

# YMCA KIDS CLUB REGISTRATION 2011-2012

OFFICE USE ONLY:

Date received: \_\_\_\_\_  
Time received: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Entered in Member St \_\_\_\_\_  
Waitlist date: \_\_\_\_\_  
Waitlist time: \_\_\_\_\_

LOCATION: Ketchum \_\_\_\_\_ Hailey \_\_\_\_\_

## CHILD:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: M F

Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ YMCA Member \_\_\_\_\_ Non-Member \_\_\_\_\_

- Family membership rate \$80/month per child  
 Youth Member upgrade \$100/month per child  
 Non-member rate \$160/month per child

## PARENT/GUARDIAN #1

(All information is required to ensure effective communication)

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred method of communication: phone \_\_\_\_\_ email \_\_\_\_\_

## EMERGENCY CONTACT/AUTHORIZED PICK-UP:

Please list your emergency contacts and anyone allowed to pick-up your child.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Any food or other allergies: \_\_\_\_\_

**\*Please sign below if you have read and agree to the conditions below.**

\*I hereby give permission to the YMCA to use my child's photograph for promotional purposes.

\*I have received, read, and agree to follow the rules, guidelines, procedures, and policies described in the Parent Handbook.

\*I understand that my child may be removed from the YMCA for any of the following reasons:

- 1) Failure to pay program fees by designated deadlines
- 2) Inappropriate behavior of a child/parent that endangers anyone involved with the YMCA
- 3) Failure to observe any of the conditions listed in the Parent Handbook.

**\*Please sign below if you have read and agree to the conditions above.**

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_

## PARENT/GUARDIAN #2

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Amount enclosed: \$ \_\_\_\_\_

Check # \_\_\_\_\_

Visa  M/C  AmEx  
Card number

Exp date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

# YMCA KIDS CLUB WEEKLY ATTENDANCE

What days can we expect your child?    M        T        W        TH        F

Approx. time of arrival to YMCA \_\_\_\_\_ departure from YMCA \_\_\_\_\_

If time varies by day – please list variations here:

Please list all programs (by days and times) that your child is registered for (i.e. Ballet, Swim Lessons, Climbing, etc.):

\*Please update this monthly with the Kids Club staff, to ensure your child arriving on time for classes.

Monday	Tuesday	Wednesday	Thursday	Friday

**Additional Notes:**

**If your child will be riding the bus, please read and sign below:**

**Bus Arrival Authorization:** My child will be riding bus # \_\_\_\_\_ to the YMCA on the dates listed above and will arrive at the YMCA at approximately this time \_\_\_\_\_.

**Bus Departure Authorization:** My child will be riding bus # \_\_\_\_\_ from the YMCA to his/her home on the dates listed above and will need to board the bus at this time \_\_\_\_\_.

I understand that my child's behavior to and from the YMCA is not the YMCA's responsibility. Nor is it the YMCA's responsibility to ensure that my child picks up the bus on time. I accept responsibility for my child during non-program time.

Please note that this registration will act to hold your child's spot as long as monthly fees are paid. If you wish to keep your child's Kids Club spot, you must pay monthly registration fee, regardless of attendance.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION:** I understand that my insurance policy is considered as primary coverage and that the YMCA's is secondary. I understand that before I submit a claim to the YMCA's insurance company, I must first submit a claim to my company. A statement of allowed expenses from insurer should be given to the YMCA as soon as possible. This health history is correct so far as I know and the person herein described has permission to engage in all prescribed child care activities including field trips except as noted above. The undersigned hereby agree to hold harmless and indemnify the Wood River Community YMCA and/or any of its employees and/or volunteers from and against any claims, demands, liability, costs of suit, damages, loss, and/or judgments in connection with any use of the YMCA properties.

**EMERGENCY AUTHORIZATION:** I hereby give permission to the medical personnel selected by the YMCA staff to order x-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to transport, to hospitalize, to secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I accept financial responsibility if such treatment is necessary. I understand that this consent does not waive or diminish my rights.

I understand that any prescription/over the counter medication must be given to the YMCA staff upon arrival to the program. I also understand that a Medication Release Form must be filled out and signed by a doctor each time I bring a medication to the program. The YMCA is very concerned about dehydration and sunburns at camp. Please provide a water bottle with you child's name and one bottle of sunscreen for kids, SPF 30 with your child's name on it.

**ADDITIONAL AUTHORIZATIONS:**

I hereby give permission to the YMCA to transport my child on YMCA provided and/or supervised transportation which includes buses, vans, and walking.

I hereby give permission to the YMCA to use my child's photograph for promotional purposes.

I have received, read, and agree to follow the rules, guidelines, procedures, and policies described in the Parent Handbook.

