

# YMCA PartnerSports Camp

## July 13 – 23, 2009: Camper/Partner application

YMCA Member

Community Member

Registration will be limited to 40 campers and 40 partners. If accepted, a \$20 registration fee will be required. Registration fee includes one month of YMCA youth/young adult membership. Financial assistance is available.

### 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)

Telephone Home: \_\_\_\_\_

Are you applying to be a partner interested in working with youth with disabilities?  (Check for Yes)

If you are applying to be a camper, do you have an I.E.P.?  (Check for Yes)

Special health needs and notes: \_\_\_\_\_

Please describe your camper's disability (for example, Down syndrome, autism, etc.) \_\_\_\_\_

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.*

Would you like to receive the YMCA newsletter by email?  (Check for Yes)

By signing this application, you are acknowledging that you are aware that your camper has a disability and that he or she must have a valid physical to attend YMCA PartnerSports Camp. Partners (campers without disabilities) do not require a physical, but do require a parent or guardian signature.

\_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
Date

**You must also complete and sign the opposite side of this form.**

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YMCA PartnerSports campers are ages 8 – 21; partners are ages 12 – 18.

Partner training is July 9 and 10, 2009.

Medical and swimming assessment for campers is held on July 10, 2009.

**Please initial to indicate agreement with the following three items:**

- I give my permission for camp leaders to speak with school teachers and counselors to prepare the best possible camp experience for my camper.
- I give my permission to the Central Douglas County Family YMCA to use, for publicity purposes, pictures taken of the participant.
- 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 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 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 PartnerSports Camp • 1151 Stewart Parkway • Roseburg, OR 97471

*For Office Use Only: Receipt # \_\_\_\_\_ Receipt Date: \_\_\_\_\_ Total: \$ \_\_\_\_\_*