allergies? Please list \_\_\_\_\_

**Are there any special medical conditions, accommodations needed because of disability or special needs, allergies or restrictions to be aware of?** Please list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_  
Health Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_  
Group Number \_\_\_\_\_ Individual's Name on Insurance Policy \_\_\_\_\_

## REGISTRATION Indicate Camp Type and Location Below

**CAMP TYPE KEY: A = Adventure B = Breakaway S = Sports L = Lego C = Clay**

WEEK #	CAMP TYPE	LOCATION	WEEK #	CAMP TYPE	LOCATION
1	_____	_____	7	_____	_____
2	_____	_____	8	_____	_____
3	_____	_____	9	_____	_____
4	_____	_____	10	_____	_____
5	_____	_____	11	_____	_____
6	_____	_____	12	_____	_____

Enclosed amount for \_\_\_\_\_ sessions x \$35 deposit per session = total deposit \_\_\_\_\_ + registration fee \_\_\_\_\_

Total enclosed \_\_\_\_\_ ☐ Year round program participant (Currently enrolled in the 12 month level pay program)

Visa/MasterCard/Amex/Discover # \_\_\_\_\_ Name on card \_\_\_\_\_ Exp. Date \_\_\_\_\_

☐ Check here if you want us to automatically charge your credit card for remaining balance on scheduled due dates.

☐ Check here if you want us to continue your current automatic draft.

A late fee of \$15 will be applied to each session per child if payments are not received on the date due. Other collection fees will be applied if sent to an outside collection agency. **All deposits are non-refundable.**

## ASSUMPTION OF RISK WAIVER AND RELEASE OF LIABILITY

I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children which might arise directly or indirectly as a result, and or participate in a YMCA of Columbia-Willamette (YMCA) program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the YMCA, the various branches and divisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Trustees of the YMCA, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors and assigns.

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

**OFFICE USE ONLY** Program Approval \_\_\_\_\_ Date \_\_\_\_\_ Billing Approval \_\_\_\_\_ Date \_\_\_\_\_ Sent Confirmation \_\_\_\_\_

**Register online at [ymcacw.io/summer-camps2019](http://ymcacw.io/summer-camps2019)**

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## PARTICIPANT INFORMATION

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade in Fall '19 \_\_\_\_\_

School Attending in Fall \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## PARENT/GUARDIAN

### 1st Parent/Guardian

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ May we contact you by email? ☐ Yes ☐ No

### 2nd Parent/Guardian

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ May we contact you by email? ☐ Yes ☐ No

## BILLING

**Billing Party** ☐ 1st Parent ☐ 2nd Parent ☐ DHS ☐ DSHS

☐ Other \_\_\_\_\_ If 3rd party, case worker name and phone number \_\_\_\_\_

This program is provided, in part, through support of the USDA. The following information is for statistical purposes only.

**Ethnicity** ☐ White (not of Hispanic Origin) ☐ Black or African American ☐ Asian ☐ Hispanic or Latino

☐ Not Hispanic or Latino ☐ American Indian and Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ Other

**Monthly Gross Income** ☐ \$0-\$500 ☐ \$501-\$1000 ☐ \$1001-\$1597 ☐ \$1598-\$2000

☐ \$2001-\$2500 ☐ \$2501-\$4021 ☐ \$4022+

**Household Status** ☐ Single Parent ☐ Dual Parent Number of people in household \_\_\_\_\_

## EMERGENCY CONTACT(S) OTHER THAN PARENT(S) AUTHORIZED TO PICK UP CHILD

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_

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