YMCA OF GREATER NEW YORK SUMMER CAMP REGISTRATION FORM Camp Site: PS 261 Branch: DODGE Camp Type: **PARTICIPANT INFO** Child's Name ______ Age _____ D.O.B. Gender Grade in September 2019 ______ School ______ School _____ Mailing Address ______ Apt. # _____ Apt. # _____ City ______ State _____ Zip _____ Home Phone (______ Email Address _____ My child will: Be Picked Up Walk Home (Only campers 10 years or older. Please sign bottom of page 2.) T-Shirt Size Child: S M L XL Adult: S M L XL PARENT/GUARDIAN INFO Name of Parent/Guardian Registering Child ______ Email _____ Name of 2ND Parent/Guardian ______ Email _____ **EMERGENCY CONTACT INFO** Please list two (2) additional contacts, to be used if the parents/guardians cannot be reached. Name ______ Relation _____ Home Phone (___)____ Work Phone (___) _____ Cell Phone (___) ____ Work Phone (___) _____ Cell Phone (___) ____ PHYSICIAN INFO Name ______ Telephone Number (____)____ AUTHORIZATION / CONSENT EMERGENCY AUTHORIZATION: I understand that in the event of an emergency affecting my child while participating in a YMCA program, a

EMERGENCY AUTHORIZATION: I understand that in the event of an emergency affecting my child while participating in a YMCA program, a designated employee of the YMCA will attempt to contact me and inform me as soon as possible. In the event I cannot be reached, I hereby give permission for my child to be treated by a medical professional or hospitalized by hospital selected by the YMCA.

Parent/Guardian Name:	Parent/Guardian Signature:
Child's Name:	Date:

YMCA OF GREATER NEW YORK SUMMER CAMP REGISTRATION FORM

PERMISSION FORM

Date

I hereby grant permission for my child to use all equipment and participate in all activities at the YMCA.

I hereby grant permission for my child to leave the YMCA Summer Camp premises, under proper supervision of the YMCA staff, for neighborhood walks, park activities and field trips. It is my understanding that these trips will be taken over the camp session without further consent from me.

consent from me.	, ,	·	·		
Parent/Guardian Name:	Pare	Parent/Guardian Signature:			
Child's Name:	Date:	Phone: ()		
AUTHORIZED PICK-UI The following individuals are 16 year	P FORM rs old or older and are allowed to pick up m	ny child from the YMCA Summer	Camp Program. Please include the		
	d to pick up your child, will be asked for pho		camp og. am caze melade and		
Name	Relation	ship Pho	one Numbers		
asked for their photo ID for verifica Parent/Guardian Signature		Date			
ARRIVAL & SIGN-IN PR	ROCEDURES				
	escorted into the building and a parent/g	uardian must sign the child in a	t arrival.		
Parent/Guardian Name	Name Parent/Guardian Signatu	ure Date			
UNESCORTED DISMISS	AL AUTHORIZATION				
My child is 10 years of age or o	lder and may sign themselves out and	go home without an escort a	t the end of the day.		
Parent/Guardian's Signature		Date			
AGREEMENT		_			
by a physician is required before n	for my child to participate in all activities in ny child may begin Summer Camp. I unde ible for their possessions. I have read, signo	erstand that enrollment is bas	ed on availability. Lastly, I fully		
Parent/Guardian Name	Parent/Guardian Sign	nature			

STANDARD RELEASE FORM

From time to time, the YMCA of Greater New York (the "YMCA") takes pictures or records videos of members and non-members participating in YMCA programs, using its facilities, or attending one of its special events. Additionally, the YMCA may permit members of the media (the "Media") to take such pictures or record such videos in order to promote the YMCA's charitable mission and for other journalistic purposes.

The individual person named below is signing this Release for the purposes of allowing the YMCA and the Media to use one or more such photographs, video recordings, and/or sound recordings (collectively, "Recordings") of such person for any purpose consistent with the YMCA's charitable mission, which includes, but is not limited to, the YMCA or the Media publishing such Recordings in newspapers, web sites, and other print or electronic publications, on television, or on the radio. By signing this Release, such person acknowledges that he or she has freely consented to be photographed, filmed, or otherwise recorded and has signed this Release of his or her own free will. If the person named below is under age 18, a parent or guardian of such person must sign on such person's behalf.

