

**CANNON YMCA
2019 SUMMER DAY CAMP REGISTRATION FORM**

(Please Print)

CAMPER INFORMATION

Camper's Last Name:		First:	Middle:	
Child's Code Word:	Rising Grade:	Birth Date:	Age:	Sex:
		/ /		<input type="checkbox"/> M <input type="checkbox"/> F
Name of Physician:		Physician Phone #:	Date of Last Physical Exam:	
Disability or Recurring Illness:		Activities Limited by a Physician:	Dietary Modifications/Food Allergies:	
Additional information about the camper that we should be aware of:				

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:	Relationship to Camper:	
Best Phone #: ()	Cell Phone #: ()	Email Address:
Employer:	Work Phone #: ()	
Parent/Guardian Name:	Relationship to Camper:	
Best Phone #: ()	Cell Phone #: ()	Email Address:
Employer:	Work Phone #: ()	

AUTHORIZED PICK UP

Persons other than parent/guardian authorized to pick up the camper. Must use the code word at pick up.

Name	Relationship	Phone	Alternate Phone

KANNAPOLIS ONLY- Door Access Code number (must be 8 digits in length) _____

ACKNOWLEDGEMENTS AND WAIVERS

___ I understand the registration fee and deposits are non-refundable. Deposits are transferable if a two-week notice is provided. However, prorated fees may be refunded if the YMCA is notified in writing of cancellation two weeks prior to withdrawal.

___ I understand that CANNON MEMORIAL YMCA assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her participation in athletic activities, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume the risk for any and all injuries and illnesses which may result from his/her participation in these activities. In consideration of the privilege of participating in summer camp, I hereby voluntarily release and discharge CANNON MEMORIAL YMCA and its agents, contact services and employees from any and all claims of injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities.

___ I agree to have my child examined prior to the first day of camp by the family physician stating he/she is free from communicable diseases and has not been exposed to such. In the event that I cannot be reached in an emergency, I hereby give my permission to the medical personnel selected by CANNON MEMORIAL YMCA to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for me or my child. I understand that no accident or medical insurance is carried on program participants.

___ While CANNON MEMORIAL YMCA will make every effort to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children who are (1) a danger to themselves, (2) a danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy camp programs. Any of the above will be grounds for dismissal. A parent/guardian must discuss special conditions or circumstances involving their children with the Director prior to registration so that administration can make a determination if reasonable accommodations can be made.

___ I hereby give permission to CANNON MEMORIAL YMCA without limitation or obligation, to use photographs, film footage or tape recordings which may include my child's image or voice for purposes of promotion or interpreting YMCA programs and release the YMCA from any claim of liability to that use.

___ I give CANNON MEMORIAL YMCA permission for my child to leave the YMCA site, participate in authorized YMCA trips and to ride in authorized vehicles for the purpose of transportation in connection with the YMCA program. I understand that field trips will be scheduled in advance and parents will be notified of the details prior to departure.

___ I acknowledge that the YMCA is not responsible for damage or loss of personal property.

___ I accept responsibility for maintaining adequate insurance for myself and my family.

___ I assume all the risks and hazards incidental to the conduct of the YMCA programs; I further release, absolve and hold harmless the Cannon Memorial YMCA, its directors, staff, agents and officers. In case of an injury to myself or my family, I hereby waive all claims against the aforementioned parties.

___ I give the Cannon Memorial YMCA staff permission to apply sunscreen to my child when they see fit. I realize it is my responsibility to provide sunscreen for my child, and apply it to my child before the day begins.

The information recorded on the registration form is correct to my knowledge and the child herein described has permission to engage in all prescribed activities, except as noted by a physician or myself. In its practices, the YMCA does not discriminate on the basis of race, religion, creed, disability, national or ethnic origin.

Parent/Guardian Signature: _____

Date: _____

KANNAPOLIS YMCA CAMP

Camper's Last Name: _____ First Name: _____

	Traditional Camp Ages: Rising K– 9 years old		Specialty Camps Ages: 6-9			Teen Camp Ages: 10-13		
	Member	Non-Member	Camp Name	Member	Non-Member	Camp Name	Member	Non-Member
Session 1A June 13-14	\$54	\$81.20	-	-	-	-	-	-
Session 1 June 17	\$135	\$203	-	-	-	Explore Your World	\$160	\$240
Session 2 June 24	\$135	\$203	Princesses, Mermaids & Fairies	\$160	\$240	Travel Camp	\$170	\$255
Session 3 July 1	\$108	\$162.40	-	-	-	-	-	-
Session 4 July 8	\$135	\$203	Camp Cranium Jr.	\$160	\$240	Survival Camp	\$160	\$240
Session 5 July 15	\$135	\$203	Kid Fit Camp	\$160	\$240	Jr Lifeguards	\$170	\$255
Session 6 July 22	\$135	\$203	Camp H2O	\$170	\$255	Camp Cranium	\$160	\$240
Session 7 July 29	\$135	\$203	Nature Unleashed	\$160	\$240	High Intensity Teens	\$160	\$240
Session 8 August 5	\$135	\$203	-	-	-	Challenge Camp	\$160	\$240

- _____ I would like to set payments to auto-draft each week with the payment method on file, which ends in _____ (waives the \$30 administration fee)
- _____ Weekly session balances are due the Thursday before the week begins
- _____ I am interested in making a tax-deductible contribution the YMCA Annual Support Campaign to help other children attend summer camp. If checked, someone will contact you regarding your pledge.
- _____ I understand the YMCA Day Camp will be using **City Parks** on occasion to play at. These Parks include Baker's Creek and The Village Park. I hold neither the YMCA or the City Parks and Recreation liable for any injuries to my child. I am also aware my child **will be crossing streets** to get to these parks, under adult supervision.
- _____ My child is: ___ a non-swimmer / ___ a beginner swimmer / ___ intermediate swimmer / advanced swimmer. PLEASE understand the YMCA Camp Kids **participates in swimming** in the YMCA's Indoor Pool, and on fieldtrips. We also visit the City's Splashpad occasionally. By **signing the following line, you give your child permission to swim** at the YMCA and on Fieldtrips: _____.
- _____ I understand different agencies (such as: Kannapolis Public Library Cabarrus County Girl Scouts, etc) may be coming in to do presentations or group work, I understand that my child **may need** to have **paperwork filled** out for those organization's records. I understand these records are for the agencies use only and is private information, and without these records, my child may not e able to participate in some group activities.
- _____ I understand that my child will be eating at a **Kannapolis City School and/or Bethel Baptist Church throughout the summer**, and while being part of the USDA Food Program, my child is **not allowed to bring in other foods to the above mentioned sites**, unless under the medical guidance of a doctor.

Signed _____
 _____ Date _____