

RANCHO FAMILY YMCA
IT'S FOR EVERYBODY
We build strong kids, strong families, strong communities.



The YMCA of San Diego County serves all people regardless of age, gender, race, color, national origin, religion, ethnicity, or disability. Questions regarding this policy may be directed to Vice President, Human Resources, (619) 292-4034.

Last Name (Please Print)

**EACH PARTICIPANT
REQUIRES A SEPARATE
REGISTRATION FORM**

PARTICIPANT'S FIRST NAME		LAST NAME			
ADDRESS		CITY		ZIP	
DATE OF BIRTH	AGE	EMAIL		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
CUSTODIAL PARENT/GUARDIAN (IF MINOR)		HOME PHONE		PAGER/CELLULAR	
OCCUPATION				WORK PHONE	
SECOND PARENT/GUARDIAN (IF MINOR)		HOME PHONE		PAGER/CELLULAR	
OCCUPATION				WORK PHONE	
THE FOLLOWING INDIVIDUALS ARE AUTHORIZED TO PICK UP MY CHILD AND ARE TO BE NOTIFIED IN CASE OF EMERGENCY, IF PARENT/GUARDIAN NOT AVAILABLE					
1. EMERGENCY CONTACT		RELATIONSHIP		PHONE	
2. EMERGENCY CONTACT		RELATIONSHIP		PHONE	
FAMILY PHYSICIAN		LOCATION		PHONE	
HEALTH INSURANCE CO.	POLICY NUMBER			NAME OF INSURED	

List any allergies and describe reaction: _____

Describe any current health conditions requiring medication, treatment, special restrictions or considerations at camp: _____

Describe any past operations, serious injuries, diseases or other conditions requiring medical treatment: _____

**PLEASE SIGN YOUTH PARTICIPANT UP FOR THE FOLLOWING PROGRAMS:
(YOUTH REGISTRATION ONLY)**

NAME OF PROGRAM	SESSION #	START DATE	DAY	TIME	FEE

TOTAL PAID TODAY →

CHECK # _____ OR PLEASE CHARGE \$ _____ TO MY CREDIT CARD

CARD NUMBER _____ EXP. DATE ____ / ____

SIGNATURE _____

CREDIT/REFUND POLICY:

When you register your child for a class with us, we assume the responsibility of scheduling staff in accordance with our child/staff ratios. Therefore, if you must cancel out of a class, please do so before the program begins. **No credits or refunds will be issued after the program begins.** If you cancel your reserved space before the session begins, you may request one of the following (subject to program director approval):

1. **Transfer** to another Rancho Family YMCA program.
2. **Credit** towards a future Rancho Family YMCA program (may be used for any child in family).
3. A **Refund**, subject to a \$10 processing fee.

**MEMBERSHIP DUES & CAMP DEPOSITS
ARE NON-REFUNDABLE
UNDER ANY CIRCUMSTANCES.**

■ BRANCH RELEASE /WAIVER FOR YMCA YOUTH (MINORS)

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor being permitted to enter any branch of the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above in any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby:

1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document.
2. Release the YMCA, it's directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA's branch; whether caused by the negligence of Releasees or otherwise.
4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
5. 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 be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of 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. I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Parent/Guardian Signature

Date

■ PHOTOGRAPHIC WAIVER/CONSENT

I, _____ give my permission to the YMCA of San Diego County (YMCA) to use my picture or other likeness, or a picture or other likeness of any of my children, specifically, _____, in the YMCA's general publicity and campaign materials.

Parent/G Parent/Guardian Signature

Date

■ BRANCH RELEASE/WAIVER FOR YMCA ADULTS

In consideration of being permitted to enter any branch of the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation in any program, I hereby:

1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purpose intended and (iv) I voluntarily sign this document.
2. Release the YMCA, it's directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while I am in or near any YMCA branch.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to my presence in, upon or near the YMCA branch/ whether caused by the negligence of Releasees or otherwise.
4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date