



2010 YMCA SUMMER SPORTS CAMP REGISTRATION FORM

Please complete with on-site and on-line registration

- BASEBALL / SOFTBALL JUNE 7 - 11
- FOOTBALL JUNE 21-25
- BASKETBALL JULY 5-9
- SOCCER JULY 19 - 23

For Boys and Girls Currently in 3rd - 6th grade in the spring, 2010. Camp is open from 730am - 530pm. Programming will take place from 830am - 430pm. Contact Ryan Dunkel for more info 402-404-8439.

\$150 per participant per week ; \$125 for additional child.

Child's Name	Grade	Age	Birthday	Gender	Race	School
_____	_____	_____	_____	M/F	_____	_____

PARENT INFORMATION

Mother's Name: _____

Father's Name: _____

Mother's Address: _____

Father's Address: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Legal Guardian (If different from Parent)

Guardian Name: _____

Guardian Address: _____

Home Phone: _____

Custody/Restraining Orders

Any custody or restraining orders on persons who may attempt to pick up or have contact with your child? Circle: YES or NO

Name: _____

Address: _____

Emergency Contact Information

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

People Authorized to pick up child

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

HEALTH RECORD

Allergies or restrictions: _____

Operations/Illnesses: _____

Behavior or Special Disorders: _____

Please list ANY Medications: _____

Will the YMCA be responsible for administering medication to your child? Circle Yes or No
(If yes, you must fill out a medication request for YHMCA staff to administer medication to any child)

Family Dentist

Name: _____

Address: _____

Phone Number: _____

Family Doctor

Name: _____

Address: _____

Phone Number: _____

Health Insurance Provider

Name: _____

Group Number: _____

Name of Primary Insured: _____

Phone Number: _____

Relationship to Child: _____

In the event that I am unable to be reached and my child requires medical, surgical, or dental care, I hereby give permission for YMCA staff and the doctor's and dentist's of the clinics listed to administer medical treatment. I also agree to pay all costs and fees in conjunction with these treatments. Every effort will be made to notify parents in case of an emergency. This form will be presented upon admission for treatment.

I hereby, for myself and my children, waive and release all rights and claims for damages I may have suffered against the YMCA and any of her agencies, including any injury my child may have suffered while attending YMCA programs I have agreed to participate in or have volunteered.

I give permission for my child to have his/her picture taken, attend scheduled field trips, wear sunscreen, and wear bug repellent.

I understand that I am responsible for the program cost for each week my child is registered. Program costs are due before the child can participate in the summer sports program.

Signature: _____

Date: _____

Email address: _____