

YMCA KIDS CLUB REGISTRACIÓN 2011-2012

OFFICE USE ONLY:

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

LOCACIÓN: Ketchum _____ Hailey _____

NIÑO:

Nombre: _____ Fecha de Nacimiento: _____ Sexo: M F

Edad: _____ Escuela: _____ Grado: _____ Miembro YMCA _____ No-Miembro _____

- Membrecía Familiar** \$ 80/mes por niño
- Miembro** \$ 100/mes por niño
- Precio de No-Miembro** \$ 160/mes por niño

PADRE/GUARDIAN #1

(Toda la información es requerida para asegurar comunicación Efectiva)

Nombre: _____

Dirección Física: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Dirección Postal: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Teléfono de Casa: _____

Celular/Localizador: _____

Teléfono de Trabajo: _____

Correo Electrónico: _____

PARENT/GUARDIAN #2

Nombre: _____

Dirección Física: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Dirección Postal: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Teléfono de Casa: _____

Celular/Localizador: _____

Teléfono de Trabajo: _____

Correo Electrónico: _____

Método preferido de comunicación: teléfono _____ correo electrónico _____

CONTACTO DE EMERGENCIA/PERSONA AUTORIZADA A RECOGER A SU HIJO/A:

Favor de listar sus contactos de emergencia y cualquier persona autorizada a recoger a su hijo/a.

Nombre: _____ Teléfono: _____

Nombre: _____ Teléfono: _____

Alergias a la comida u otra cosas: _____

***Favor de firmar si ha leído y está de acuerdo con las condiciones mencionadas abajo.**

*Yo doy permiso de que el YMCA use la fotografía de mi hijo/a para propósitos promocionales.

*E recibido, leído, y estoy de acuerdo a seguir las reglas, guías, procedimientos, y pólizas descritas en el Parent Handbook.

*Entiendo que mi hijo/a puede ser suspendido del YMCA por cualquiera de las siguientes razones:

- 1) No pagar los cobros de los programas en la fecha prevista
- 2) Comportamiento inapropiado del padre/hijo/a que ponga en peligro a las demás personas involucradas con el YMCA.
- 3) No seguir las condiciones escritas en el Parent Handbook.

***Favor de firmar abajo si ha leído y está de acuerdo con las condiciones mencionadas arriba.**

Firma Del Padre _____

Fecha: _____

Cantidad Agregada: \$ _____

Cheque _____

Visa M/C AmEx

Número de Tarjeta _____

Fecha de Vencimiento: _____

Nombre en la Tarjeta: _____

Firma: _____

ASISTENCIA SEMANAL DEL YMCA KIDS CLUB

¿Que días podemos esperar a su hijo/a? M T W TH F

Hora aproximada de llegada al YMCA _____ salida del YMCA _____

Si los días varían por día – favor de listar las variaciones aquí:

Favor de listar todos los programas (por días y horas) para los cuales su hijo/a está registrado (ejemplo: Ballet, Clases de Natación, Escalar, etc.):

*Favor de actualizar la lista con el personal de Kids Club, para asegurar que su hijo/a siempre este a tiempo en su clase.

Lunes	Martes	Miercoles	Jueves	Viernes

Notas Adicionales:

Si su hijo/a estará usando el Bus, favor de leer y firmar abajo:

Autorización de llegada en el Bus: Mi hijo/a estará usando el bus # _____ hacia el YMCA en los días mencionados arriba y llegara al YMCA aproximadamente a esta hora _____.

Autorización para irse en el Bus: Mi hijo/a estará usando el bus # _____ del YMCA a su casa en los días mencionados arriba y tendrá que abordar el autobús a esta hora _____.

Yo entiendo que el comportamiento de mi hijo/a de y al YMCA no es responsabilidad de YMCA. Tampoco es responsabilidad del YMCA asegurarse de que mi hijo/a se suba al autobús a tiempo. Yo acepto la responsabilidad de mi hijo/a durante horas fuera del programa

Por favor recuerde que para mantener el espacio reservado de su hijo(a) tiene que haber pagado la cuota del mes requerida. Si desea mantener el lugar de su hijo(a) en Kids Club, tiene que pagar la cuota de registración cada mes como requerimiento para atender el programa.

Firma del Padre/Tutor _____ Fecha: _____

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