



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OPTIONAL DAY/CAMP

YMCA of Greater Long Beach REGISTRATION PACKET

Unit ID # _____

Location: (please choose *only one*)

- Fairfield Family YMCA
4949 Atlantic Ave.
Long Beach, CA 90808
- Lakewood Family YMCA
5835 E. Carson St.
Lakewood, CA 90713
- Los Altos Family YMCA
1720 N. Bellflower Blvd.
Long Beach, CA 90815
- Los Cerritos Family YMCA
15530 Woodruff Ave.
Bellflower, CA 90706

OPTIONAL DAY / CAMP REGISTRATION



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PARTICIPANT INFORMATION

Participant's First Name:			Participant's Last Name:		YMCA Site:
Date of birth:	Age:	Sex: M F	Grade:	School District Enrolled:	Ethnicity:
Home address:			City:	State:	Zip Code: Home Phone Number:
Child Lives With (circle one) Mother Father Both 50/50 Other:			First Person To Be Contacted:		Contact Person's Phone Number:

PARENT OR GUARDIAN INFORMATION

(The "Responsible Party" is the parent/guardian enrolling the child and is responsible for payment of fees, signing releases, authorizing individuals to sign out the child and making any changes to the child's participation in the program.)

Responsible Party's First and Last Name:		Date of birth:	Relationship to child:		
Home address:		City:	State:	Zip Code:	Cell Phone Number:
Employer Name:	Work Phone:	Email Address:			

Other Parent's First and Last Name:		Date of birth:	Relationship to child:		
Home address:		City:	State:	Zip Code:	Cell Phone Number:
Employer Name:	Work Phone:	Email Address:			

SIGN OUT / EMERGENCY CONTACT INFORMATION

The following individuals have my **unrestricted** permission to sign the above-named child out from the YMCA program and should be contacted in an emergency when I cannot be reached. Please notify the Program Director in advance in writing if an individual not listed will be picking up your child. **(Minimum of two required)**

Name	Phone #1	Phone #2	Relationship to Child	Pick-Up	Emergency
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

The following individuals are **restricted** from signing out my child due to a court-issued restraining order *(A certified copy of the official court documentation must be submitted and on file with the YMCA).*

Name:	Name:
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PROGRAM PARTICIPATION PLAN

OPTIONAL DAY / CAMP REGISTRATION



FOR YOUTH DEVELOPMENT
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Participant Grade:

- K – 2nd
- 3rd & Up

Please choose an option below:

- Daily (Please circle needed days for each week)
Mon Tues Wed Thu Fri
- Weekly

SPECIAL NEEDS OR ACCOMODATIONS

Please list so that we may provide your child with the best possible care.

Refunds or credits will not be given for time unused, with the exception of time missed due to illness in excess of three days and accompanied by a Doctor’s note. No refunds or credits will be given for absences due to disruptive behavior.
(Please refer to the Refund Policy on page 9 of the Parent Handbook)

SIGNATURES

I authorize the verification of the information provided on this form. I acknowledge that I have received a copy of the Parent Handbook and am responsible for the information it contains, including but not limited to program policies, procedures and financial obligations.

Parent/Legal Guardian Name (please print):	Parent/Legal Guardian Signature:	Date:
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Health History

(Please check appropriate box and give approximate dates.)

Diseases or Conditions:

	YES	NO	DATE
Ear Infection			
Rheumatic Fever			
Heart Condition			
Convulsions			
Diabetes			
Hypertension			
Sleepwalking			
Bedwetting			
Mononucleosis			
Chicken Pox			
Measles			
German Measles			
Mumps			
Asthma			
Bleeding			
Clotting			

Allergies:

	YES	NO	DATE
Hay Fever			
Poison Ivy			
Insect Sting			
Penicillin			
Other Meds.			

