



YMCA Summer Fun Club

This form can be used to register at the Butler-Gast YMCA only.

Child's First Name: _____ M.I. _____ Last Name: _____

YMCA Member _____ Non-member _____ Email: _____

Rates	Registration Fee	One Child/Week	Two Children/Week	Three Children/Week	Daily Rate
Members	\$20 ea.	\$100	\$180	\$252	Call the Y
Non-members	\$20 ea.	\$135	\$250	\$351	Call the Y

Please check the weeks that apply and the days your child will attend.

Weeks	Theme	Monday	Tuesday	Wednesday	Thursday	Friday
_____ May 26- 29	Boot Camp (Sarpy County not included)					
_____ June 1- 5	Mystery, Maps & Riddles					
_____ June 8- 12	Where in the world are you?					
_____ June 15- 19	YMCA Spirit Week					
_____ June 22- 26	Grossology					
_____ June 29-July 3	Stars and Stripes					
_____ July 6- 10	Splash Attack					
_____ July 13- 17	Holiday Hallabaloo					
_____ July 20- 24	Built Tough					
_____ July 27- 31	Blast from the Past					
_____ August 3- 7	In the Spot Light					
_____ August 10- 14	Camp Rewind (CB not included. Mills County program ends Aug. 12)					

PAYMENT INFORMATION

Registration fee (Non-refundable) \$20 for first child, \$5 for additional children	\$ _____
Partial Payment (Non-refundable) \$20 per child, per week registered	\$ _____
T-shirt (Indicate size below) \$8 each	\$ _____
Total	\$ _____

Parent/Guardian permission (check all that apply)

- My child has permission to swim during Summer Fun Club.
- My child has permission to swim in the deep end.
Swimming ability: Non-Swimmer _____ Fair _____ Good _____
Child must pass a deepwater test prior to being allowed to swim in the deep end each day.
- I give my child permission to participate in field trips during Summer Fun Club.
Field Trips will include both walking and bus transportation.
- I give to the YMCA, its nominees, agents and assigns, unlimited permission to use and publish testimonials, photos, videos, etc. for purposes of advertising and/or education.

Additional forms needed

A copy of your child's immunization records and a photograph of your child are needed before your child will be officially registered.

Fees

- The registration fee(s), partial-payment fee(s) and weekly fee(s) are due prior to your child's participation in Summer Fun Club.
- The registration fee is a one-time \$20 administrative fee (add \$5 for each additional child).
- A minimum \$20 partial-payment fee per child is required to secure each week's registration. Partial-payment fees are applied to the total balance owed each week. Partial-payment fees must accompany the registration form. The remaining weekly fee balance is due prior to the week(s) for which your child is attending.
- A \$10 late fee will be assessed if the balance is not paid by the due dates. A payment schedule outlining due dates will be available in May at the parent's meeting.
- All weeks are filled on a first-come, first-served basis.
- You are responsible for all fees associated with each week for which your child is registered.
- Other activities will be offered throughout the summer for an additional fee.
- In order to receive the YMCA member fee for Summer Fun Club, the participant(s) must be a YMCA member for the entire summer.

Initials: _____

Parent/Guardian Signature: _____ Date: _____

T-Shirt Size

Place the total number of shirts needed in the corresponding box.

Youth XS	
Youth S	
Youth M	
Youth L	
Adult S	
Adult M	
Adult L	
Adult XL	

Child Information & Health Form – Summer Fun Club

Child's First Name _____ **M.I.** _____ **Last Name** _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Sex _____

Birthday _____ Age _____ School _____ Grade going into _____

Mother's (or Guardian) First Name _____ **Last Name** _____

Mother's DOB _____ (We must have this to register your child)

Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Employed By _____ Address _____

Father's (or Guardian) First Name _____ **Last Name** _____

Father's DOB _____ (We must have this to register your child)

Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Employed By _____ Address _____

Family Doctor _____ **Phone** _____

Dentist _____ **Phone** _____

**In case of *EMERGENCY*, we should contact the following person(s) if parents cannot be reached:
(Please list names in order you would like them to be called)**

A. _____ Phone _____ Relation _____

B. _____ Phone _____ Relation _____

C. _____ Phone _____ Relation _____

Authorized person(s) to take child from site: (You MUST list anyone who may pick up your child, including parents or guardians and emergency contacts)

A. _____ Relation to child _____

B. _____ Relation to child _____

C. _____ Relation to child _____

Please list any additional names on an additional sheet of paper.

Please speak with the Director if there is a person that is NOT authorized to pick-up or see child.

General Health Questions:

Allergies, if any: _____

Medication, if any: _____ Possible side effects: _____

Will this medication be taken while he/she is at Summer Fun Club? Yes _____ No _____

Please note it is the parent's responsibility to supply the staff with the medication paperwork and directions.

Any known medical problems: _____

Any recent operations, accidents, broken bones, vision or hearing conditions, or illnesses we should be aware of? _____

Any special devices used (glasses, hearing aids, crutches, etc.) ? _____

Any activities child should NOT engage in ? _____

Date of last tetanus shot _____

Names and ages of child's brothers and sisters: _____

Does your child have any fears we should be aware of? (insects, water, heights, animals, etc.)

Has any event occurred that could cause an emotional concern that we should be aware of? (Death in the family, divorce, etc.)? _____

Authorization for Emergency Medical Care

I (we) expect to be notified at once in case of accident or illness to my (our) child; I (we) will make arrangements for medical care of my (our) child with the physician or hospital of my (our) choice; If I (we) cannot be reached to make the necessary arrangements, I (we) hereby authorize the YMCA to contact:

Dr. _____ at _____
Address Phone

or the nearest hospital for emergency medical treatment of _____
Child's Name

Furthermore, I certify that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children in the YMCA programs.

Parent's signature _____ **Date** _____

Please put your
child's most
recent school
picture here

TRANSPORTATION RELEASE

Parent or guardian: This form must be completed entirely as a necessary prerequisite for participation in transportation services.

The YMCA of Greater Omaha (referred to as the "Association") is funded by public support and operated by the YMCA. The participant listed is participating in a YMCA program operated by the Association. The participant listed is requesting transportation to and from programs. Transportation may be provided by a private provider, a YMCA owned and operated vehicle and/or public transportation systems in the area. I (we) the undersigned understand and authorize the YMCA to transport my child to and from activities offered by the Association. The signing of this permission slip releases and indemnifies the YMCA Association and its agents and/or employees from all liabilities, damages and any claims made by the child or on behalf of the child, including medical expenses incurred, should serious injury, loss of property, damages or death occur as a result of his/her participation in the transportation program. We fully understand the nature of the transportation services and the risk of serious injury, loss of property, damages or death associated with these services.

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA Association, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA Association premises or in any way observing or using any facilities or equipment of the Association or participating in any program affiliated with the Association whether caused by the negligence of the releases or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA Association and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Association.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE (Parent and/or Guardian)

Printed name of participant
(First, Middle, Last, Suffix (Jr./Sr./II/III))

Signature of parent or guardian

Date of signature

Other names used by parent or guardian
(Maiden/Previous Married/Alias/Nicknames)