



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA CAMP WINONA
898 Camp Winona Road
DeLeon Springs, FL 32130
386.985.4544

CHRISTMAS CAMP WEEKEND REGISTRATION

DECEMBER 13-15, 2019

AGES 6-16 | FEE: \$95

PLEASE PRINT CLEARLY

DATE OF APPLICATION

CAMPER'S FIRST NAME MI LAST NAME GENDER (M / F)

DATE OF BIRTH AGE AT CAMP SCHOOL GRADE IN FALL '16

ETHNICITY (circle one) White/Caucasian Black/African American Asian Hispanic Native American Indian Other: _____

ADDRESS CITY STATE ZIP

HOME PHONE CELL PHONE

1ST PARENT/GUARDIAN'S NAME WORK PHONE CELL PHONE

1ST PARENT/GUARDIAN'S ADDRESS CITY STATE ZIP

1ST PARENT/GUARDIAN'S RELATIONSHIP TO CAMPER EMAIL

2ND PARENT/GUARDIAN'S NAME WORK PHONE CELL PHONE

2ND PARENT/GUARDIAN'S ADDRESS CITY STATE ZIP

2ND PARENT/GUARDIAN'S RELATIONSHIP TO CAMPER EMAIL

AUTHORIZED PERSON(S) TO PICK UP CAMPER _____

HOW DID YOU HEAR ABOUT CAMP WINONA? _____

HAS YOUR CHILD ATTENDED CAMP WINONA BEFORE? IF YES, WHAT YEARS/PROGRAMS? _____

NAMES AND AGES OF BROTHERS AND SISTERS: _____

EMERGENCY CONTACT _____

RELATIONSHIP _____

HOME PHONE _____

CELL PHONE _____

FOOD RESTRICTIONS _____

FOOD INTOLERANCES & REACTIONS _____

FOOD ALLERGIES & REACTIONS _____

OTHER HEALTH/BEHAVIORAL INFORMATION _____

PLEASE SIGN WAIVER ON NEXT PAGE

IF YOU ARE SCANNING & EMAILING REGISTRATION:

- CREDIT/DEBIT CARD – please call in to the office
- I HAVE PAID/REGISTERED ONLINE

Do Not Include Card Number in Emails or on Emailed Forms
CONTACT PHONE NUMBER _____

IF YOU ARE MAILING IN REGISTRATION:

- CHECK – payable to YMCA CAMP WINONA
- MONEY ORDER – payable to YMCA CAMP WINONA
- CREDIT/DEBIT CARD
- I HAVE PAID/REGISTERED ONLINE

ACCOUNT NUMBER _____

EXP. DATE _____ CVC # _____

CAMP PAYMENT \$ _____ CAMP DONATION \$ _____

CAMP TOTAL \$ _____

TOTAL AMOUNT CHARGED TODAY \$ _____

SIGNATURE _____

NAME AS IT APPEARS ON CARD _____

CVC# is the security number located on the back of the card.

The YMCA processes all checks as electronic funds transfers (EFT) transactions.

CONDITIONS OF YOUTH DEVELOPMENT PROGRAM PARTICIPATION

While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommends that you discuss with YMCA staff any special conditions or circumstances involving your child. The YMCA requests that the undersigned do this PRIOR to registration so that the YMCA can advise you as to whether we can make reasonable accommodation for your child.

The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give my permission to the Volusia Flagler Family YMCA, Inc. to use, without limitation or obligation, photographs, film footage or tape recordings that may include mine and or my family member’s image(s), or voice(s) for purposes of promoting or interpreting YMCA programs.

In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.

As the undersigned, I understand that no accident or medical insurance is provided with this activity.

As the undersigned, I give my permission for my child to be transported by the bus service secured by the YMCA for related programs activities.

I UNDERSTAND THE FEE MUST ACCOMPANY THIS APPLICATION AND IS NON-REFUNDABLE EXCEPT FOR VERIFIED MEDICAL REASONS.

ACCEPTANCE

I accept the Conditions of Youth Development Program Participation set forth above and, being in sympathy with the Mission of the YMCA, hereby apply to participate.

PARENT / GUARDIAN SIGNATURE

DATE

FLORIDA MINOR RELEASE AND WAIVER OF LEGAL LIABILITY

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and on behalf of your minor child, release the Volusia Flagler Family YMCA, Inc. ("YMCA"), its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants, and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately.

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 YMCA 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 [YMCA] 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 YMCA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

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

SIGNATURE OF PARTICIPANT (If less than 18-years-old, parents or legal guardian must sign below)

DATE

PARENT / GUARDIAN

DATE

PARENT / GUARDIAN

DATE