

Wood River Community YMCA

Summer Camp Registration Form 2010

Office Use Only:

Entered in MemberST

Copy of Ins Card

Signature

Please complete one form per child and attach a copy of insurance card for all campers.

CHILD:
 Participant Name: _____ Gender: M / F Age: _____

Birthdate: _____ Next Year Grade Level (fall '10): _____ Wood River YMCA - Member: YES / NO

I would like to enroll my child in the following sessions:

Summer Day Camp (ages 5-11)

	Before May 29th Member / Non	As of May 29th Member / Non
<input type="checkbox"/> Session 1 June 7 – 11	\$175 / \$215	\$190 / \$230
<input type="checkbox"/> Session 2 June 14 – 18	\$175 / \$215	\$190 / \$230
<input type="checkbox"/> Session 3 June 21 – 25	\$175 / \$215	\$190 / \$230
<input type="checkbox"/> Session 4 June 28 – July 2	\$175 / \$215	\$190 / \$230
<input type="checkbox"/> Session 5 July 5 – 9	\$175 / \$215	\$190 / \$230
<input type="checkbox"/> Session 6 July 12 – 16	\$175 / \$215	\$190 / \$230
<input type="checkbox"/> Session 7 July 19 – 23	\$175 / \$215	\$190 / \$230
<input type="checkbox"/> Session 8 July 26 – 30	\$175 / \$215	\$190 / \$230
<input type="checkbox"/> Session 9 August 2 – 6	\$175 / \$215	\$190 / \$230
<input type="checkbox"/> Session 10 August 9 – 13	\$175 / \$215	\$190 / \$230
<input type="checkbox"/> Session 11 August 16 – 20	\$175 / \$215	\$190 / \$230
<input type="checkbox"/> Session 12 August 23 – 27	\$175 / \$215	\$190 / \$230

**Rock Star Climbing
Camps (ages 5-9)**

	Before May 29th Member / Non	As of May 29th Member / Non
<input type="checkbox"/> Session C1 June 14-18	\$100 / \$125	\$110 / \$135
<input type="checkbox"/> Session C2 June 28-July 2	\$100 / \$125	\$110 / \$135
<input type="checkbox"/> Session C3 July 5-9	\$100 / \$125	\$110 / \$135
<input type="checkbox"/> Session C4 July 12-16	\$100 / \$125	\$110 / \$135
<input type="checkbox"/> Session C5 July 19-23	\$100 / \$125	\$110 / \$135
<input type="checkbox"/> Session C6 July 26-30	\$100 / \$125	\$110 / \$135
<input type="checkbox"/> Session C7 Aug 2-6	\$100 / \$125	\$110 / \$135
<input type="checkbox"/> Session C8 Aug 9-13	\$100 / \$125	\$110 / \$135
<input type="checkbox"/> Session C9 Aug 16-20	\$100 / \$125	\$110 / \$135
<input type="checkbox"/> Session C10 Aug 23-27	\$100 / \$125	\$110 / \$135

TNT Climbing Camp (ages 10-16)

<input type="checkbox"/> Session T1 June 21-25	\$85 / \$110	\$95 / \$120
<input type="checkbox"/> Session T2 July 5-9	\$85 / \$110	\$95 / \$120
<input type="checkbox"/> Session T3 July 12-16	\$85 / \$110	\$95 / \$120
<input type="checkbox"/> Session T4 July 19-23	\$85 / \$110	\$95 / \$120
<input type="checkbox"/> Session T5 Aug 2-6	\$85 / \$110	\$95 / \$120
<input type="checkbox"/> Session T6 Aug 16-20	\$85 / \$110	\$95 / \$120

Specialty Workshops	Member / Non
<input type="checkbox"/> Lights, Camera, Action! (11 & up) - June 28-July 2	\$155 / \$185
<input type="checkbox"/> Whitewater Rafting – Canyon (12 & up) July 6	\$100 / \$120
<input type="checkbox"/> Whitewater Rafting – Helende (11 & up) Aug 11	\$100 / \$120
<input type="checkbox"/> What's Cookin'? (11 & up) – August 2-6	\$250 / \$300
<input type="checkbox"/> Style Sensations (10 & up) – July 26-29	\$150 / \$175
<input type="checkbox"/> Horseback Riding (11 -16) – July 19-23	\$550 / \$600
<input type="checkbox"/> Get Your YEN On (12 & up) – July 6-5	\$90 / \$100
<input type="checkbox"/> Get Your YEN On (12 & up) – Aug 17-19	\$90 / \$100

