



CENTRAL CONNECTICUT COAST YMCA Sports Clinic Registration & Release Form

Participant's First Name _____ Last _____ Boy ___ Girl ___

Address _____ City _____ State ___ Zip _____

Date of Birth _____ Age entering camp yrs. ___ mos. ___ Grade entering in Sept. ___ Child lives with _____

Parent # 1 _____ Parent # 2 _____

Home Address _____ Home address _____

Please Check Which Phone Number You Would Like Used As Primary Contact Number

Home Phone # () _____ Home Phone # () _____

Cell Phone # () _____ Cell Phone # () _____

Work Phone # () _____ Work Phone # () _____

Parent/Guardian E-Mail Address (camp info will be sent via e-mail) _____

If parent cannot be reached, give name and relationship of person to be called in case of emergency.

Name: _____ Relationship: _____

Home # () _____ Work # () _____ Cell # () _____

Does your child require special accommodations (social, behavioral, medicine)? No ___ Yes ___ Will you be providing an individualized care plan? Yes ___ No ___

Parent/Guardian Permission:

I hereby give permission for my child to participate in all activities (including field trips) that are part of the camp program. I understand there are risks associated with camp activities and programs in which my child is a participant. I hold the Y Branch, the Central Connecticut Coast YMCA, its employees, representatives, agents, and assigns from any and all claims whatsoever against said parties resulting from or caused by my child's participation. I grant permission to have my child transported to one the YMCA's other facilities in case of inclement weather. I also grant permission for any pictures taken of my child while at camp to be used for publicity and promotional purposes.

Sunscreen/Bug Spray Release:

I hereby give permission for the YMCA to apply sunscreen and/or bug spray to my child. I will supply sunscreen and/or bug spray for my child as well as apply to my child every morning. The YMCA is NOT responsible for lost or stolen bottles of sunscreen/bug spray. (Please label containers).

Guardian Authorization:

In order to ensure the well-being of all our campers and our ability to help you with picking up your child, please include every person that could assume the custody of your child for any unforeseen circumstances. The YMCA WILL require photo I.D. to release any child to an authorized pick up person listed on this form. I authorize the YMCA to release my child to the custody of the following people other than me:

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

The YMCA is required to permit either parent to pick up the child unless the YMCA is furnished with a copy of a court order to the contrary. Please list below any persons not authorized to pick-up this camper and attach a copy of the court order.

Name: _____ Relationship _____

Name: _____ Relationship _____

I understand that the Central Connecticut Coast Young Men's Christian Association, Inc. (the "Parent Company") and all of its branches are a charitable organization that makes its programs and facilities available to persons only on the condition that they agree to assume full responsibility for injury and damage. Therefore in exchange for acceptance of the child in the YMCA programs, I release, on behalf of the child, myself and members of the child's family, the YMCA, the Parent Company, and officers, directors, employees and volunteers from all claims of damage or loss to the child's property and claims of personal injury or property damage caused to others by the child, including injury or damage to YMCA property or personnel. I understand the financial requirements, registration, payment obligations and deadlines as outlined in the Summer Camp Brochure.

I have read the above and agree to the terms and conditions.

Signature of Parent/Guardian _____

Date _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**LAKWOOD-TRUMBULL YMCA
Sports Clinic Registration Form**

Sports Clinic Fees:
Facility Members \$100
Community Members \$160

Directions: Please check the box next to the program your child will be attending.

<u>Soccer and T-Ball 4-6 yrs</u> <input type="checkbox"/> June 24 th - June 27 th <input type="checkbox"/> July 22 nd - July 25 th	<u>Basketball & Hockey 4-7 yrs.</u> <input type="checkbox"/> July 1 st - July 5 th <input type="checkbox"/> July 29 th - August 1 st	<u>Fort Building & Adventure 7-9 yrs.</u> <input type="checkbox"/> July 1 st - July 5 th <input type="checkbox"/> July 29 th - August 1 st	<u>Junior Tennis Clinic 6-9 yrs.</u> <input type="checkbox"/> July 8 th - July 11 th <input type="checkbox"/> July 22 nd - July 25 th <input type="checkbox"/> August 5 th - August 8 th
<u>Tennis & Frisbee Golf 4-7 yrs.</u> <input type="checkbox"/> July 15 th - July 18 th <input type="checkbox"/> August 12 th - August 15 th	<u>Five Sport Mix 4-9 yrs.</u> <input type="checkbox"/> July 8 th - July 11 th <input type="checkbox"/> August 5 th - August 8 th	<u>Intermediate Tennis Clinic 10-13 yrs.</u> <input type="checkbox"/> July 8 th - July 11 th <input type="checkbox"/> July 22 nd - July 25 th <input type="checkbox"/> August 5 th - August 8 th	

PLEASE TOTAL THE AMOUNT ABOVE AND PRINT IN THE AMOUNT BELOW

Enclosed: Amount \$ _____
 Check # _____
 Charge To: MasterCard Visa
 Card # _____ Expiration Date _____ Signature _____

Office Use Only
 Paid _____
 Date _____
 Initial _____

MAIL COMPLETED & SIGNED FORM TO: LAKWOOD-TRUMBULL YMCA P.O. BOX 89 MONROE, CT 06468