



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# LEADERSHIP ENTREPRENEURSHIP ATHLETIC DEVELOPMENT

## YMCA SUMMER LEAD CAMP

### THE DETAILS:

- Registration Opens : May 1
- Registration Fee
  - \*YMCA Member: \$90/week
  - \*Community Member: \$100/week
- For students entering 6th Grade to those entering 9th Grade in 2018
- June 4 - July 27
- Hours - Monday through Friday  
7:30 am - 1:00 pm
- YMCA will provide lunch

\*Limited to 15 participants

\*Questions? Contact Beth Oseroff @  
[boseroff.ymca@sbcglobal.net](mailto:boseroff.ymca@sbcglobal.net)



# LEAD CAMP 2018

DATE: \_\_\_\_\_

CAMPER NAME: \_\_\_\_\_

YMCA MEMBER: \_\_\_\_\_

COMMUNITY MEMBER: \_\_\_\_\_

GENDER: M \_\_\_ F \_\_\_

DOB: \_\_\_ / \_\_\_ / \_\_\_

GRADE in Fall 2018: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

CELL: \_\_\_\_\_

WORK/HOME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

CELL: \_\_\_\_\_

WORK/HOME: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE #: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

*The YMCA Summer Camp strives to reach a 10/12:1 camper to counselor ratio*

*Individualized care is not provided*

## LIABILITY RELEASE FORM

By signing this form, I agree and acknowledge the following: I am familiar with the policies of Summer Camp and the physical activities which my child (ren) is enrolled to participate and understand that the activities may include physical contact, strenuous physical exercise and could result in personal injury. Knowing these risks, I hereby waive, release, and discharge the YMCA of Callaway County, its employees and agents from all claims, injuries, damages, or actions of any kind of nature arising out of my son/daughter's participation in Summer Camp activities or use of the facilities that may be brought by myself and anyone who might make a claim on my behalf arising out of participation activities, services, or equipment provided by YMCA, notwithstanding the negligence of YMCA of Callaway County, its trustees, officers, employees, or agents.

I do hereby further declare my child(ren) to be physically sound and suffering from no conditions or illness that would prevent my participation in any activities of the YMCA of Callaway County. I acknowledge that my child(ren) have either had a physical examination and have been given my physician's permission to participate, or that I have decided they can participate in this activity without the approval of my physician. I have read and I agree with the terms and conditions of Summer Camp as it relates to my son/daughter and certify that all information on the above application is true.

I hereby irrevocably release, consent and allow the YMCA of Callaway County and its agent to use my photograph/likeness/voice, including all persons as listed, as it pertains to my participation with the YMCA, in any manner for promotional efforts without exception for any reimbursement in connection with its use.

PARENT PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Did you know that you can have your payments auto drafted? Payments can be set up for any date you would like and can be easily deleted if plans change.**

**PLEASE INDICATE IF YOU WOULD LIKE TO AUTO DRAFT**

**\_\_\_ WEEKLY \_\_\_ MONTHLY \_\_\_ OTHER**

***To receive camp information directly to your cell phone, please subscribe to Textcaster by visiting our website [www.ymcaofcallaway.org](http://www.ymcaofcallaway.org)***

**QUESTIONS?? Contact Beth Oseroff at [boseroff.ymca@sbcglobal.net](mailto:boseroff.ymca@sbcglobal.net)**