Parent & Kid (all ages)

	Member / Non
<input type="checkbox"/> Horseback Riding (6 & up)– July 17	\$100 / \$120
<input type="checkbox"/> Horseback Riding (6 & up)– August 7	\$100 / \$120
<input type="checkbox"/> Fishing with the Pros – July 29 (per pair)	\$60 / \$75
<input type="checkbox"/> Fishing with the Pros – August 12 (per pair)	\$60 / \$75
<input type="checkbox"/> Whitewater Rafting – July 22	\$100 / \$120
<input type="checkbox"/> Whitewater Rafting – August 21	\$100 / \$120

of programs _____ x \$25 deposit = \$ _____
Total deposit due

Amount enclosed: \$ _____

Check # _____ Visa M/C AmEx

Card number _____

Name on card _____
(please print)

Exp. Date _____

Signature _____

Financial aid is available for all programs.

Please call 928.6718 for more information.

Mail to: Wood River YMCA Camp Registration; PO Box 6801; Ketchum, ID 83340

Fax to: 208.726.1524

Camper name: _____

PARENT/GUARDIAN #1 (responsible billing party)

PARENT/GUARDIAN #2: Authorized to pick-up? Yes No

Name: _____
Physical Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell/Pager: _____
Email address: _____
Work Phone: _____

Name: _____
Physical Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell/Pager: _____
Email address: _____
Work Phone#: _____

EMERGENCY CONTACT/AUTHORIZED PICK-UP:

Please list your emergency contacts and anyone allowed to pick-up your child. Identification by photo ID is required.

Name: _____ **Phone:** _____ **Phone #2:** _____

Name: _____ **Phone:** _____ **Phone #2:** _____

HEALTH HISTORY: (Check & give approximate dates)

Frequent ear infections _____ Hay Fever _____ Heart defect/disease _____ Ivy Poisoning _____ Convulsions _____ Diabetes _____
Bleeding/Clotting disorders _____ Asthma _____ High Blood Pressure _____ Epilepsy _____
Other: _____

Operations or serious injuries (dates): _____

Disability or chronic or recurring illness: _____

Allergies: _____

Current medications: _____

Physician: _____ **Phone #:** _____ Please use closest available: _____

Preferred Hospital: _____ Please use closest available: _____

Dentist: _____ **Phone #:** _____ Please use closest available: _____

Insurance Information: *Please include a copy of both sides of your insurance card.* If child is not insured by parents/guardian, please indicate name of person child is insured by.

Name of Insured: _____ **Relation to Participant:** _____

Insurance Company: _____ **Policy #:** _____ **Group #:** _____

If no insurance please check here:

PARENT/GUARDIAN AUTHORIZATION: I understand that my insurance policy is considered as primary coverage and that the YMCA's is secondary. I understand that before I submit a claim to the YMCA's insurance company, I must first submit a claim to my company. A statement of allowed expenses from insurer should be given to the YMCA as soon as possible. This health history is correct so far as I know and the person herein described has permission to engage in all prescribed child care activities including field trips except as noted above. The undersigned hereby agree to hold harmless and indemnify the Wood River Community YMCA and/or any of its employees and/or volunteers from and against any claims, demands, liability, costs of suit, damages, loss, and/or judgments in connection with any use of the YMCA properties.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the YMCA staff to order x-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to transport, to hospitalize, to secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I accept financial responsibility if such treatment is necessary. I understand that this consent does not waive or diminish my rights.

I understand that any prescription/over the counter medication must be given to the YMCA staff upon arrival to the program. I also understand that a Medication Release Form must be filled out and signed by a doctor each time I bring a medication to the program. The YMCA is very concerned about dehydration and sunburns at camp. Please provide a water bottle with you child's name and one bottle of sunscreen for kids, SPF 30 with your child's name on it.

ADDITIONAL AUTHORIZATIONS:

I hereby give permission to the YMCA to transport my child on YMCA provided and/or supervised transportation which includes buses, vans, and walking.

I hereby give permission to the YMCA to use my child's photograph for promotional purposes.

I have received, read, and agree to follow the rules, guidelines, procedures, and policies described in the Parent Handbook.

I understand that my child may be removed from the YMCA for any of the following reasons: 1) failure to pay program fees by designated deadlines, 2) inappropriate behavior of a child/parent that endangers anyone involved with the YMCA, 3) failure to observe any of the conditions listed in the Parent Handbook.

