



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

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

# SPRING CAMP WEEKEND REGISTRATION

**APRIL 26-28, 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

\_\_\_\_\_

\_\_\_\_\_

**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

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**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

**Do Not Include Card Number in Emails or on Emailed Forms**

ACCOUNT NUMBER

EXP. DATE CVC #

CAMP PAYMENT \$ CAMP DONATION \$

CAMP TOTAL \$

TOTAL AMOUNT CHARGED TODAY \$

SIGNATURE

NAME AS IT APPEARS ON CARD

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

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

**PLEASE SIGN WAIVER ON NEXT PAGE**

**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