



SCOTTSBLUFF FAMILY YMCA SUMMER DAYCAMP 2010

P.O. BOX 2423, 22 S. BELTLINE HWY E., SCOTTSBLUFF, NE 69363
PHONE: 635-2318; FAX 635-1260

FAMILY INFORMATION RECORD

CHILD'S NAME: _____ BIRTHDATE: ___/___/___ AGE: ___ M/F: ___

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SCHOOL: _____ GRADE IN FALL: _____ EMAIL: _____

PRIMARY CAREGIVER'S NAME _____ RELATIONSHIP TO CAMPER _____

PREFERED PHONE _____ SECONDARY PHONE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

SECONDARY CAREGIVER'S NAME _____ RELATIONSHIP TO CAMPER _____

PREFERED PHONE _____ SECONDARY PHONE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

Day Camp Registration

Please Circle The Weeks Your Child Will Be Attending:

June 2010	Week 1 1st—4th	Week 2 7th—11th	Week 3 14th—18th	Week 4 21st—25th	Week 5 28th—July 2nd
July 2009	Week 6 5th—9th	Week 7 12th—16th	Week 8 19th—23rd	Week 9 26th—30th	
August 2009	Week 10 2nd—6th	Week 11 9th—13th			

Cost:

\$85 / week Members

\$105 / week Non-Members

\$25 / Daily Drop In

Additional children attending the same week receive a \$10 discount off weekly price only.

Did you fill out a Medical Form?

FILL OUT REVERSE SIDE →

PERSON(S) TO WHOM THE CHILD MAY BE RELEASED BY THE CAREGIVERS (IF NO ONE, PLEASE WRITE "NONE")

NAME _____ PHONE _____ RELATIONSHIP TO CHILD _____

CELL PHONE _____

NAME _____ PHONE _____ RELATIONSHIP TO CHILD _____

CELL PHONE _____

NAME _____ PHONE _____ RELATIONSHIP TO CHILD _____

CELL PHONE _____



PERMISSION TO TRANSPORT

As part of the YMCA Day Camp Program, daily activities are planned in and around the Scottsbluff area which require travel. Please give permission for your child to board and travel on the YMCA bus by signing below:

I hereby give permission for my previously named child to board and travel on the YMCA bus.

Parent/Guardian Signature



PARENT/GUARDIAN'S AUTHORIZATION

In Consideration of my above named child being allowed to participate in the Scottsbluff Family YMCA/Trails West Camp and intending to be legally bound, I hereby waive, release, hold harmless, covenant not-to-sue, and forever discharge any and all rights, actions, and claims of negligence that I or my heirs, executors, or assigns may have against the YMCA as well as their respective officers, directors, trustees, agents, employees, representatives, successors, assigns, and affiliates for death, injury, loss, and any and all damages that my child may sustain and/or suffer in connection with his/her/their participation in the YMCA Camp. From time to time, pictures are taken of the children doing program activities, for the local newspaper, television station or other YMCA promotional material. It is essential to have parental permission before any pictures may be published. I give my permission for picture(s) of my child to be published in the local newspaper, television station or YMCA promotional material. I also agree to indemnify the YMCA for any defense, cost, or expense arising out of any claim of injury or death arising from his/her/their participation in this program. I am both legally competent and am legally responsible for the child listed below, who will be freely participating in this activity. I also understand that the YMCA staff will not take responsibility for children prior to 7:30 AM nor after 6:00 PM

CHILD'S NAME _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____