



BAND CAMP

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF CENTRAL FLORIDA YMCA MIDDLE SCHOOL CAMPS REGISTRATION FORM

Participant Name _____

Program Summer Day Camp Summer Day Camp + Extended Day

_____ Participant Registration Form Complete

_____ Parent Agreement Initialed & Signed

_____ Waiver, Release and Indemnification Agreement Signed

_____ Photo/Audio Visual/Narrative Release or Opt-Out

_____ Medical Authorization Completed and Signed

_____ Dues and Fees Agreement (if applicable)

_____ All information entered into Salesforce, including data for each household member (Legal name, date of birth, address, phone number, and email)

_____ Registration Fee Paid: Credit Card Check Money Order Payment Link

Registration Packet Reviewed By _____

Date _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF CENTRAL FLORIDA YMCA MIDDLE SCHOOL CAMPS REGISTRATION FORM

Select Program Week(s) - Lake County

The YMCA of Central Florida Summer Programs in Lake County are funded by a Grant from 21st CCLC.

- June 3-6
- June 10-13
- June 17-20
- June 24-27
- July 8-11
- July 15-18



Select Program Week(s) - Orange County

The YMCA of Central Florida Summer Zone in Orange County is funded by a Grant from the Orange County Government.

- June 3-6
- June 10-13
- June 17-20
- June 24-27
- July 8-11



Select Program Week(s) - Osceola County

The YMCA of Central Florida Summer Programs in Osceola County are funded by a Grant from the Osceola County Government.

- June 3-6
- June 10-13
- June 17-20
- June 24-27





FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**YMCA OF CENTRAL FLORIDA
YMCA MIDDLE SCHOOL CAMPS
REGISTRATION FORM**

PARTICIPANT INFORMATION

School _____ 2018-19 Grade _____ Camp Date (required) _____

Student ID _____ Ethnicity _____

Program Summer Day Camp Summer Day Camp + Extended Day

Does your child require any special needs? Yes No

Are they identified through Section 504 (I.D.E.A. or an I.E.P.)? Yes No

If yes to either, please explain. _____

First Name _____ Mi _____ Last _____

Gender _____ Date of Birth _____ Nickname _____

Street Address _____ Apt/Unit# _____

City _____ State _____ Zip _____

YMCA of Central Florida Member Yes No

Emergency Contact Name _____ Phone _____ Relationship _____

PARENT/GUARDIAN INFORMATION

Full Name _____ Mailing address is the same as participant

Email _____ Legal Guardian Yes No

Primary Cell _____ Alternate Contact Phone (work/landline) _____

Street Address (if different from child) _____ Apt/Unit# _____

City _____ State _____ Zip _____

Authorized to remove child from program Yes No (If no, please provide court documentation.)

2nd Adult Full Name _____ Mailing address is the same as participant

Email _____ Legal Guardian Yes No

Primary Cell _____ Alternate Contact Phone _____

Street Address (if different from child) _____ Apt/Unit# _____

City _____ State _____ Zip _____

Authorized to remove child from program Yes No (If no, please provide court documentation.)

The YMCA of Central Florida does not discriminate in admission or access to, or treatment or employment in its programs and activities, on the basis of race, color, religion, age, sex, national origin, marital status, disability, genetic information, sexual orientation, gender identity or expression, or any other reason prohibited by law. This holds true for all persons who are interested in participating in any YMCA of Central Florida program.

As one of the nation's largest providers of youth and family programs, the Y long has made the safety of children and all vulnerable populations a top priority. Providing a safe, secure environment for members and participants begins with knowing who has access to YMCAs through membership, which underscores the importance of membership screening. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation and remove visitation access.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF CENTRAL FLORIDA YMCA MIDDLE SCHOOL CAMPS REGISTRATION FORM

Authorization for Participant Release

Participant Name _____

Including yourself and any other legal guardians, please list all persons authorized to remove your child from the YMCA Program; children will only be released to a responsible adult age 18 or older.

- Persons indicated below may also be contacted in an emergency when parent/guardian(s) cannot be reached.
- Government-Issued Photo Identification is required for all persons removing child from the program.

Include the name and contact number for each person:

Name	Relationship	Phone	Emergency Contact	
_____	_____	_____	<input type="radio"/> Yes	<input type="radio"/> No
_____	_____	_____	<input type="radio"/> Yes	<input type="radio"/> No
_____	_____	_____	<input type="radio"/> Yes	<input type="radio"/> No
_____	_____	_____	<input type="radio"/> Yes	<input type="radio"/> No

Initials (required):

_____ I give authorization to the above individuals to remove my child from the YMCA Program.
Initial

_____ I acknowledge that myself and any other person listed above are responsible for signing my child in and out of the YMCA Program on the YMCA Sign-In/Sign-Out Sheet.
Initial

_____ I acknowledge that changes to the above list may be made only by Legal Guardians and must be made in writing with an original signature (for the safety of your child, electronic or phone communication will not be accepted).
Initial

