2011 YMCA Gymnastics Camp Registration

1688 Fairground Road Greenville, MS 38703 (662) 335.7258

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Camper's name:	Age:	Birth date:	Gender: M or F
School:	T-shirt size: CS CM CL CXL AS AM AL		
Allergies or diet restrictions:		Medications:	
Special medical needs:		Restricted activities:	
Immunization record- must have current immunization records from school or Health Dept.: yes no			

Mother's name:		**Father's name:**	
Cell Phone	Home Phone	Cell Phone	Home Phone
Home Address		Home Address	
City, State, Zip		City, State, Zip	
Employer	Work Phone	Employer	Work Phone
e-mail address		e-mail address	

EMERGENCY CONTACT INFORMATION (If parents cannot be reached)

+	Phone #

Primary Doctor:	Dentist:
Phone #	Phone #

AUTHORIZATION FOR TREATMENT: I herby give my permission to the medical personnel selected by the YMCA Director to order x-rays, routine tests, treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician to secure and administer treatment including hospitalization, for the child as named above. The health history is correct as far as I know and my child has permission to engage in all camp activities.

_____ _____

Signature of parent/guardian Date

2011 Camp Waiver and Release

I grant permission for my child to participate in all activities except as noted.
Photo release: I give full permission for my child's photographs or video to be used for publicity purposes in print, video or via the internet.
Travel permission: I give my full permission and consent to the YMCA to transport my child to and from the YMCA located at 1688 Fairground, Greenville, MS. The permission shall be effective for any program at the Hodding Carter Memorial YMCA.
To the best of my knowledge the information on this form is correct. I have read all the above and consent to each.

This is a legally binding agreement. By signing this agreement you give up the right to bring court action, or recover compensation, or obtain any other remedy for any injury to your child's property, losses, damages, injury, illness (including but not limited to: bodily injury, disease, strains, fractures, partial or total paralysis, death or ailments that would cause serious disability), however arising out of your child's use of the Hodding Carter Memorial YMCA now or any time in the future.

PARENT OR GUARDIANS RELEASE OF ALL CLAIMS AND COVENANT NOT TO SUE: The undersigned being the parent/guardian or person having the care or custody of the above named child, do hereby consent that he/she may participate in the Hodding Carter YMCA camps, and in consideration of the YMCA agents and employees, do hereby covenant and agree to release, waive, discharges, hold harmless, defend and indemnify the Hodding Carter YMCA and its agents, employees and subcontractors from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise, which may arise out of the Hodding Carter YMCA equipment, or the participation of the above named child in camp. I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the daily activities of camp, and that my child is voluntarily assuming the risks. I understand camp activities have inherent risks and I will be solely responsible for any loss or damage that my child may sustain while attending camp. I am also fully aware that by this I am relieving the Hodding Carter YMCA, Gymnastics Director and counselors of all liability for such loss, damage or death. I further certify that my child is in good health and has no physical limitations which would prevent participation in camp. I choose to allow my child to participate in the activities associated with camp, in spite of this named risks or unnamed risks. I assume these risks and understand my responsibility in decision-making. I agree to obey all camp rules and guidelines of the Hodding Carter YMCA.

_____ _____ _____

Name of Parent (print clearly) Parent signature Date