



RANCHO FAMILY YMCA
 858-484-8788 phone
 858-484-8869 fax
 For online registration, please log on to
 www.rancho.ymca.org

Last Name (Please Print)

EACH PARTICIPANT REQUIRES A SEPARATE
 REGISTRATION FORM

PARTICIPANT'S FIRST NAME		LAST NAME			
ADDRESS		CITY	ZIP		
DATE OF BIRTH	AGE	EMAIL		MALE FEMALE	
CUSTODIAL PARENT/GUARDIAN (IF MINOR)		HOME PHONE	PAGER/CELLULAR		
OCCUPATION			WORK PHONE		
SECOND PARENT/GUARDIAN (IF MINOR)		HOME PHONE	PAGER/CELLULAR		
OCCUPATION			WORK PHONE		

THE FOLLOWING INDIVIDUALS ARE AUTHORIZED TO PICK UP MY CHILD AND ARE TO BE NOTIFIED IN CASE OF EMERGENCY,
 IF PARENT/GUARDIAN NOT AVAILABLE

1. EMERGENCY CONTACT	RELATIONSHIP	PHONE
2. EMERGENCY CONTACT	RELATIONSHIP	PHONE
FAMILY PHYSICIAN	LOCATION	PHONE
HEALTH INSURANCE CO.	POLICY NUMBER	NAME OF INSURED

List any allergies and describe reactions:

Describe any current health conditions requiring medication, treatment, special restrictions or considerations at camp:

Describe any past operations, serious injuries, diseases or other conditions requiring medical treatment:

PLEASE SIGN THE YOUTH PARTICIPANT UP FOR THE FOLLOWING PROGRAMS: (YOUTH REGISTRATION ONLY)

NAME OF PROGRAM	SESSION #	START DATE	DAY	TIME	FEE
TOTAL PAID TODAY →					

CHECK # _____ **OR** PLEASE CHARGE \$ _____ TO MY CREDIT CARD ___ Visa ___ MasterCard
 ___ Discover ___ America Express
 CARD NUMBER _____ EXP. DATE ____ / ____
 SIGNATURE _____

***Please read and sign the Credit/Refund Policy on the reverse.**

CREDIT/REFUND POLICY:

Upon Registration, participants assume responsibility for their attendance. In an extenuating circumstance, a request for a YMCA credit may be necessary. All requests must be approved by a Director. We are happy to consider requests based on the following:

- In the event that the YMCA cancels a class, a YMCA credit will be automatically issued and no written request will be necessary.
- Out of respect for others interested in classes, all requests for YMCA credits or refunds (for medical reasons only) must be submitted in writing at least 5 business days prior to your first class. One of the following may be requested:
 - Transfer to another YMCA program
 - YMCA credit toward future use of a program or membership, which expires one year from date of issuance and may be used by any family member.
- No refunds will be issued without a written medical excuse. Refund requests must be made within 5 business days prior to the start of a session. All refunds by check or credit card will be charged a **\$10 processing fee** for each refund.
- If a medical issue arises during a session, a written medical excuse must be submitted along with a written credit or refund request no later than 30 days after the last day of the session.
- Due to vendor agreements certain trips and events may not be eligible for YMCA credits or refunds. (Examples include YAA trips, Adventure Guide trips, etc.)
- Camp Programs have a specific refund policy not included here (see camp information).
- All final decisions are subject to Director's approval.

I have read and understand the Credit/Refund Policy. Signature _____ Date _____

BRANCH RELEASE /WAIVER FOR YMCA YOUTH (MINORS) I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. In consideration of said minor being permitted to enter any branch of the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above in any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby:

1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document.
2. Release the YMCA, it's directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harm-less Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA's branch; whether caused by the negligence of Releasees or otherwise.
4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
5. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care. I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Parent/Guardian Signature _____ Date _____

PHOTOGRAPHIC WAIVER/CONSENT I, _____ give my permission to the YMCA of San Diego County (YMCA) to use my picture or other likeness, or a picture or other likeness of any of my children, specifically, _____, in the YMCA's general publicity and campaign materials.

Parent/Guardian Signature _____ Date _____

BRANCH RELEASE/WAIVER FOR YMCA ADULTS In consideration of being permitted to enter any branch of the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation in any program, I hereby:

1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purpose intended and (iv) I voluntarily sign this document.
2. Release the YMCA, it's directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while I am in or near any YMCA branch.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harm-less Releasees and each of them from any loss, liability, damage or cost they may incur due to my presence in, upon or near the YMCA branch/ whether caused by the negligence of Releasees or otherwise.
4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise. I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____