



We build strong kids, strong families, strong communities.

Vacation Fun Days and Winter/Spring Camp 2009-2010 School Year

YMCA OF SAN DIEGO COUNTY
IT'S FOR EVERYBODY
We build strong kids, strong families, strong communities.

RANCHO FAMILY YMCA
858-484-8788
For online registration, please long on to
www.rancho.ymca.org

Last Name (Please Print) _____

EACH PARTICIPANT REQUIRES A SEPARATE REGISTRATION FORM

CHILD'S FIRST NAME		CHILD'S LAST NAME			
ADDRESS		CITY	ZIP		
DATE OF BIRTH	AGE	SCHOOL		MALE FEMALE	
CUSTODIAL PARENT/GUARDIAN		HOME PHONE	PAGER/CELLULAR		
OCCUPATION	EMAIL	WORK PHONE			
SECOND PARENT/GUARDIAN		HOME PHONE	PAGER/CELLULAR		
OCCUPATION	EMAIL	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-(These people will also be authorized to pick up campers. All persons authorized to pick up MUST have a valid photo ID each day. Valid photo IDs include driver's license, government issued state ID and passport.)

- EMERGENCY CONTACT: _____ RELATIONSHIP _____ PHONE NUMBER: _____
- EMERGENCY CONTACT: _____ RELATIONSHIP _____ PHONE NUMBER: _____
- EMERGENCY CONTACT: _____ RELATIONSHIP _____ PHONE NUMBER: _____

MEDICAL INFORMATION

FAMILY PHYSICIAN: _____ LOCATION: _____ PHONE NUMBER: _____
 DENTIST: _____ LOCATION: _____ PHONE NUMBER: _____
 HEALTH INSURANCE CO.: _____ POLICY #: _____ NAME OF INSURED: _____

IMMUNIZATION HISTORY REQUIRED TO PROCESS REGISTRATION

Date of last tetanus shot? _____
 Is your child's immunization record current and on file at the YMCA? Yes No If No, you must attach a copy

LIST ANY ALLERGIES AND DESCRIBE REACTION:

HEALTH HISTORY Check all that apply: **DISEASES** **ALLERGIES**

<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Bleeding Disorders	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Other Drugs	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Measles
<input type="checkbox"/> Ivy Poisoning, etc.	<input type="checkbox"/> Asthma	<input type="checkbox"/> Convulsions	<input type="checkbox"/> ADHD
<input type="checkbox"/> German Measles	<input type="checkbox"/> Insect Sting		

OTHER (specific)
 Diabetes Seizures Mumps Penicillin

Is the child taking any special medication? (Circle one) YES NO Medication administered at camp requires a completed **MEDICAL RELEASE FORM.**

List serious injuries, chronic injuries, chronic illness, or medical conditions, operations and any restrictions on physical activity:

List any accommodations required for child with special needs:

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 be used for 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.
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- 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.
- 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 _____

PARENT MANUAL: I, _____, acknowledge that I have read and received the 2009-2010 VFD & Winter/Spring Camp Parent Manual.

Parent/Guardian Signature _____ Date _____

Mission Statement

The Rancho Family YMCA is dedicated to improving the quality of human life and to helping all people realize their fullest potential as children of God through the development of Spirit, Mind, and Body.