Foods

Operations or Serious Injuries:

Date

Disabilities, Illnesses, or Behavior Considerations restricting child from participating in camp activities:

Date

Dietary Modifications:



YMCA OF GREATER LONG BEACH RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, and/or branch affiliates, its directors, officers, employees, and agents (hereinafter referred to in this waiver as "releasees") from all liability to the undersigned or such children and all his or her 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 or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program or activity affiliated with the YMCA. YMCA shall not be liable for any damages arising from any act or neglect of any other member, occupant, or user of the YMCA premises or participant in YMCA programs or activities.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, claims and/or damage, liens, judgments, penalties, attorneys' and/or consultants' fees, expenses and/or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program or activity affiliated with the YMCA whether caused by negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children, due to negligence of releasee or otherwise, while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program or activity affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California 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 parties agree that the County of Los Angeles, State of California is the appropriate venue for the enforcement or interpretation of this waiver and in the event of litigation, the prevailing party shall be entitled to his/her/their attorney fees and costs from the losing party.

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

I give permission for the YMCA to use any pictures taken for future promotion purposes.

Applicant (Child) Name: _____ Date of Birth: ____/____/____ Gender: M / F
First Name Last Name

Address: _____
Street Unit# City State Zip Code

Phone: _____ Home / Cell / Work / Other E-mail: _____

Emergency Contact: _____ Phone: _____ Relationship: _____
First Name Last Name

I HAVE READ AND UNDERSTAND THIS RELEASE

Signature of Applicant

Date

Signature of Applicant's Parent/Guardian (if under 18)

OFFICE USE ONLY

Staff Initial Receiving Waiver

Date

Authorization/Waiver and Consent to Treat Form

1. I give permission for my child to participate in activities, and field trips.
2. In the event that I cannot be reached in an emergency, I hereby give permission to the Physician selected by the Director to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for my child as named above.
3. The undersigned, as parent or legal guardian of the child registered on this form, hereby authorizes the YMCA and its delegated leaders and directors to consent to any medical and hospital care, (which may include but not be limited to x-rays, anesthesia, surgery, hospital care and dental work), to be rendered to said minor upon the advice of a licensed physician or dentist. This authorization is given pursuant to the provisions of the California Medical Practice Act. It is understood that if time and circumstances reasonably permit, the YMCA will endeavor, but is not required, to communicate with me prior to such treatment.
4. I understand that I am responsible for the medical care fees if my child should be injured at the YMCA, or during any YMCA activity and / or field trip.
5. I hereby give the YMCA of Greater Long Beach permission with respect to photographs, videos, motion pictures, and/or sound recordings being taken of my child to use, publish, and republish in the same, in whole or in part, on the YMCA website or in YMCA printed materials, separately or in conjunction with other photographs or recordings. I release and discharge the YMCA of Greater Long Beach from any claims and demands arising out of or in connection with the use of such photographs, videos, motion pictures and/or recordings.
6. I have read and understand the above and have completed the information to the best of my ability.
7. **I have received and read the Summer Day Camp Parent Handbook and agree to abide by the rules documented in this handbook.**

Signature of Parent or Legal Guardian

Date

YMCA Health Policies and Procedures

The YMCA does not carry accident or injury insurance for program participants. Therefore, you the parent or legal guardian, or your health insurance must cover all medical expenses resulting from any injury incurred by your child at the YMCA or in a YMCA program.

If your child is injured at the YMCA or in a YMCA program, the staff will take whatever steps necessary to obtain emergency medical care if warranted.

These steps may include but are not limited to:

1. Attempt to contact the parent, legal guardian, and/or emergency contact,
2. If we cannot contact anyone, we may do any or all of the following:
 - Call the paramedics/ambulance
 - Take, or have your child taken to, an emergency hospital-accompanied by a YMCA staff member-for diagnosis and/or treatment

We will not administer any product that is not in its original container and clearly marked by the manufacturer or pharmacy. All medication for any child, along with written instructions for administering must be given to your child's Day Camp Director or Site Director. We will not administer over the counter medication.

If your child becomes ill at the YMCA, he/she will be isolated from the other children and you will be contacted to pick up your child immediately. **Please make sure to inform the YMCA of any changes in phone numbers or emergency contacts.**

Consent to Treatment

I, the undersigned parent or legal guardian of _____ a minor, do hereby authorize the YMCA of Greater Long Beach and the Lakewood Family YMCA, and their staff, as agents for the undersigned, to consent to any x-ray examination, anesthetic, dental, medical, or surgical diagnosis or treatment and hospital care which is advised by, and is to be rendered under general or specific supervision of any licensed physician, dentist, surgeon, or hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

I understand this authorization is given in advance of any specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of the State of California.

