



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2021 SUMMER DAY CAMP PROGRAM REGISTRATION

ENROLLMENT IS WEEKLY

Mark the weeks your child will attend Summer Day Camp

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> June 1 - 4 | <input type="checkbox"/> July 6 - 9 |
| <input type="checkbox"/> June 7 - 11 | <input type="checkbox"/> July 12 - 16 |
| <input type="checkbox"/> June 14 - 18 | <input type="checkbox"/> July 19 - 23 |
| <input type="checkbox"/> June 21 - 25 | <input type="checkbox"/> July 26 - 30 |
| <input type="checkbox"/> June 28 - July 2 | <input type="checkbox"/> August 2 - 6 |

Please note: A \$25 deposit is due per camp week at the time of registration. Full payment is due the Thursday prior to the week of care needed or \$10 late fee will be applied to each day late. All registrants must be in good standing with ALL YMCA programs to be allowed to enroll.

Child's Full Name: _____ **Child's preferred Name:** _____

Gender: _____ **Age:** _____ **Date of Birth:** _____ **2020-2021 Grade:** _____

Child's Address: _____

Potty Trained: YES / NO **Phone:** _____ **Shirt Size:** _____ **YMCA Member:** YES / NO

Drop-off / Pick-up Code Word: _____

Person's responsible for payments: _____

Guardian 1: _____ **Relationship to Child:** _____

Full Address: _____

E-mail Address: _____ **Work Number** _____

Cell Number _____

Guardian 2: _____ **Relationship to Child:** _____

Full Address: _____

E-mail Address: _____ **Work Number** _____

Cell Number _____

Adults authorized to pick child up:

Name: _____ **Relation:** _____ **Phone:** _____

Name: _____ **Relation:** _____ **Phone:** _____

Name: _____ **Relation:** _____ **Phone:** _____

Adults NOT authorized to pick child up:

Name: _____

Name: _____

Name: _____

Name: _____

Please note: Copies of any court ordered custody arrangements must be on file with the YMCA to prevent a non-custodial parent from signing out the camper.



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Emergency Contact

In case of emergency, if the guardian cannot be reached, list person(s) to notify, in order of preference.

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Medical Insurance

Company: _____ Policy Number: _____

Health Record

Child's physician or clinic _____ Phone _____

Street address _____ City _____ State ____ Zip _____

Does your child have any individual needs involving routine care, behavior and guidance, communication, or anything we should be aware of to help your child have a GREAT SUMMER?

Is your child allergic to any foods, medications, etc? If yes, please describe:

Describe any special precautions for diet, medication, or activity, if applicable:

Transportation: I give permission for my child to be transported on field trips. **Yes / No**

Are you a Bartlesville Public Schools Employee currently teaching summer school?

Yes _____ No _____

CURRENT Bartlesville Public School Badge must be present at registration to receive discount

All School Employee Discounts will be verified with Bartlesville Public School District.

I have received a 2021 Summer Day Camp Guardian Handbook and understand it is my responsibility as a guardian to read and know what is expected of myself and my student this year to have a GREAT SUMMER.

Signature: _____

Date: _____

Printed Name: _____

For YMCA Staff Use Only

Date enrollment form received: _____ Time received: _____ Staff Initials: _____



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YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

Consent & License. For my participation in activities to be conducted by the National Council of Young Men’s Christian Associations of the United States of America (“YMCA of the USA”) or any of its chartered member associations in the United States (collectively “the Y”), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

All works shall belong to YMCA of the USA;
The Y has no duty of confidentiality regarding any licensed uses;
YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world;
The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Signature: _____

Date: _____

Printed Name: _____

Age: _____

Address: _____

I am the parent or legal guardian of (child’s name). I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of parent or legal guardian: _____

Printed name: _____



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YMCA LIABILITY AND MEDICAL RELEASE

In the event that my child is taken to the Emergency room or Medical Care facility and need of treatment in my absence from attendance, I hereby give consent to authorize treatment for this child by the Doctor(s) they deem necessary.

I further knowledge that my child’s participation in football program is with complete knowledge of the risk involved and hereby agree to assume those risks and to hold the Richard Kane YMCA, all of its officers, employees, coaches or elected offices free from liability of any nature whatsoever for any injury, harm, or complication that may result, directly, by reason of my child’s participation in this program.

I acknowledge that this athletic event is an extreme test of a person’s physical and mental limits and carries with it the potential for death, serious injury and property loss. The risk includes, but are not limited to: actions of the people including, but not limited to, participants, volunteers, spectators, coaches, event officials, event, monitors and/or producers of the event; lack of hydration, weather, and/or other natural condition. I hereby assume all of the risks of participating in this event.

I certify that I am physically fit, have sufficient trained for participation in this event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by Richard Kane YMCA and the sponsors of the event in which I may participate and it will govern my actions and responsibilities at aid event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assign as follows: (A) Waive, release, and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or action of any kind which may hereafter accurate to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Richard Kane YMCA and their directors, officers, employees, volunteers, representatives, and agents, the event sponsors and the events volunteers, (B) identify and hold harmless all entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during this event.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injurie, accident, and/or illness during this event.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable law.

Signature: _____

Date: _____

Printed Name: _____

Age: _____

I am the parent or legal guardian of (child’s name). I hereby consent and grant the release detailed in the foregoing on behalf of my minor child.

Signature of parent or legal guardian: _____

Printed name: _____



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YMCA COVID-19 WARNING, DISCLAIMER & RELEASE

PLEASE READ CAREFULLY. THIS DOCUMENT EFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING THE RICHARD KANE YMCA OF BARTLESVILLE FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in [insert organization] programs or accessing [insert organization] facilities could increase the risk of contracting COVID-19. [Insert organization] in no way warrants that COVID-19 infection will not occur through participation in [insert organization] programs of accessing [insert organization] facilities.

Assumption of Risk

I, in my legal capacity as the parent/guardian of the minor named below (?Minor?), acknowledge and agree that any use of **THE RICHARD KANE YMCA OF BARTLESVILLE** facilities, services, equipment and premises (?Facilities?) and any participation in **THE RICHARD KANE YMCA OF BARTLESVILLE** programs and activities (?Programs?) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minors use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that **THE RICHARD KANE YMCA OF BARTLESVILLE**, it's officers, directors, agents, employees, volunteers, insurers and representatives (?Releasees?) will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, sickness, disease or death sustained from the use of Facilities and participation in Programs.

I further state that I am familiar with the social distancing guidelines, sanitation and other precautions undertaken by **THE RICHARD KANE YMCA OF BARTLESVILLE** for the purpose of limiting the transmission of COVID-19 at the Facilities, and hereby acknowledge such precautions to be wholly reasonable and adequate for the protection of the below named Minor participant.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees. In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Signature: _____

Date: _____

Printed Name: _____

Age: _____

I am the parent or legal guardian of (child's name). I hereby consent and grant the release detailed in the foregoing on behalf of my minor child.

Signature of parent or legal guardian: _____

Printed name: _____