



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ONE DAY CAMPS ARE BACK!

One Day Camp
EMBARCADERO YMCA



SFUSD may be closed but we're open and ready to have some serious camp fun. Commute downtown with your camper to the Embarcadero YMCA! While you work, we'll be exploring the city and enjoying camp activities like Arts & Crafts, songs and games all while in the company of highly-skilled, passionate staff!

Camp Dates:

January 23rd: Pump it Up!
February 17th: Movie Magic!
February 20th: Art in the City!
March 16th: Mad Science!
April 6th: Park Explorers!
April 23rd: Animal Adventures!

Faculty Member: \$50
Program Member: \$60

Come in and register at the membership desk today!

For more information, please contact:

Katie Keers
Youth & Teen Coordinator
415 615 1344, ckeers@ymcasf.org

YMCA of San Francisco
169 Steuart Street
San Francisco, CA 94105
415 957 9622
www.ymcasf.org/embarcadero

Embarcadero YMCA

One Per Child



**FOR YOUTH DEVELOPMENT
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One Day Camp

Participant's Name:

Parent/Guardian Name(s):

Sex: M F

Birth Date:

Home Address:

Contact Information:

Home Phone:

Work Phone:

Cell Phone:

E-mail Address:

School:

Membership Type:

Facility # _____

Program # _____

Signing up for:

January 23rd: Pump it Up!

February 17th: Movie Magic!

February 20th: Art in the City!

March 16th: Mad Science!

April 6th: Park Explorers!

April 23rd: Animal Adventures!

(Note: There is a required minimum of 7 campers for Embarcadero YMCA to run this camp. Families will be notified within a week of camp session of any camp cancellations.)

Registration available the day of camp.

Time: 7:30 AM - 6:00pm

**Location: Embarcadero YMCA
169 Stuart Street
San Francisco, CA 94105**

Ages: K-5th

Cost:

Facility Member - \$50/day

Program Member - \$60/day

(Note: Payment is due at registration and are non-refundable or transferable. Refunds or transfers will only be issued if camper minimum is not met.)

Total:

Program Membership: _____

If needed (\$50/Child or \$75/Family)

Annual Giving Campaign Contribution (optional): _____

(Your tax deductible contribution helps provide after school care for children in need.)

**Full Payment Due
Upon Registration**

Office Use Only

Staff taking registration packet initials _____

Staff entering into computer initials _____

WINTER CAMPER CONFIDENTIAL MEDICAL CONSENT FORM

General Information

Camper's Name: _____

Birth Date: _____

Address: _____ City _____ State _____ Zip _____

Gender _____ School Attending _____ Grade _____

Medical Consent Information

This information is kept completely confidential. If you are a two parent home, please put the parent not listed in this section in the "Emergency Contacts/Person Authorized" section in order to avoid confusion during drop-off and pick-up.

Parent/Guardian living with camper: _____ E-mail: _____

Employer: _____ City & State: _____ Zip: _____

Relationship: _____ Phone (daytime): _____ (evening): _____

Emergency Contacts/Persons Authorized to pick up participants.

Parent/Guardian will be contacted first in the event of an emergency.

Name: _____ Relationship: _____

Phone (day): _____ evening): _____

Name: _____ Relationship: _____

Phone (day): _____ evening): _____

Name: _____ Relationship: _____

Phone (day): _____ evening): _____

Dates of the most current immunization for the following:

Tetanus Booster: _____ Tuberculin Test: _____

Which of the following has your child had:

Appendicitis Asthma Diabetes Measles Mumps Tonsillectomy Chicken Pox

Chronic/Recurring Illness: _____ Other: _____

List any allergies: _____

Family doctor: _____ Preferred hospital: _____ Phone: _____

Medical Insurance: _____ Policy#: _____

Daily Medications: _____

Does child have a disability (physical, developmental or learning)?

Any other restrictions that might limit his/her ability to succeed in camp? _____

How does your child relate to his/her peers? _____

Any problems that we should know about or Buddy Preference? _____

How many years has child attended camp? How does he/she feel about attending? _____

Child's major interests or hobbies? _____

Are there any dietary restrictions that your child follows? _____

Do you have any other suggestions for your child's group leader that will help them work better with your child?

YMCA of San Francisco
Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation of use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment there on and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OF USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA, its directors, officers, employees and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY. DEATH OR PROPERTY DAMAGE to the undersigned or such children due to the negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Medical Release: The YMCA of San Francisco assumes no financial obligation for such treatment but, in the event that the release cannot be reached for an emergency, the releasee gives permission to the physician selected by the director to hospitalize, secure proper treatment for and to order injections and emergency treatment for releasee's child as named on this form.

I HAVE READ ALL OF THE ABOVE PERTAINING TO THIS RELEASE:

Date: _____

Signature of Guardian: _____

Print Name of Guardian: _____

Print Name of Child in Program: _____