



2019 YMCA CAMP PLATTE REGISTRATION

Child: First Name _____ MI _____ Last Name _____

YMCA Member Non Member Email _____ Enrollment Date _____

YMCA CAMP PLATTE

COST PER WEEK

Nature Buddies (6-7 years)	Member: \$215	Non member: \$240
Wilderness Pals (8-12 years)	Member: \$215	Non member: \$240
Riders (8-12 years)	Member: \$240	Non member: \$265
Shooting Sports Camp (10-15 years)	Member: \$225	Non member: \$250

Deposit
To secure a spot for YMCA Camp Platte, a \$20 per child/week non-refundable deposit is required.

CHOOSE YOUR WEEKS: Please check the weeks that apply.

Weeks	Theme (You must select one)			
June 3-7	<input type="checkbox"/> Nature Buddies	<input type="checkbox"/> Wilderness Pals	<input type="checkbox"/> Riders	<input type="checkbox"/> Shooting Sports Camp
June 10-14	<input type="checkbox"/> Nature Buddies	<input type="checkbox"/> Wilderness Pals	<input type="checkbox"/> Riders	<input type="checkbox"/> Shooting Sports Camp
June 17-21	<input type="checkbox"/> Nature Buddies	<input type="checkbox"/> Wilderness Pals	<input type="checkbox"/> Riders	<input type="checkbox"/> Shooting Sports Camp
June 24-28	<input type="checkbox"/> Nature Buddies	<input type="checkbox"/> Wilderness Pals	<input type="checkbox"/> Riders	<input type="checkbox"/> Shooting Sports Camp
July 8-12	<input type="checkbox"/> Nature Buddies	<input type="checkbox"/> Wilderness Pals	<input type="checkbox"/> Riders	<input type="checkbox"/> Shooting Sports Camp
July 15-19	<input type="checkbox"/> Nature Buddies	<input type="checkbox"/> Wilderness Pals	<input type="checkbox"/> Riders	<input type="checkbox"/> Shooting Sports Camp
July 22-26	<input type="checkbox"/> Nature Buddies	<input type="checkbox"/> Wilderness Pals	<input type="checkbox"/> Riders	<input type="checkbox"/> Shooting Sports Camp
July 29-August 2	<input type="checkbox"/> Nature Buddies	<input type="checkbox"/> Wilderness Pals	<input type="checkbox"/> Riders	<input type="checkbox"/> Shooting Sports Camp

YMCA Camp Platte Bus Stop Schedule (Please check which bus stops you plan on using)

Week	Southwest	Armbrust	Maple Street	Sarpy
June 3-7	<input type="checkbox"/>	<input type="checkbox"/>		
June 10-14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 17-21	<input type="checkbox"/>	<input type="checkbox"/>		
June 24-28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 8-12	<input type="checkbox"/>	<input type="checkbox"/>		
July 15-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 22-26	<input type="checkbox"/>	<input type="checkbox"/>		
July 29-Aug 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT AGREEMENT

Scheduled Payments: Weekly Payments must be scheduled at time of registration. Payments will be withdrawn automatically 3 days prior to the camp start date.

DEBIT/CREDIT CARD INFORMATION

Card Type (check one): Visa Mastercard American Express Discover

Last 4 of credit card _____ (Card must be presented at time of registration)

Please use the account the YMCA has on file. Last 4 of credit card _____

Please note:

Returned payments will be assessed a \$10 return payment fee and may be electronically collected. Camp Fees not collected will be referred to an outside collection agency.

Attendance: I understand I am responsible for payment of all weeks registered, whether my child attends or not. I also understand that my child cannot attend if payment has not been made. All weeks are filled on a first come, first serve basis.

•The registration fee is a one time \$25 administrative fee.

•A non-refundable \$20 deposit per child/per week is required to secure your child's spot at time of registration. The remaining weekly fee is due 3 days prior to the week of camp your child is attending.

•Registration fee and deposits are non-refundable.

Signature _____ Date _____

I'D LIKE TO SPONSOR A KID WITH A CAMPSHIP

Many of our campers attend Summer Day Camp each week on scholarships. We could not provide this to these families without help from people like you. Make a difference for a child & family in need.

By checking this box, I give the YMCA permission to add \$ _____ to my payment for a one-time tax deductible contribution to the Strong Communities Campaign.

CHILD INFORMATION & HEALTH FORM

Child: First Name _____ MI _____ Last Name _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Gender _____

Birthday _____ Age _____ School _____ Grade in the Fall _____

ANY KNOWN ALLERGIES/INTOLERANCES (food, insects, pollens, etc.) _____

Details: _____

ANY KNOWN SPECIAL NEEDS OR HEALTH ISSUES? _____

Medication, if any _____ Possible side effects _____

Will this medication be taken while he/she is at camp? YES NO If yes, please speak with the director.

