Child: First Name ___________________________________ MI __________ Last Name ___________________________________
[ ] YMCA Member  [ ] Non Member  Email ____________________________________________________ Enrollment Date ______

YMCA CAMP PLATTE - FULL WEEKS

COST PER WEEK

<table>
<thead>
<tr>
<th>Activity</th>
<th>Member: $</th>
<th>Non member: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature Buddies (6-7 years)</td>
<td>215</td>
<td>240</td>
</tr>
<tr>
<td>Wilderness Pals (8-12 years)</td>
<td>225</td>
<td>250</td>
</tr>
<tr>
<td>Riders (8-12 years)</td>
<td>250</td>
<td>275</td>
</tr>
<tr>
<td>Shooting Sports Camp (10-15 years)</td>
<td>240</td>
<td>265</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Week</th>
<th>Nature Buddies</th>
<th>Wilderness Pals</th>
<th>Riders</th>
<th>Shooting Sports Camp</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 6-10</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>July 13-17</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>July 20-24</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>July 27-31</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Week</th>
<th>Southwest YMCA</th>
<th>Armbrust YMCA</th>
<th>Maple Street YMCA</th>
<th>Sarpy YMCA</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 6-10</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>July 13-17</td>
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<tr>
<td>July 27-31</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
</tr>
</tbody>
</table>

YMCA CAMP PLATTE - DAY EXPERIENCES

CHOOSE YOUR DAYS: Please check the days that apply. Cost: Member: $65/child/day • Non member: $85/child/day

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ June 1</td>
<td>☐ June 2</td>
<td>☐ June 3</td>
</tr>
<tr>
<td>☐ June 8</td>
<td>☐ June 9</td>
<td>☐ June 10</td>
</tr>
<tr>
<td>☐ June 15</td>
<td>☐ June 16</td>
<td>☐ June 17</td>
</tr>
<tr>
<td>☐ June 22</td>
<td>☐ June 23</td>
<td>☐ June 24</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>June 1</th>
<th>June 2</th>
<th>June 3</th>
<th>June 8</th>
<th>June 9</th>
<th>June 10</th>
<th>June 15</th>
<th>June 16</th>
<th>June 17</th>
<th>June 22</th>
<th>June 23</th>
<th>June 24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armbrust</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Southwest</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
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 $25 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 for full weeks and $10 for day experiences.
• 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 CAMPERSHIP

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 of reactions: _____________________________

Action steps if exposed: _____________________________

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? _____________________________

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)

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Address</th>
<th>Relation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation to child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Please speak with the Director is 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 ______________________________

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 it’s 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 of Greater Omaha
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself 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 and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs 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. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as “releasees”) 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 therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees 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.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees 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 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.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to 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 forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law 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

__/__/__   ______________________

date               participant #1 signature

I HAVE READ THIS RELEASE

__/__/__   ______________________

date               participant #2 signature
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 by 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 State 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.

Child Name:___________________________________________________________________________________________________________________________________

Parent/Guardian Signature:______________________________________________________________________________________ Date: ___________________