



ADVENTURE REGISTRATION FORM 2018-2019 (Grades K-5)

Adventure Club, Adventure Days, Overnight Adventure, Winter/Spring Camps

Child's Name: _____ M F Birthdate: ___/___/___ Grade in Fall: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent's Email: _____

Primary email used for newsletters, program updates & billing.

Child Resides with: Both Mother Father Legal Guardian

Parent/Guardian #1

Name: _____

Home/Cell Phone: _____

Work Phone: _____

Employer: _____

Responsible for Payment: Yes No

Parent/Guardian #2

Name: _____

Home/Cell Phone: _____

Work Phone: _____

Employer: _____

Responsible for Payment: Yes No

ADVENTURE CLUB

Nooksack Valley Schools (After School)

- Nooksack Elementary
- Everson Elementary
- Sumas Elementary
Transports to Nooksack Elem.

Meridian Schools (Before and/or After School options)

- Irene Reither Elementary

AFTER SCHOOL ADV. CLUB (Nooksack & Meridian Districts)

Full Rate

Qualify for reduced meals

Qualify for free meals

Full Month Half Month

\$250 \$150

\$175 \$105

\$100 \$60

BEFORE SCHOOL ADV. CLUB (Meridian District - Fridays Only)

\$25/month
 Enroll me in monthly payments. Requires a credit card on file to auto draft on the 1st of the month.

ADDITIONAL ADVENTURE PROGRAMS

	YMCA Members	Program Members
<input type="checkbox"/> Adventure Days	<input type="checkbox"/> \$42	<input type="checkbox"/> \$47
<input type="checkbox"/> Overnight Adventure	<input type="checkbox"/> \$40	<input type="checkbox"/> \$45
<input type="checkbox"/> Adventure Camp (Winter/Spring)	<input type="checkbox"/> \$45	<input type="checkbox"/> \$50

This form is only required if not already enrolled in Adventure Club or Y's Kids After School Enrichment

\$25 Registration Fee, Youth Membership included. Registration fee is one time charge. Valid Sept/2018-Aug/2019

EMERGENCY MEDICAL INFORMATION

Physician: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Date of Last Physical Exam: _____ Immunizations Current (please circle): Yes No On file at: _____

Insurance Co: _____ Policy #: _____ Policy Holder: _____

ALLERGIES: 1. _____ Reaction: _____
2. _____ Reaction: _____

OTHER MEDICAL CONDITIONS OR SPECIAL NEEDS: (please describe)

Does your child have an IEP? Yes No Does your child require aide in the classroom? Yes No
If special needs exist, please meet with Program Director before finalizing registration.

EMERGENCY PICK-UP & SIGN OUT AUTHORIZATION: The following adults 16 years of age or older have my permission to sign out the above named child from YMCA and should be contacted in an emergency when I cannot be reached. I accept responsibility for informing the YMCA when the below information changes. **AT LEAST TWO NAMES ARE REQUIRED!**

1. Name: _____ 2. Name: _____ 3. Name: _____

Relationship to child: _____ Relationship to child: _____ Relationship to child: _____

