

Hartley Drive YMCA

2010 Summer Sports Camps

Child's Name _____ Age (on June 1, 2010) _____ Birthdate ____/____/____
 Address _____ City _____ State ____ Zip _____
 Gender _____ Home Phone _____ - _____ - _____ E-Mail _____
 Dad's Name _____ DOB _____ Mom's Name _____ DOB _____
 Dad's Alternate Phone _____ Mom's Alternate Phone _____
 School Child Attends _____ Ethnicity _____ *For United Way purposes*

Please check the camp(s) in which your child is participating.

- | | |
|--|---|
| <input type="checkbox"/> Volleyball (June 21-25)

<input type="checkbox"/> Tennis 1 (June 21-25)

<input type="checkbox"/> Tennis 2 (July 12-16)

<input type="checkbox"/> Tennis 3 (August 2-6)

<input type="checkbox"/> Cheerleading/Dance 1 (June 28-July 2)

<input type="checkbox"/> Cheerleading/Dance 2 (July 19-23)

<input type="checkbox"/> Cheerleading/Dance 3 (August 9-13)

<input type="checkbox"/> Speed and Agility (July 5-8) | <input type="checkbox"/> Alternative Sports (July 12-16)

<input type="checkbox"/> Flag Football (June 28-July 2)

<input type="checkbox"/> Arts and Crafts 1 (July 12-16)

<input type="checkbox"/> Arts and Crafts 2 (August 2-6)

<input type="checkbox"/> Dreams in Motion (July 19-23)

<input type="checkbox"/> Soccer (July 26-30)

<input type="checkbox"/> All-Sports (August 2-6)

<input type="checkbox"/> Basketball Camp (August 9-13) |
|--|---|

I, the undersigned, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition to participation by me or my children in YMCA activities, on my behalf and on behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children might make against the YMCA, its sponsors, officers, employees, volunteers, or contractors as a result of participating in YMCA activities or using its facilities. I further agree to indemnify the YMCA against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by my children or me. I have read this authorization, waiver, and release, understand it, and am voluntarily signing it. This form, after being signed by the parent/guardian, must be reviewed for completeness and signed by the director/designee prior to the child receiving care. The director/designee shall have the parent/guardian review and initial the form when any changes/updates are made. **By signing below I acknowledge have received, read and will comply with the YMCA Member/Participant Code of Conduct.**

Date ____/____/2010

Signature _____