I understand that the YMCA policy states that staff are not to baby-sit my children outside of YMCA programs. I agree not to solicit outside child care from YMCA staff.

PAYMENT/REFUNDS:

Full payment is due at the start of the session. I understand that if I cancel my registration *less than 1 week* prior to the start of a camp session, I will forfeit my \$25 deposit. Transfer of deposit fees to another session will only be allowed prior to the 1 week deadline.

Please sign if you have read and agree to the conditions listed above

Signature of Parent/Guardian

Date

Camper Name

***Please see next page for Climbing Waiver
*** Required for climbing and day camp programs******

WRYMCA Climbing Wall Release Indemnification of all Claims and Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your use of the Climbing Wall, now or any time in the future.

Acknowledgment of Risk

I HEREBY ACKNOWLEDGE AND AGREE that the sport of rock climbing and the use of the Climbing Wall (hereinafter referred to as the Climbing Wall) has *inherent risks*. I have full knowledge of the nature and extent of all the risks associated with rock climbing and the use of the Climbing Wall, including but not limited to:

1. All manner of injury resulting in falling off the Climbing Wall and hitting rock faces and projections, whether permanently or temporarily in place, or the floor;
2. Rope abrasion, entanglement and other injuries resulting from activities on or near the Climbing Wall such as, but not limited to, climbing, belaying, rappelling, lowering on rope, rescue systems, and any other rope techniques;
3. Injuries resulting from falling climbers or dropping items, such as, but not limited to, ropes or climbing hardware;
4. Cuts and abrasions resulting from skin contact with the Climbing Wall;
5. Failure of rope, slings, harnesses, climbing hardware, anchor points, or any part of the Climbing Wall structure.

I further acknowledge that the above list is not inclusive of all possible risks associated with the use of the Climbing Wall and that the above list in no way limits the extent or reach of this release and covenant not to sue.

Release/Indemnification and Covenant Not to Sue

In consideration of my use of the Climbing Wall, I, the undersigned user (or parent/legal guardian of if user is under 18), agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the Wood River Community YMCA, its officers, agents, and employees from any cause of action, claim, or demand of any nature whatsoever, including but not limited to, a claim of NEGLIGENCE, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against [YMCA] on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my use of the Climbing Wall whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to the NEGLIGENCE of [YMCA], its officers, agents, and employees.

In consideration of my use of the Climbing Wall, I, the undersigned user, agree to INDEMNIFY AND HOLD HARMLESS the Wood River Community YMCA, its officers, agents, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatever arising out of or in any way related to my use of the Climbing Wall.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the use of the Climbing Wall and that I am voluntarily assuming the risks. I understand that I will be solely responsible for any loss or damage, including death, I sustain while using the Climbing Wall and that by this agreement [YMCA] of any and all liability for such loss, damage, or death. I further certify that I am in good health and that I have no physical limitations which would preclude my safe use of the Climbing Wall. I give permission to the YMCA, without obligation to me, to use any photographs, film footage, tape recordings which may include my (my child's) image or voice for purposes of promoting YMCA programs. I further certify that I am of lawful age (18 years or older) and otherwise legally competent to sign this agreement (if giving permission for a minor, I am legally competent to do so). I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after have carefully read it, of my own free will.

Contract to Follow Climbing Wall Safety Policies

I accept full responsibility for my own safety and the safety of other climbers while in the climbing gym area. I agree to abide by, and to help enforce, the following climbing wall safety policies:

1. No unbelayed climbing above the bouldering line.
2. Climbers must be roped and belayed through a Gri Gri. Roped climbers and belayers must wear harnesses.
3. Lead climbers must use adequate protection to eliminate the possibility of a ground fall at all times.
4. Inform other climbers of any situation seen as unsafe or not in accordance with Climbing Wall Safety Policies. All climbers are asked to assist and encourage less experienced climbers.
5. All accidents or equipment damage must be reported immediately.

Wood River Community YMCA reserves the right to withdraw the membership of any individual permanently or for a specified period of time for breach of contract in following the Climbing Wall Safety Policies, or for any conduct that is viewed as unsafe or inappropriate.

In consideration of the use of the Climbing Wall, I acknowledge that I have read and agree to abide by the Climbing Wall Safety Policies.

IN WITNESS WHEREOF, this instrument is duly executed at the Wood River Community YMCA this ____day of _____, in the year _____.

Climbing Wall User's Signature (if over 18)

Climbing Wall User's Name (Print Clearly)

Parent/Guardian if user is under 18