_____ I authorize my child to sign out of the program.
Initial

Sign Out Procedures

My student has my permission to sign themselves out at _____ PM Yes No

Must be a Walker or Bike Rider

_____ I understand that when picking up my student I must exit my vehicle, enter the YMCA program area and present photo ID before they will be released. **Students cannot self sign out when getting picked up by a parent/guardian**
Initial

_____ I understand that my child must leave campus after signing out or they can be charged with trespassing.
Initial

_____ **Lake County Only**—I understand that this is not a "Drop-In" program and my student must adhere to the attendance policy.
Initial

Orange County After School Zone Only:

Union Park MS, Southwest MS—My student will be using the YMCA sponsored bus home Yes No

Lake County (All Sites):

My student will be using the YMCA sponsored bus home for After School or Summer Programs Yes No

Parent or Guardian Name (Print) _____

Parent or Guardian Signature _____

Date _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF CENTRAL FLORIDA YMCA MIDDLE SCHOOL CAMPS PARENT AGREEMENT

Parent Agreement

Participant Name _____

I hereby state that my child is physically and mentally capable of safe participation in YMCA activities. I understand and expressly acknowledge that participation in the program is a privilege. The YMCA of Central Florida reserves the right to remove any child who, according to the Program Director's discretion, is judged detrimental to the general welfare of the program, staff and/or other children. No refunds or prorates will be given. The right is reserved to search any child's belongings, according to the Program Director's discretion, when reasonable information is available that illegal substances and/or object that may cause harm to self or others may be present. I understand that damage to property caused by my child will be billed directly to the parent/guardian and the child may be asked to leave the program.

_____ **Member/Program Participant Consent, Release, Acknowledgment of Receipt and Understanding:** I, the undersigned, hereby acknowledge that I have received and read, or have had read to me, the YMCA of Central Florida's Code of Conduct. I have had an opportunity to have all aspects of this material fully explained. I also understand that my minor and/or I must abide by the policy as a condition of participation, and any violation may result in revoking membership, program participation or immediate removal from the program or facility.

Initial

Parents initial only for your county.

ORANGE COUNTY WAIVER: I hereby state that I/my child am physically and mentally capable of safe participation in the YMCA of Central Florida activities. I understand and expressly acknowledge that I release the YMCA of Central Florida and its staff along with the Orange County Government and their staff from all liability for any injury, loss or damage connected in any way to my child's participation in the YMCA of Central Florida activities, whether on or off the YMCA's premises. I also authorize the YMCA of Central Florida to obtain medical treatment for my child in the event of emergency.

_____ I give my permission to the YMCA of Central Florida along with the Orange County Government to use, without limitation or obligation, photographs, film footage, or tape recording which may include my child's image or voice for the purpose of promoting or interpreting the YMCA of Central Florida's programs.

Initial

LAKE COUNTY WAIVER: I hereby state that I/my child am physically and mentally capable of safe participation in the YMCA of Central Florida activities.

I understand and expressly acknowledge that I release the YMCA of Central Florida and its staff along with Lake County Public Schools and their staff from all liability for any injury, loss or damage connected in any way to my child's participation in the YMCA of Central Florida activities, whether on or off the YMCA's premises. I also authorize the YMCA of Central Florida to obtain medical treatment for my child in the event of emergency.

_____ I give my permission to the YMCA of Central Florida along with the Lake County Public Schools to use, without limitation or obligation, photographs, film footage, or tape recording which may include my child's image or voice for the purpose of promoting or interpreting the YMCA of Central Florida's programs.

Initial

OSCEOLA COUNTY WAIVER: I hereby state that I/my child am physically and mentally capable of safe participation in the YMCA of Central Florida activities.

I understand and expressly acknowledge that I release the YMCA of Central Florida and its staff along with Osceola County Public Schools and their staff from all liability for any injury, loss or damage connected in any way to my child's participation in the YMCA of Central Florida activities, whether on or off the YMCA's premises. I also authorize the YMCA of Central Florida to obtain medical treatment for my child in the event of emergency.

_____ I give my permission to the YMCA of Central Florida along with the Osceola County Public Schools to use, without limitation or obligation, photographs, film footage, or tape recording which may include my child's image or voice for the purpose of promoting or interpreting the YMCA of Central Florida's programs.

Initial

Parent or Guardian Name (Print) _____

Parent or Guardian Signature _____

Date _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**YMCA OF CENTRAL FLORIDA
WAIVER, RELEASE AND
INDEMNIFICATION OF ALL CLAIMS
& COVENANT NOT TO SUE**
(SECTION F.S. 744.301(3) FLORIDA STATUTES)

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in the YMCA of Central Florida Programs, now or any time in the future.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE YMCA OF CENTRAL FLORIDA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE YMCA OF CENTRAL FLORIDA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE YMCA OF CENTRAL FLORIDA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in the YMCA program activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with the YMCA program participation, including but in no way limited to: (1) slips, trips, and falls, (2) encounters with nature including toxic plants and animals, (3) aquatic injuries, and (4) athletic injuries. I further acknowledge that the preceding list is not inclusive of all possible risks associated with the YMCA program participation and that said list in no way limits the operation of this Agreement.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in the YMCA of Central Florida Programs, I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the YMCA of Central Florida, its officers, directors, agents, employees, volunteers, and representatives from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the YMCA of Central Florida on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of the YMCA of Central Florida facilities/equipment or participation in the YMCA of Central Florida programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of the YMCA of Central Florida, its officers, directors, agents, employees, volunteers, and representatives.