Home/Cell Phone: _____ Home/Cell Phone: _____ Home/Cell Phone: _____

Work Phone: _____ Work Phone: _____ Work Phone: _____

Parent/Legal Guardian Signature: _____ Date: _____

- I hereby certify that my child _____ is in normal health and capable of safe participation in the program in which he or she is enrolling.
- I further give my permission for my child _____ to be given emergency medical treatment by a qualified Whatcom Family YMCA staff until parents can be reached and be present and/or emergency care arrives for treatment. In case of emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. In the event that I cannot be contacted, I further consent to the medical, surgical and hospital care to be performed for my child by a licensed physician or hospital when deemed immediately necessary by the physician to safeguard my child's health. It is understood that in some medical situations, the staff will need to be contacted the local emergency resources before the parents, child's physician and/or other adults acting on the parent's behalf.
- I, the below signed person, having legal custody/guardianship of said minor, give permission for said minor to attend any YMCA program activities supervised by authorized YMCA staff.
- I have enclosed the appropriate deposit and registration fee as indicated above. I understand that these are both **NON-REFUNDABLE AND NON-TRANSFERABLE**. I understand that final payment is due according to the Parent Handbook & that failure to pay balances by the due date may result in the cancellation of this registration.
- **MEDICAL AUTHORIZATION & LIABILITY RELEASE:** As a parent/legal guardian, I hereby agree to hold harmless the YMCA staff, directors and volunteers from liability for any accidents resulting from participation and consent to the YMCA to secure emergency care as needed or prescribed at my expense for my child. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my child. I also give permission to the YMCA to provide transportation as needed for my child in case of emergency, at my expense. I understand that it is my responsibility to inform the YMCA of any changes to my child's health.
- **SWIMMING ABILITY:** I understand that on my child's first visit to YMCA pools, my child will participate in a swim test. He/she will be placed into the appropriate swim level according to the lifeguard's evaluation as described in the parent handbook. Life jackets are available for those who require them based on swim test.
- **CLIMBING WALL RELEASE:** In consideration of the YMCA allowing the above named child to use the Climbing Wall, I the undersigned user, agree to indemnify & hold harmless the YMCA, its officers, directors, agents & employees, from all causes of action, claims, demands, losses & consequence of the neglect of the YMCA in safeguarding my use of the Climbing Wall, or because of any act, neglect or misconduct of the YMCA, its officers, agents & employees.
- **CONCUSSION INFORMATION:** Anyone who is suspected of sustaining a concussion or head injury in a practice or a game shall be removed from competition at that time and may not return to play until the participant is evaluated by licensed health care provider trained in the evaluation and management of concussions and received written clearance to return from that health care provider. You should also inform your child's coach/teacher if you think that your child may have a concussion. Remember that it is better to miss one practice/game than to miss the whole session. **WHEN IN DOUBT, THE PARTICIPANTS SITS OUT.**
For more information go to <http://www.ede.gov/concussion/HeadsUP/youth.html>.

Please initial each box to accept the options below:

PHOTO RELEASE: I do hereby grant permission for the YMCA (local, national and international) to use, without limitation or obligation, photographs or other media that may include my child's image or voice to promote or interpret YMCA programs.

TRANSPORTATION / FIELD TRIPS: I understand that field trips are part of the School Age Child Care experience. I agree to allow my child to attend all field trips and to having my child transported via YMCA vehicles (owned or rented), WTA bus or walking.

STAFF BABY SITTING: I understand that it is a YMCA policy to not allow staff to care for my child outside the YMCA camp day. I agree not to approach staff to baby-sit my child.

LIABILITY WAIVER: In consideration of being permitted to utilize the facilities, services and programs of the Whatcom Family YMCA ("YMCA") for any purpose including, but not limited to observation or use of facilities and equipment and participation in any program affiliated with the YMCA without respect to location. I, on behalf of myself and any children, dependent or personal representatives, hereby:

1. Acknowledge that I have (a) read this release and waiver of liability; (b) had the opportunity to inspect the YMCA's facilities and equipment or will immediately upon entering or participating will inspect and carefully consider such premises, facilities or program; (c) accept the facilities, equipment and program as being safe and reasonably suited for the purposes intended; (d) voluntarily sign this release and waiver of liability.
2. Release the YMCA, its directors, officers, employees, agents and volunteers (collectively "YMCA Releases") from all liability to me for any loss or damage to property or injury or death to person, whether caused by the ordinary negligence of the YMCA Releases or any other person, and while I am in, upon or about any YMCA branch or any facilities or equipment therein or participating in any program or service affiliated with the YMCA.
3. Agree not to sue the YMCA Releases for any loss, liability, damage, injury or death described above and I agree to indemnify and hold harmless the YMCA Releases and each of them from any loss, damage or cost they may incur due to my child's participation in, upon or about any YMCA branch or any facilities or equipment therein or my child's participation in any program or service affiliated with the YMCA whether caused by the ordinary negligence of the YMCA Releases or by any other person. I assume full responsibility for the risk of such loss, liability, damage, injury or death.

I intend for this release and waiver of liability to be as broad and inclusive as is permitted by the laws of the state of Washington if any portions hereof is held invalid, I agree that the balance shall continue in full force and effect.

Parent/Legal Guardian Signature: _____ Date: _____