- I agree that I am willing to be photographed, filmed, or otherwise recorded by the YMCA, its contractors, and the Media, either individually or as part of a group Recording, which may include my image, likeness, and/or voice. further agree that my name may be used to identify me as a subject of any Recordings featuring my image, likeness, and/or voice.
- 2. I understand that the YMCA will own all rights in the Recordings of me that the YMCA or a YMCA contractor takes or records ("YMCA Recordings"), and that the YMCA will have the exclusive right to use, or allow others to use, such YMCA Recordings in any medium for any purpose consistent with the YMCA's charitable mission as determined by the YMCA.
- 3. I understand that the Media will own all rights in the Recordings of me that the Media takes or records ("Media Recordings"), and that the Media will have the exclusive right to use, or allow others to use, such Media Recordings in any medium for any lawful purpose.
- 4. I understand that I am waiving any and all rights that may preclude the YMCA's or the Media's use of the Recordings as described above.
- 5. I acknowledge that neither the YMCA nor the Media has any obligation to use any Recordings of me or to use such Recordings for any particular purpose.
- I understand that I will receive no monetary payment or other compensation in exchange for the rights to use Recordings of me.

Parent/Guardian Name:	Guardian Name: Parent/Guardian Signature:		
Child's Name:	Date:	Phone: ()	
Email (optional):			
Mailing Address:			
City:	State:	Zip Code:	

Summer Camp Registration and Price Contract

Session 1: July 1 – July 12 (Payment due June 1)
Session 2: July 15 – July 26 (Payment due June 15)
Session 3: July 29 – Aug 9 (Payment due July 1)
Session 4: Aug 12 – Aug 23 (Payment due July 12)

M = Member NM = Non-Member No Camp July 4th

		T			
Kinder Camp		Day & Teen Camp			
Age 3-5 - M: \$650 NM: \$750		Age 6 - 16 - M: \$550 NM: \$650			
☐ Session 1	☐ Session 2	☐ Session 1	☐ Session 2		
☐ Session 3	☐ Session 4	☐ Session 3	☐ Session 4		
Sports Camp		Swim Camp			
Age 7-12 - M: \$600 NM: \$700		Age 7-12 - M: \$610 NM: \$710			
☐ Session 1	☐ Session 2	☐ Session 1	☐ Session 2		
☐ Session 3	☐ Session 4	☐ Session 3	☐ Session 4		
Dance Camp		Science Camp			
Age 8-10 - M: \$590 NM: \$690		Age 8-10 - M: \$610 NM: \$710			
■ N/A Session 1	☐ Session 2	☐ Session 1	☐ Session 2		
☐ Session 3	☐ Session 4	☐ Session 3	☐ Session 4		
Circ	cus Camp	LEGO Robotics Camp			
Age 7-9 - M	: \$590 NM: \$690	Age 10-12 M: \$600 NM: \$700			
■ N/A Session 1	☐ Session 2	■ N/A Session 1	☐ Session 2		
☐ Session 3	☐ Session 4	☐ Session 3	■ N/A Session 4		
	Extended Hours	(4:30 PM – 6:00 PM)			
	M: \$90 NM: \$110 – not to k		rice.		
☐ Session 1		☐ Session 2			
	☐ Session 3	☐ Session 4			
	Payment I	<u>nformation</u>			
Credit Card #	C	VV code: Exp. Date:			
Authorized Signature:					
PARENT AGREEMENT					
a physician is required before my cl week session and submit a registra- fully understand and approve of my	for my child to participate in the camp for hild may begin camp. In addition, I am fully tion form. I am fully aware that should my y child being photographed for the Dodge Named, and agreed to the registration require	y aware that to reserve a space, I mus child change camps after the start of t YMCA publicity. Lastly, I fully understa	t make a deposit of \$150.00 per two- the session there is a \$25 change fee. I		
Signature of Parent/Guardian:		Date:			
Ther	re is a non-refundable \$150.00 deposit per	session per child which is applied to so	ession fee.		