



# YMCA CAMP REGISTRATION

JACKIE ROBINSON YMCA  
151 YMCA Way  
San Diego, CA 92102  
619-264-0144  
www.jackierobinson.ymca.org

Camper's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_

**\*\*Please Circle Camp Selections Below\*\***

Session/Date	Camp Name:		
Week 1: June 16-20	Discover (5-6)	Adventure (7-9)	Explorer (10-Up)
Week 2: June 23-27	Discover (5-6)	Adventure (7-9)	Explorer (10-Up)
Week 3: June 30-July 3	Discover(5-6) Specialty: Camp Surf	Adventure(7-9)	Explorer(10-Up)
Week 4: July 7-11	Discover (5-6) Specialty: Princess Camp	Adventure (7-9)	Explorer (10-Up)
Week 5: July 14-18	Discover(5-6) Specialty: TMNT (Teenage Mutant Ninja Turtles)	Adventure(7-9)	Explorer(10-Up)
Week 6: July 21-25	Discover (5-6)	Adventure (7-9)	Explorer (10-Up)
Week 7: July 28-Aug 1	Discover(5-6) Specialty: Camp Surf	Adventure(7-9) Specialty: IT Camp (10-Up)	Explorer(10-Up)
Week 8: August 4-8	Discover(5-6) Specialty: IT Camp (10-Up)	Adventure(7-9)	Explorer(10-Up)
Week 9: August 11-15	Discover(5-6) Specialty: Young Artists (10-Up)	Adventure(7-9)	Explorer(10-Up)
Week 10: August 18-22	Discover(5-6) Specialty: Splash	Adventure(7-9) Specialty: Princess Camp	Explorer(10-Up)
Week 11: August 25-29	Discover (5-6)	Adventure (7-9)	Explorer (10-Up)

- Balances are due on Tuesday, 6 days before each camp session starts.
- I have received and read the Parent Manual. I understand the terms and agree to abide by the terms and conditions of the YMCA.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## REFUND, VOUCHER, AND PAYMENT POLICIES

The purpose of our Refund/Voucher/Transfer Policy is to allow the YMCA to maintain quality programs and proper camp ratios while maintaining flexibility with our members and participants. All requests are subject to director approval and take 3-5 working days for approval.

### Refund/Vouchers

- Before the start date of the camp: 100% voucher or refund less program deposit and vendor fees
- After the first meeting of the camp: 75% voucher or refund less program deposit and vendor fees
- After the second meeting of the camp: \$0 refund (medical/special circumstance at the branch's discretion)

### Payment Policies

- Balances are due on the **Tuesday (6 days)** before the first day of each camp. Unpaid balances will result in a deletion from the program (and loss of deposit) to open space for other registrations. Campers may re-register and pay the full fee for the camp from which they were deleted
- Camp full fees are \$10 more than early bird pricing and are effective **Wednesday (5 days)** before the camp begins
- Camp deposits are fully transferrable to another camp up to the second day (if space permits)



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## CHILD INFORMATION

Please print in ink

Child's Name				
Birthdate (MM/DD/YYYY) / /	School	Grade	Age	<input type="checkbox"/> Female <input type="checkbox"/> Male
Home Address		E-mail		
City/State/Zip		Home Phone		
Parent/Guardian		Cell Phone		
Place of Business		Work Phone		
Parent/Guardian		Cell Phone		
Place of Business		Work Phone		

## HEALTH INFORMATION

Name of Health Insurance Company
Policy Number
Family Doctor Name
Phone Number
Dentist/Orthodontist Name
Phone Number

## CHILD RELEASE AUTHORIZATION/EMERGENCY CONTACTS

Persons Authorized to Pick Up Child from Facility:

Name	Relationship	Home/Work/Cell Phone		
1. _____			<input type="checkbox"/> Pick-up	<input type="checkbox"/> Emergency
2. _____			<input type="checkbox"/> Pick-up	<input type="checkbox"/> Emergency
3. _____			<input type="checkbox"/> Pick-up	<input type="checkbox"/> Emergency
4. _____			<input type="checkbox"/> Pick-up	<input type="checkbox"/> Emergency

Persons Unauthorized to Pick Up Child:

- \_\_\_\_\_
- \_\_\_\_\_

Child in Custody of:  Both Parents  Mother  Father  Guardian  Other \_\_\_\_\_

Child Lives with:  Both Parents  Mother  Father  Guardian  Other \_\_\_\_\_

## YMCA OF SAN DIEGO COUNTY BRANCH RELEASE/WAIVER FOR YMCA YOUTH (MINORS)

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor being permitted to enter any branch of the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation in any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby:

- Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document.
- Release the YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch.
- I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA's branch; whether caused by the negligence of Releasees or otherwise.
- I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
- I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

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

## PHOTOGRAPHIC WAIVER/CONSENT

I, \_\_\_\_\_ give my permission to the YMCA of San Diego County (YMCA) to use my picture or other likeness, or a picture or other likeness of any of my children, specifically, \_\_\_\_\_, in the YMCA's general publicity and campaign materials.

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

## IMMUNIZATION HISTORY

### ARE YOUR CHILD'S IMMUNIZATION CURRENT/UP TO DATE?

State of California School Immunization Law requires enforcement of immunization requirements

YES  NO IF EXEMPT, PLEASE SUBMIT COPY OF WAIVER

DATE OF LAST TETANUS SHOT / /

## HEALTH HISTORY

Is the child currently taking medication?  YES  NO

Medications administered during camp require a completed MEDICATION RELEASE FORM

List any conditions requiring special consideration, accommodations or restrictions while at camp:

List any past medical treatment that may affect participation in camp?

List any activities from which the camper should be exempted for health reasons:

## ALLERGIES /DIETARY RESTRICTION

Check all that apply:

- Hay Fever  Peanuts  
 Insect Sting  Poison Ivy, etc.  
 Penicillin  Other

## CONDITIONS REQUIRING CONSIDERATION

Check all that apply:

- ADHD  Bleeding Disorders  
 Asthma  Diabetes  
 Seizures  Other

## YMCA OF SAN DIEGO COUNTY MEMBER/PARTICIPANT ETHNICITY TRACKING TOOL

(Optional): This voluntary information will be used for statistical purposes in order to enable our YMCA to provide quality services to our community members.

- White/Caucasian  Native American Indian  Black/African American  
 Hispanic/Latino  Asian/Pacific Islander  Multi Cultural

## PRIMARY LANGUAGE

- English  Spanish  Other