



# YMCA of Greater Westfield—Camp Shepard Saturday Sampler Registration Form

## Child Information (Please Print)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender Identity \_\_\_\_\_

## Parent/Guardian Information (Please Print)

Parent/Guardian 1 First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian 2 First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email \_\_\_\_\_

## Health and Emergency Contact Information

### Relevant Past Medical History, General Information, and Restrictions

Does your child have Asthma? **Yes/No**

Does your child carry an inhaler or EPI Pen? **Yes/No**

Are there any special concerns the staff should be aware of while your child is participating in this program?

\_\_\_\_\_

Current Medications: \_\_\_\_\_

Please list any allergies the staff should be made aware of: \_\_\_\_\_

Any dietary modifications or restrictions: \_\_\_\_\_

### Authorized Pick Up Emergency Contact Information (Not parent/guardian)

First Name \_\_\_\_\_ First Name \_\_\_\_\_

Last Name \_\_\_\_\_ Last Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Primary Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_ Relationship to child \_\_\_\_\_

## Emergency Contacts and Pick Up Authorizations

In addition to parents/guardians list on the previous page, ONLY those on the Authorized Pick Up / Emergency Contact list will be allowed to pick up campers from camp. In emergency situations only, parent/guardian may give verbal and/or written permission for a individual who is not on this list to pick up child. No child will be released without emergency verbal/written permission. Please indicate if a non-custodial parent has limits on visitation or pick up. If a non-custodial parent has been denied visitation or has limited visitation by court order, a copy of the order must be given to the YMCA and kept on file at the program. By signing this form, you agree to the transportation agreement as stated above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I authorize the YMCA of Greater Westfield to use my child's photo/image for marketing and promotional purposes.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

**PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING THE YMCA OF GREATER WESTFIELD, INC. FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR**

#### Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of The YMCA of Greater Westfield's facilities, services, equipment and premises ("Facilities") and any participation in The YMCA of Greater Westfield's programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

#### Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that The YMCA of Greater Westfield, Inc., its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

\_\_\_\_\_  
Minor Name (Print Clearly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (Print Clearly)