

Office Use Only
Date Received



YMCA/DESD PartnerSports Camp July 10-20, 2017 Camper application

Registration will be limited to 50 campers and 50 partners.

Campers must be ages 8-21 (over 18 will required a background check)

PLEASE PRINT CLEARLY and FILL OUT COMPLETELY

Participant's First Name _____ Last Name _____
Sex: Male Female Age _____ Date of Birth _____
Mailing Address _____ City _____ Zip _____
School _____ Grade ____ (after this summer)
Home Telephone: _____ T-Shirt Size: _____
Circle **Adult** or **Youth**

Do you have an I.E.P.? (Check for Yes)

Special health needs and/or food allergies notes. Please include allergy and medication information (including info about seizure disorders or heat sensitivities), and please list any medications that will need to be administered at camp: _____

Please briefly describe your camper's strength's, interests, and challenges. Please include information about your camper's preferred communication style, motor or vision impairments, and/or sensory sensitivities. _____

Does your camper require toileting assistance? Yes No **(If yes, the family will need to provide assistance)**

Campers are offered three options to participate (Please Check 1):

- Week One Only (July 10-13)
- Week Two Only (July 17-20)
- Both Weeks: (July 10-20)

Because campers are involved in many physical activities both indoors and outdoors, it is important that they are capable of safely participating in camp. We require physical screening of all campers for medical clearance. A medical release form will be sent to campers once their application is accepted. This is for the safety of the campers and those around them.

Mother/Guardian Name _____ Work or Cell phone: _____
Father/Guardian Name _____ Work or Cell phone: _____
Email: _____
Emergency Contact _____ Emergency Phone _____ Relation _____

**Emergency contact is required.
Campers will not be allowed to participate without this portion of the application completed.**

Parent or Guardian signature

Date

Please return to the DESD.

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YMCA/DESD PartnerSports Campers are ages 8 – 21; Partners are ages 12 – 21.

Please initial to indicate agreement with the following three items:

- I give my permission for camp leadership to speak with school teachers and counselors to prepare the best possible camp experience for my camper.
- I understand that my child may be photographed, videotaped, or interviewed during this event. I hereby authorize Douglas ESD, YMCA, or any media outlet to reproduce and publish my child's name, photographic image or recorded voice. I understand that neither I nor my child shall receive any payment from Douglas ESD or YMCA because of the use of my child's image or recorded voice in any publication or broadcast.
- I support the Central Douglas County Family YMCA philosophy, which is based on participation, fun, physical fitness, and health, skill building, teamwork, fair play, family involvement and volunteer leadership.

RELEASE FROM LIABILITY

In consideration of the right to participate in YMCA/DESD PartnerSports Camp, I waive the right to any and all claims against the Central Douglas County Family YMCA (YMCA) for damages, losses, or injuries suffered by my participating minor child or by me as a participant that arise from this program, including a release of any claims that may be caused in whole or in part by the negligence of the YMCA, its agents, directors, or employees. On behalf of myself, my spouse, my heirs, executors, or assigns, I hereby agree to assume those risks associated with participating in this program and to hold harmless the YMCA and/or its agents for damages suffered by me or my minor child. I also agree to indemnify the YMCA for expenses (including defense and other costs) associated with any claim of damages, injury, or death arising from my or my minor child's participation in this program.

I hereby certify that the participant named on the opposite side of this application form is in normal health and capable of participation in this program. I assume all risks incidental to participation in this program and for transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for the participant in the event that the adult participant is incapacitated or that the parent/guardian or emergency contact cannot be reached.

I understand that the YMCA does not carry accident insurance on its members or participants. All expenses incurred in the treatment of injuries due to accident will be the responsibility of the adult participant or the minor participant's parents/guardians.

I am a legally competent adult (18 years or older) who is responsible for the above named participant.

I have read and agree with the above statements.

Signature of Legally Responsible Adult

Date

Relationship to participant (circle one):

Parent

Legal guardian

Mail completed application form to:

YMCA/DESD PartnerSports Camp • 1871 NE Stephens St, Roseburg, OR 97471