In consideration of the named minor's participation in the YMCA program, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS the YMCA of Central Florida, its officers, directors, agents, employees, volunteers, and representatives from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's YMCA program participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in the YMCA program participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in the YMCA program and that by signing this agreement I hereby, on behalf



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**YMCA OF CENTRAL FLORIDA
WAIVER, RELEASE AND
INDEMNIFICATION OF ALL CLAIMS
& COVENANT NOT TO SUE**
(SECTION F.S. 744.301(3) FLORIDA STATUTES)

of myself and the named minor, release the YMCA of Central Florida, its officers, directors, agents, employees, volunteers, and representatives of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in the YMCA program.

I, in my legal capacity as parent/guardian of the named minor, expressly agree, on behalf of myself and the named minor, that this document is intended to be as broad and inclusive as permitted by the law of Florida and that if any portion of the document is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Furthermore, I expressly agree that this document shall be governed by and interpreted in accordance with the laws of Florida and that Florida shall have exclusive venue to hear any and all disputes relating to or arising from this document.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will. The foregoing written agreement represents the entire understanding between the parties. No oral representations, statements or inducement apart from the foregoing written agreement have been made.

IN WITNESS WHEREOF, this instrument is duly executed this _____ day of _____, in the year _____.

I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT:

Participant's Printed Name: _____

Participant/ Legal Guardian Signature: _____ Date: _____

Legal Guardian Printed Name: _____ Date: _____

MEMBER# _____

TO BE ENTERED BY YMCA STAFF



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**YMCA OF CENTRAL FLORIDA
PHOTO/AUDIO VISUAL/
NARRATIVE RELEASE**

EFFECTIVE APRIL 2018

I am 18 years of age or older. If not, my parent or legal guardian must consent and give permission on my behalf.

Consent.

For participation in activities to be conducted by the YMCA of Central Florida, consent must be provided, now and indefinitely, to the YMCA of Central Florida and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast:

- video film or footage of me (or my dependent child),
- sound track recordings of me (or my dependent child),
- photo reproductions of me (or my dependent child),
- any narrative account of my (or my dependent child's) experience

Consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes unlimited and unrestricted reproductions in any form and media, adaptations and/or revisions created for YMCA of Central Florida use.

I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

Ownership, Confidentiality, and Shared Use.

With respect to any of the above uses, I further agree:

- All uses shall belong to the YMCA of Central Florida and it may share them with others;
- There is no obligation of confidentiality
- YMCA of Central Florida and collaborating third parties will not be liable for any use or disclosure to a third party
- YMCA of Central Florida shall exclusively own all known or later existing rights to the uses worldwide.
- YMCA of Central Florida can use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose and without compensation to me.

Release from Liability.

I agree that my consent is irrevocable. I hereby release and discharge the YMCA of Central Florida, its related parties and those it has given permission to use the above, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, the use, or the shared use of the above materials.

Participant's Printed Name: _____

Age: _____

Participant/ Legal Guardian Signature: _____

Legal Guardian Printed Name: _____

Date: _____

MEMBER# _____

TO BE ENTERED BY YMCA STAFF



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF CENTRAL FLORIDA MEDICAL AUTHORIZATION

PARTICIPANT INFORMATION

First Name _____ MI _____ Last _____
Gender _____ Date of Birth _____ Age _____ Grade _____
Legal Guardian Printed Name _____ Phone _____

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? Yes No
Family Physician _____ Phone _____
Insurance Company _____
ID# _____ Group# _____

Please initial:

_____ I realize that the responsibility for payment of an injury requiring medical care is mine.
Initial _____
_____ I give permission for the YMCA to consult my child's physician/dentist in case of an emergency if I cannot be reached.
Initial _____

MEDICAL INFORMATION

Please list information regarding any medical problems, allergies (food, medicine, insect bites, etc.), and any other areas of concern:

EMERGENCY CONTACT INFORMATION

In the event you cannot be reached, please list alternative emergency contact(s):

Name _____ Relationship _____ Phone Name _____
Name _____ Relationship _____ Phone Name _____

ACKNOWLEDGMENT

I hereby authorize the YMCA to obtain medical treatment for my child in the event the parent(s), guardian or emergency contact cannot be reached. I understand and agree to abide by the policies therein stated.

Legal Guardian Signature _____
Legal Guardian Printed Name _____ Date _____