Mission Valley YMCA & Toby Wells YMCA Program Registration Form

Mission Valley: 619-298-3576 • Fax: 619-298-9262 **Toby Wells:** 858-496-9622 • Fax: 858-496-8950

Participants Name: _____ *(Please Print Clearly)*

Address:_____ **City:**_____ **Zip Code:**_____

Age: _____ **Birth Date:**_____ **Home Phone:**_____

Work/Cell Phone: _____ **Email Address:** _____ *(Please Print Clearly)*

Facility (Please choose one): [X] **Mission Valley YMCA** [ ] **Toby Wells YMCA**

Session Dates:	Program Name:	Day/Time:	Amount Paid
EXAMPLE: July 6-30	Preschool 1	T/Th 11:25-11:55	
FALL 2014 SOCCER	CIRCLE OTA TEAM 1, 2, OR 3		LEAGUE REGISTRATION: $40
Old Town Academy &	Team 1: Ages 5 & 6		PRACTICE SESSIONS: $160*
the YMCA	Team 2: Ages 7 - 9		
	Team 3: Ages 10-12^		

* No Practice Sessions fee if you are already signed up for Afterschool Soccer

Make Checks payable to Old Town Academy

Payment Method: ❒ Cash ❒ Check Enclosed ❒ Visa ❒ MC ❒ Discover ❒ American Express

Credit Card Number: _____ **Expiration:** _____

Name on card: _____

Parent/Guardian Signature:_____ **Date:** _____

- Y-Vouchers or refunds will **NOT** be issued for missed or sick days.
- Transfers and cancellations will be accepted up to 10 days prior to start of session without penalties.

^ OTA Students 13 and up may register directly with the YMCA to play in the 13-17 league)

I have read and fully understand the Transfers/Y-Voucher/Refund policy outlined in the program guide. ____ initials

NOTE: For Sports Registration – Assessment card required in addition to this form.

Faxed registrations do not guarantee a space in the class. Please be sure to call and verify registration.

MEDICAL FORM MUST BE UPDATED EVERY 6 MONTHS.

MISSION VALLEY YMCA
5505 Friars Road
San Diego, CA 92110
619-298-3576
www.missionvalley.ymca.org

YMCA PROGRAM MEDICAL FORM

CHILD INFORMATION

Please print in ink

Child's Name				
Birthdate (MM/DD/YYYY) / /	**School**	**Grade**	**Age**	☐ Female ☐ Male
Home Address		**E-mail**		
City/State/Zip		**Home Phone**		
Parent/Guardian		**Cell Phone**		
Place of Business		**Work Phone**		
Parent/Guardian		**Cell Phone**		
Place of Business		**Work Phone**		

CHILD RELEASE AUTHORIZATION/EMERGENCY CONTACTS

Persons Authorized to Pick Up Child from Facility:

Name **Relationship** **Home/Work/Cell Phone**

1. _____ ☐ Pick-up ☐ Emergency
2. _____ ☐ Pick-up ☐ Emergency
3. _____ ☐ Pick-up ☐ Emergency
4. _____ ☐ Pick-up ☐ Emergency

Persons Unauthorized to Pick Up Child:

1. _____
2. _____

Child in Custody of: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian ☐ Other _____

Child Lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian ☐ Other _____

YMCA OF SAN DIEGO COUNTY 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 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/Guardian Signature Date

HEALTH INFORMATION

Name of Health Insurance Company
Policy Number
Family Doctor Name
Phone Number
Dentist/Orthodontist Name
Phone Number

IMMUNIZATION HISTORY

ARE YOUR CHILD'S IMMUNIZATION CURRENT/UP TO DATE?

State of California School Immunization Law requires enforcement of immunization requirements

☐ YES	☐ NO	IF EXEMPT, PLEASE SUBMIT COPY OF WAIVER

DATE OF LAST TETANUS SHOT / /

HEALTH HISTORY

Is the child currently taking medication? ☐ YES ☐ NO

Medications administered during camp require a completed MEDICATION RELEASE FORM

List any conditions requiring special consideration, accommodations or restrictions while at camp:

List any past medical treatment that may affect participation in camp?

List any activities from which the camper should be exempted for health reasons:

ALLERGIES /DIETARY RESTRICTION

Check all that apply:

☐ Hay Fever ☐ Peanuts
☐ Insect Sting ☐ Poison Ivy, etc.
☐ Penicillin ☐ Other

CONDITIONS REQUIRING CONSIDERATION

Check all that apply:

☐ ADHD ☐ Bleeding Disorders
☐ Asthma ☐ Diabetes
☐ Seizures ☐ Other

YMCA OF SAN DIEGO COUNTY MEMBER/PARTICIPANT ETHNICITY TRACKING TOOL

(Optional): This voluntary information will be used for statistical purposes in order to enable our YMCA to provide quality services to our community members.

☐ White/Caucasian ☐ Native American Indian ☐ Black/African American
☐ Hispanic/Latino ☐ Asian/Pacific Islander ☐ Multi Cultural

PRIMARY LANGUAGE

☐ English ☐ Spanish ☐ Other