I understand that my child may be removed from the YMCA for any of the following reasons: 1) failure to pay program fees by designated deadlines, 2) inappropriate behavior of a child/parent that endangers anyone involved with the YMCA, 3) failure to observe any of the conditions listed in the Parent Handbook.

I understand that the YMCA policy states that staff are not to baby-sit my children outside of YMCA programs. I agree not to solicit outside child care from YMCA staff.

**PAYMENT/REFUNDS:**

Full payment is due at the start of the session. I understand that if I cancel my registration less than 1 week prior to the start of a camp session, I will forfeit my \$25 deposit. Transfer of deposit fees to another session will only be allowed prior to the 1 week deadline.

**\*Please sign if you have read and agree to the conditions listed above\***

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Camper Name

*Please see next page for Climbing Waiver  
\*\*\* Required for climbing and day camp programs\*\*\**

# WRYMCA Climbing Wall Release Indemnification of all Claims and Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your use of the Climbing Wall, now or any time in the future.

### Acknowledgment of Risk

I HEREBY ACKNOWLEDGE AND AGREE that the sport of rock climbing and the use of the Climbing Wall (hereinafter referred to as the Climbing Wall) has *inherent risks*. I have full knowledge of the nature and extent of all the risks associated with rock climbing and the use of the Climbing Wall, including but not limited to:

1. All manner of injury resulting in falling off the Climbing Wall and hitting rock faces and projections, whether permanently or temporarily in place, or the floor;
2. Rope abrasion, entanglement and other injuries resulting from activities on or near the Climbing Wall such as, but not limited to, climbing, belaying, rappelling, lowering on rope, rescue systems, and any other rope techniques;
3. Injuries resulting from falling climbers or dropping items, such as, but not limited to, ropes or climbing hardware;
4. Cuts and abrasions resulting from skin contact with the Climbing Wall;
5. Failure of rope, slings, harnesses, climbing hardware, anchor points, or any part of the Climbing Wall structure.

I further acknowledge that the above list is not inclusive of all possible risks associated with the use of the Climbing Wall and that the above list in no way limits the extent or reach of this release and covenant not to sue.

### Release/Indemnification and Covenant Not to Sue

In consideration of my use of the Climbing Wall, I, the undersigned user (or parent/legal guardian of if user is under 18), agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the Wood River Community YMCA, its officers, agents, and employees from any cause of action, claim, or demand of any nature whatsoever, including but not limited to, a claim of NEGLIGENCE, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against [YMCA] on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my use of the Climbing Wall whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to the NEGLIGENCE of [YMCA], its officers, agents, and employees.

In consideration of my use of the Climbing Wall, I, the undersigned user, agree to INDEMNIFY AND HOLD HARMLESS the Wood River Community YMCA, its officers, agents, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatever arising out of or in any way related to my use of the Climbing Wall.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the use of the Climbing Wall and that I am voluntarily assuming the risks. I understand that I will be solely responsible for any loss or damage, including death, I sustain while using the Climbing Wall and that by this agreement [YMCA] of any and all liability for such loss, damage, or death. I further certify that I am in good health and that I have no physical limitations which would preclude my safe use of the Climbing Wall. I give permission to the YMCA, without obligation to me, to use any photographs, film footage, tape recordings which may include my (my child's) image or voice for purposes of promoting YMCA programs. I further certify that I am of lawful age (18 years or older) and otherwise legally competent to sign this agreement (if giving permission for a minor, I am legally competent to do so). I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after have carefully read it, of my own free will.

### Contract to Follow Climbing Wall Safety Policies

I accept full responsibility for my own safety and the safety of other climbers while in the climbing gym area. I agree to abide by, and to help enforce, the following climbing wall safety policies:

1. No unbelayed climbing above the bouldering line.
2. Climbers must be roped and belayed through a Gri Gri. Roped climbers and belayers must wear harnesses.
3. Lead climbers must use adequate protection to eliminate the possibility of a ground fall at all times.
4. Inform other climbers of any situation seen as unsafe or not in accordance with Climbing Wall Safety Policies. All climbers are asked to assist and encourage less experienced climbers.
5. All accidents or equipment damage must be reported immediately.

Wood River Community YMCA reserves the right to withdraw the membership of any individual permanently or for a specified period of time for breach of contract in following the Climbing Wall Safety Policies, or for any conduct that is viewed as unsafe or inappropriate.

In consideration of the use of the Climbing Wall, I acknowledge that I have read and agree to abide by the Climbing Wall Safety Policies.

IN WITNESS WHEREOF, this instrument is duly executed at the Wood River Community YMCA this \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

\_\_\_\_\_  
Climbing Wall User's Signature (if over 18)

\_\_\_\_\_  
Climbing Wall User's Name (Print Clearly)

\_\_\_\_\_  
Parent/Guardian if user is under 18