Any recent operations, accidents, broken bones, vision or hearing conditions, or illnesses we should be aware of? _____

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REGISTRATION INFORMATION

How did you hear about us? _____

Mother's (or guardian) First Name _____ Last Name _____ Mother's DOB _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Employed by _____ Address _____

Father's (or guardian) First Name _____ Last Name _____ Father's DOB _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Employed by _____ Address _____

Name of Family Doctor _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name of Dentist _____ Phone _____

Address _____ City _____ State _____ Zip _____

Family's Annual Income

0-\$14,999

\$15,000-\$24,999

\$25,000-\$34,999

\$35,000-\$49,999

\$50,000-\$74,999

\$75,000+

Unknown

Ethnic Background

Hispanic or Latino

Not Hispanic

Unknown

Race

Native American

Asian

Black

Pacific Islander

White

Other

Unknown

**In case of EMERGENCY, we should contact the following person(s)
if parents cannot be reached:**

(Please list names in order you would like them to be called)

A. Name _____ Phone _____

Address _____ Relation _____

B. Name _____ Phone _____

Address _____ Relation _____

C. Name _____ Phone _____

Address _____ Relation _____

**PLEASE PUT
YOUR CHILD'S
MOST RECENT
SCHOOL
PICTURE HERE**

AUTHORIZED PERSON(S) TO TAKE CHILD FROM SITE:

(You **MUST** list anyone who may pick up your child, including parents, guardians and emergency contacts)

A. Name _____ Relation to child _____

B. Name _____ Relation to child _____

C. Name _____ Relation to child _____

Please list any additional names on an additional sheet of paper.

Please speak with the Director if there is a person that is **NOT** authorized to pick up or see the child.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I (we) expect to be notified at once in case of accident or illness to my/our child; I/we will make arrangements for medical care of my/our child with the physician or hospital of my/our choice; If I/we cannot be reached to make the necessary arrangements, I/we hereby authorize the YMCA to contact:

Dr. _____ at _____
PREFERRED HOSPITAL ADDRESS PHONE

or the nearest hospital for emergency medical treatment of _____
CHILD'S NAME

Furthermore, I/we certify that my child is, to my/our knowledge, in good health and free of disabilities that would endanger him/her or other children in the YMCA programs.

Parent's signature _____ Date _____

**MEDICATION PERMISSION AND
COMPETENCY**

I _____ have
determined that the YMCA staff is competent to give or apply
medication to my child(ren). I understand that YMCA has the
responsibility to assess the ability of staff to give or apply
medication safely and may give or apply medications to my
child.

Parent Signature:

Date: _____

Parent/Guardian Permission (check all that apply)

- I give my child permission to participate in field trips during camp. **Field Trips will include both walking and bus transportation.**
- I give to the YMCA, its nominees, agents and assigns, unlimited permission to use and publish testimonials, photos, videos, etc. for purposes of advertising and/or education.

Signature

TRANSPORTATION RELEASE

Parent or guardian: This form must be completed entirely as a necessary prerequisite for participation in transportation services. The YMCA of Greater Omaha (referred to as the "Association") is funded by public support and operated by the YMCA. The participant listed is participating in a YMCA program operated by the Association. The participant listed is requesting transportation to and from programs. Transportation may be provided by a private provider, a YMCA owned and operated vehicle and/or public transportation systems in the area. I (we) the undersigned understand and authorize the YMCA to transport my child to and from activities offered by the Association. The signing of this permission slip releases and indemnifies the YMCA Association and its agents and/or employees from all liabilities, damages and any claims made by the child or on behalf of the child, including medical expenses incurred, should serious injury, loss of property, damages or death occur as a result of his/her participation in the transportation program. We fully understand the nature of the transportation services and the risk of serious injury, loss of property, damages or death associated with these services.

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA Association, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, 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 or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.

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 in, upon, or about the YMCA Association premises or in any way observing or using any facilities or equipment of the Association or participating in any program affiliated with the Association whether caused by the negligence of the releases or otherwise.

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

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State 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.

I HAVE READ THIS RELEASE (Parent and/or Guardian)

_____ Printed name of participant
(First, Middle, Last, Suffix (Jr./Sr./II/III))

_____ Signature of parent or guardian

_____ Date of signature

_____ Other names used by parent or guardian
(Maiden/Previous Married/Alias/Nicknames)

YMCA CAMP PLATTE TRAIL RELEASE

By signing my name at the bottom of this Release, for and in consideration of the opportunity to ride a horse provided by this state park, I agree to pay for this ride and further agree as follows:

- 1) That I know and understand that this horse riding activity is a walking ride only (no galloping) and involves specific risks of property damage or personal injury or death to me or to my minor child arising from approaching, handling, mounting, riding, and dismounting the horse and from observing or participating in this activity; that I know and understand that a horse, irrespective of its training and usual past behavior and characteristics, may act or react unpredictably at times based upon instinct or fight which is likewise, is an inherent risk assumed by a horseback rider.
- 2) That I hereby release and forever discharge the State of Nebraska, its agents, and employees all present and future claims arising from personal injury or property damage sustained by me or by my minor children during the use of the horse, and I shall assume all risk related to horseback riding.
- 3) That I waive my right to file and promise not to file any legal proceedings against the State of Nebraska, its agents, or employees for any personal injury or property damage sustained by me or my minor children during this activity; and I shall pay all costs and attorney's fee from any legal proceeding which I may bring contrary to this agreement and which is resolved in favor of the State of Nebraska, its agents, or employees.
- 4) That I sign this Release Agreement for and in consideration of the agreed price, and I hereby request the State of Nebraska, its agents or employees to chose for me and my minor children a horse for the purpose of riding, same knowing that the Sate of Nebraska, its agents, or employees are relying upon this Release Agreement and the information that I have given to them concerning my experience and that of my minor children with horses, including the potential hazards involved.
- 5) That I have read the foregoing release and sign it freely with full knowledge of its meaning and content.
- 6) No double riding.
- 7) No one under the age of 8 years old may ride.
- 8) No refunds for any reasons.

Parent/Guardian Signature: _____ Date: _____