

2009-2010 YWCA Mini-Camp Enrollment Form

Today's Date ___/___/___ First Day of Care ___/___/___ Gender: M F Ethnicity: W H B Other Age: _____

Camper's Name _____ **Birth Date** ___/___/___ **Home Phone** _____

Child's Address _____ City _____ State _____ Zip _____

Mother/Guardian Name _____ Home Phone _____

Address (if different) _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Father/Guardian Name _____ Home Phone _____

Address (if different) _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Emergency Contact Name _____ Home Phone _____

Address (if different) _____ Cell Phone _____

Place of Employment _____ Work Phone _____

I hereby authorize YW-Care to allow my child to leave the day care facility ONLY with the following persons. The YWCA must be notified if someone other than those listed will be picking up your child.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Physician's Name _____ Address _____ Phone _____

or

Hospital/Emergency Center _____ Address _____ Phone _____

Does your child have health insurance? Yes No If yes, who is the provider? _____

List any medical issues your child may have (such as allergies, existing illnesses, injuries during the past 12 months, previous serious illnesses or injuries, or medication prescribed for long-term, continuous use) and any other information that the staff should know and/or that might limit his/her participation in activities. _____

My child attends the following school, where his/her current immunization, hearing/vision screenings, and tuberculosis records are on file.

School Name: _____ Address _____ Phone _____ Fall 09 Grade _____

I give my child permission to attend YWCA Camp do the following (circle Yes or No below).

- Yes No Be transported by the YWCA to and from program site for field trips.
- Yes No Participate in water activities such as swimming, canoeing, and fishing.
- Yes No Be photographed, videoed, and/or interviewed while participating in YWCA activities for YWCA and/or United Way publicity (no compensation will be given).

If I cannot be reached in case of an emergency, I do authorize a representative from the YWCA of Lubbock to utilize ambulance services to care for my child and to give consent to a physician and/or hospital for emergency medical and/or surgical treatment. It is understood that every effort will be made to reach me before such action is taken, but that my child's life is the first priority.

It is also understood that neither the YWCA of Lubbock nor its representatives assumes any financial responsibilities for any expenses that might be incurred for said medical treatment.

I understand that continued attendance in YWCA programs is subject to the child's behavior reflecting respect for the safety and well-being of all participants and staff.

The U.S. Department of Agriculture policy prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and, where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

Signature of Parent/Guardian _____ **Date** _____