



Salt Fork YMCA

740 East Yerby Street · Marshall, MO 65340
660-886-9622 · Fax 886-6599

DAY CAMP REGISTRATION FORM

Week 1: May 21- May 25	Week 2: May 28 - June 1	Week 3: June 4 - June 8	Week 4: June 11 - June 15	Week 5: June 18 - 22
Week 6: June 25 - June 29	Week 7: July 2- July 6	Week 8: July 9 - July 13	Week 9: July 16 - July 20	Week 10: July 23 - 27
Week 11: July 30- August 3	Week 12: August 6 - 10			

Child's Name (First, Middle, Last)	Preferred Name	Gender Male Female
Birth date	Age	Grade Completed
Home Address	T-Shirt Size Please Circle One YS YM YL AS AM AL	Home Phone
City	State/Zip	Email
Mother's Name	Place of work	Work Phone and Cell Phone
Father's Name	Place of work	Work Phone and Cell Phone
Email Address:		
Emergency Contact (Other than parents)	Relationship	Day Time Emergency Phone
Medical Insurance Company	Policy Number:	

Child's Medical Information Please take this opportunity to fill us in on any allergies or special needs we should know about your child.

___ Medicine? _____

___ Food? _____

___ Reactions? _____

List any special needs: _____

***If yes please attach your IEP/BMP/504 to this form.**
List Medications: _____

Other:

*Individual Education Plan	YES	NO
*504 or Behavioral Management Plan	YES	NO

***If yes please attach your IEP/BMP/504 to this form.**



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Waiver and Release from Liability

Liability Waiver: I understand that the Salt Fork YMCA (YMCA) assumes no responsibility for injuries or illnesses, which I may sustain as a result of my physical condition, or resulting from my observation or participation in any activity or use of facilities or equipment used for YMCA activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses, which may result from my participation in these activities. I hereby release and discharge the Salt Fork YMCA, its agents, servants, and employees from any and all claims of injury, illness, death, loss or damage, which I may suffer as a result of my participation in these activities.

Property Loss: I understand that the YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using the YMCA facility or on YMCA program premises.

Photography Permission: I give my permission for the YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings, which may include my image or voice for purposes of promoting or interpreting YMCA programs.

Insurance: I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all YMCA activities. The YMCA does not provide any accident or health insurance for its participants.

Medical Release: I authorize the YMCA, as my agent, to give consent to surgical or medical treatment by a licensed physician or hospital when the physician deems such treatment necessary if I cannot be contacted within a reasonable time or otherwise unable to give such consent. I authorize the YMCA to give first aid, CPR or other treatment by a qualified staff member.

Medical Clearance: If I answer "yes" to any of the following questions, I understand that it is my responsibility to complete an Informed Consent Waiver, which may be obtained from the YMCA.

- Has a doctor ever informed you that you have high blood pressure?
- Have you ever had a heart attack, heart surgery or any type of heart problem?
- Do you have any serious orthopedic problem?
- Are you pregnant?
- Is there any reason why you believe you should not be engaged in exercise?

Acceptance: This waiver and release is given for myself and on behalf of all the minor members of my family listed, if any. I acknowledge the conditions for membership state above. If any portions of this waiver are held to be invalid I agree that the remaining terms shall continue to be full legal force and effect. **I have read, or have had read to me, and voluntarily sign this waiver and release from liability.**

X _____
Signature (Parent or Legal Guardian for those under 18 years old)

Date



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Additional Authorized Persons for Pick Up

You will be required to sign your child in/out every day. For your child's safety, we require a list of persons (**other than the parents/guardians allowed to pick up your child**). (Parent/Guardian #1 & #2 from above are allowed full pick up privileges unless official order states otherwise)

ALL PERSONS MUST SHOW A PHOTO ID UPON REQUEST.

Name _____ Phone _____ Relation _____

Address _____

Name _____ Phone _____ Relation _____

Address _____

Name _____ Phone _____ Relation _____

Address _____

Name _____ Phone _____ Relation _____

Address _____

* If shared custody, describe custodial information. Copy of court order custody decree must be attached.

** All lines must be filled out in order for your child's registration to be processed. If an item does not apply, please write N/A on the line.

Summer Camp Pricing

1 Day:	Member \$15	Non-Member: \$20
3 Day:	Member \$40	Non-Member: \$45
Early Bird:	Member \$60	Non-Member: \$70
Program fee:	Member \$65	Non-Member: \$70