Signature of Parent or Legal Guardian

Date

Please list the following information:

Insurance Carrier _____ Policy # _____

Family or Child's Physician _____ Phone # _____

Physician's Address _____ City _____ Zip Code _____

Please list the medication, dosage, and times to be administered by YMCA staff to your child

(You must fill out an additional sheet at the sign-in table):

Medication Name: _____ Dosage: _____ Time: _____

**YMCA OF GREATER LONG BEACH
ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND
INDEMNITY AGREEMENT**

Adult Member/Participant Name _____

(Please Print)

Child Member/Participant Name _____

(if applicable)

(Please Print)

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of the YMCA of Greater Long Beach (the "YMCA") and/or for my children listed above to so participate for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, on behalf of himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges, agrees and represents that he or she has inspected and carefully considered such premises, equipment and facilities and/or the affiliated program and that the undersigned finds and accepts same as being safe and reasonably suited for the use or participation by the undersigned and such participating children.

In addition, the undersigned acknowledges that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including several cases in Long Beach and Los Angeles County, California. In accordance with the most recent guidance and protocols issued by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), and the Los Angeles County Department of Public Health (together, the "Public Health Agencies") for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of the YMCA (other than any exclusively online services and programs) within 14 days after (i) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice, (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, or (iii) exposure to any person who has a suspected or confirmed case of COVID-19. The CDC Travel Health Notices list is updated regularly and currently includes China, Iran, South Korea, and most of Europe. The undersigned agrees to check the CDC Travel Health Notices list (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>) prior to utilizing the facilities, services, and programs of the YMCA, on a daily basis if necessary. The undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of the YMCA if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify the YMCA immediately if he or she believes that any of the foregoing access/use restrictions may apply.

The YMCA has taken certain steps to implement recommended guidance and protocols issued by the Public Health Agencies for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above. The undersigned acknowledges and agrees that the YMCA may revise its procedures at any time based on updated recommended guidance and protocols issued by the Public Health Agencies and further agrees to comply with the YMCA's

revised procedures prior to utilizing the facilities, services, and programs of the YMCA. The undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by the YMCA, social distancing of 6 feet per person among children and their caregivers in a childcare setting is not possible. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of the YMCA and acknowledges that use thereof by the undersigned and/or such participating children may, despite the YMCA's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH PARTICIPATING CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, volunteers and agents (hereinafter referred to as "Releasees") from all liability to the undersigned or such participating children and all personal representatives, assigns, heirs, and next of kin of the undersigned or such participating children for any loss or damage, and any claim or demands on account of any property damage or any injury to, or an illness or the death of, the undersigned or such participating children (or any person who may contract COVID-19, directly or indirectly, from the undersigned or such participating children) whether caused by the negligence, active or passive, of the Releasees or otherwise while the undersigned or such participating children are in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned expressly and knowingly waives all rights under California Civil Code Section 1542, which provides: **"A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party."**

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, of the Releasees or otherwise while the undersigned or any participating child is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned understands and agrees that the YMCA is not required to provide insurance to cover the undersigned or such participating children in the event they suffer illness, injury, death, property loss, theft or damage of any sort upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

The undersigned agrees and acknowledges that use of the YMCA facilities and services, and participation in the YMCA programs, may involve inherent danger and risk, including, without limitation, the risk of physical illness or injury, death or property damage. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF ILLNESS, BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such participating children due to negligence, active or passive, of Releasees or otherwise while in, about or upon the premises

of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA. The undersigned acknowledges that any illness or injuries that the undersigned or such participating children contract or sustain may be compounded by negligent first aid or emergency response of the Releasees and waive any claim in respect thereof.

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

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM THE YMCA IN CASE OF ILLNESS, INJURY, DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO COVID-19 AT ANY YMCA FACILITY OR PROGRAM AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS. IF SIGNING ON BEHALF OF MINOR: I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I REPRESENT AND WARRANT TO THE YMCA THAT I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

I have read and understand the terms of this Assumption of Risk, Release and Waiver of Liability, and Indemnity Agreement and agree to its terms.

Signature

Date

Emergency Contact Name

Emergency Contact Number