

Camp Dates: June 18 - June 22
9:00 a.m. - 3:00 p.m.
3rd grade - 6th grade
Moultrie YMCA Members \$150 per camper
Potential Member \$165 per camper



YMCA ADVENTURE CAMP Enrollment Form

Reminder: Dress appropriately for weather. Wear comfortable closed toed shoes (no sandals/flip flops or heels). Bring a water bottle, NO glass bottles. Hair should be pulled back and jewelry removed (necklaces, earrings, rings, etc.)

Child's Name	Gender	Age	Date of Birth
--------------	--------	-----	---------------

Home Address	Home Telephone
--------------	----------------

THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:

Name

Phone

PERSONS TO CONTACT IN CASE OF EMERGENCY WHEN PARENTS CANNOT BE REACHED:

Name

Phone

PARENT/GUARDIAN: _____ Date: _____



PARENTAL AGREEMENT WITH MOULTRIE YMCA ADVENTURE CAMP

The Moultrie YMCA Adventure Camp agrees to provide Camp for (child's name) _____ on Monday, June 18 through Friday, June 22 from 9:00 a.m. to 3:00 pm.

Camp Participants will have the Summer Feeding Program available for lunch.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur. For example: telephone numbers, work location, emergency contacts, child's physician, child's health status, etc.

The Moultrie YMCA Adventure Camp agrees to keep me informed of any incidents with the child, including illnesses, injuries, adverse reactions to medications, etc.

I acknowledge that I will NOT get a refund for withdrawing my child from the program.

I understand that if my child should pose a threat to himself/herself, to other children, and/or staff, and/or property I will be asked to sign a behavior report acknowledging the problem. If my child continues to pose a threat to any of the above mentioned and together we have not been able to make improvements in the child's behavior, I am aware that I might be asked to remove my child from the program.

By signing below I am stating that I understand and agree to abide by the policies and procedures for the Moultrie YMCA Adventure Camp.

PARENT/GUARDIAN: _____ **DATE:** _____

PROGRAM DIRECTOR: _____ **DATE:** _____

YOUTH Adventure Course Waiver

CHILD'S NAME _____ AGE _____ Date of Birth _____

PARENT/LEGAL GUARDIAN ONLY _____

Ethnicity: Caucasian African-American Hispanic Other: _____

YOUNG MEN'S CHRISTIAN ASSOCIATION OF MOULTRIE GEORGIA, INC., RELEASE/WAIVER FOR YMCA YOUTH

I the undersigned parent/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. If the minor is enrolled in a designated program, the parent/guardian deems that the minor is physically able and mentally prepared to participate in the activity.

In consideration of said minor being permitted to enter any facility of YOUNG MEN'S CHRISTIAN ASSOCIATION OF MOULTIRE GEORGIA, INC. (the "YMCA") for observation, use of facilities and /or equipment, or to participate in any program, I (as parent, guardian, coach, aid, spectator or participant) hereby:

1. Release the YMCA, its directors, officers, employees, agents and volunteers (collectedly "Releases:") from all liability to me or to my minor child or ward named above for any loss or damage to property or injury or death to person, whether caused by Releases or otherwise and while such minor is in or near the YMCA facilities or participating in YMCA activities at other locations.

2. I covenant not to sue Releases for any loss, damage, injury or death suffered by the above named minor and I will indemnify and hold harmless Releases and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near YMCA's facilities, whether caused by the negligence of Releases or otherwise.

3. I assume all responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releases.

4. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in Adventure Course activities and events.

5. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in YMCA activities and events.

6. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to rendered under general or special supervision of, any physician and surgeon licensed in the State of Georgia and any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.

7. I verify that weight-bearing exercises poses inherent risks to my child, including damage to bones, joints, muscles, ligaments, and tendons. I release the Moultrie YMCA, its employees and governing bodies from all liability of damage to my child. My child has agreed to abide by the YMCA Adventure Course Policies and procedures.

8. I give the Moultrie YMCA permission to take pictures of my child in his/her daily activities associated with the Moultrie YMCA and use them in publications such as but not limited to: The Moultrie Observer, Facebook, Newsletter and flyers.

I intend this document to be as broad and inclusive as is permitted by the law of the State of Georgia: If any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Parent/Legal Guardian Signature Only _____ **Date** _____

Parent or legal guardian only (cannot be signed by sibling, grandparent, neighbor, friend, etc)

Participant Information Form

Do you have any limiting physical disabilities or handicaps (temporary or permanent)? Yes () or No ()
If Yes, please explain _____

Are you currently taking medications (prescribed or otherwise, example: Cold Medication)? Yes () or No ()
If Yes, state what you're taking and for what condition _____

Do you have any allergies, reactions to medications or other medical limitations? Yes () or No ()
If Yes, please identify and explain _____

Are you allergic to bee stings? Yes () or No () If yes, do you carry an Epipen or your own medication? Yes () or No ()

Do you have any of the following conditions?

Yes () No () Seizure within the past one (1) year

Yes () No () Neck, back, shoulder, knee or ankle problems

Yes () No () High Blood Pressure or Heart Condition

Yes () No () Abnormally High Cholesterol level

Yes () No () Coronary artery by pass angioplasty

Yes () No () Unexplained chest pain, pressure, shortness of breath, heart palpitations, sweats, dizziness, or fainting

Yes () No () Kidney Transplant

Yes () No () Diabetes

Yes () No () Epilepsy

Yes () No () Asthma

Yes () No () Are you currently under a Doctor's care

Yes () No () Other

If Yes to any of these questions, please explain _____

Disclosure: The Moultrie YMCA Adventure Course programs involve a variety of activities that often include warm-ups, games, and group initiative problems; high and low ropes course elements and other rigorous physical adventure course activities. The level of participations in the Moultrie YMCA Adventure Course program activities are at times completely up to the individual's choice. Yet, there is a risk of which must be assumed by each participant that she or he may suffer injury and/or disability.

Release: The undersigned, being the participants parent or legal guardian, recognizing that there is a significant element of risk in the activities of the Moultrie YMCA Adventure Course, I do hereby release the Moultrie YMCA, it's employees and agents from any and all liability with respect to my child's participation in the Adventure Course, including, but not limited to damages to my property, injuries or death arising from the Adventure Course. I understand that the Moultrie YMCA does not provide accident or health insurance and it is my own responsibility to provide my own medical insurance coverage. I also grant the Moultrie YMCA the right to use, reproduce, assign and/or distribute photographs, films videotapes and sound recordings involving me for use in materials they may create.

Medical Treatment for Participants under the Age of 18

As with any activity, I am aware that certain risks of injury may exist. Should an injury or accident occur,

I, _____, grant permission to Moultrie YMCA and/or the operators of the Adventure Course for
(Parent or Legal Guardian only)

_____ to receive treatment by a licensed or certified medical personnel at the nearest medical
(Name of Participant)
facility. I understand that I will be called as soon as possible at the above listed phone numbers.

Parent or Legal Guardian ONLY _____ **Date** _____