

2008 Kent County YMCA/JF Deering Middle School Summer Program Registration

**Please complete the attached registration form and return to the main office
by Friday June 12th.**

Child's Name: _____ Date of Birth: _____ Age: _____

Female: [] Male: [] Grade Entering in Sept. 2009: _____

All program options are described on the Summer Program flyer.

Activities are only for Deering Middle School students who were in grades 6-8 during the 08-09 School Year.

Please contact Aimee Falso, Program Director, with any questions. 401-265-3411, afalso@gpymca.org

- Yes No My child will attend **Shake It Up** July 6th—10th
- Yes No My child will attend **We Got the Beat** July 13th—17th
- Yes No My child will attend **Weird Science** July 20th—24th
- Yes No My child will attend **Future's So Bright** July 27th—31st

My child receives _____ Free Lunch—I agree to pay \$25 per week
_____ Reduced Lunch—I agree to pay \$30 per week
_____ Full-pay Lunch—I agree to pay \$35 per week

- Yes No I am interested in more information about an extended care program which would run until 4:30.

My child will get home by: _____ walking _____ parent/guardian pick-up
_____ friend's parent _____

Number of weeks attending: _____ x Amount per week _____ = Total Amount Due: _____

Deposit of \$10 per week required with registration. Balance due before first day of program.

Amount included: \$ _____ Please bill me: \$ _____

*Cash and checks accepted. Checks can be made payable to the Kent County YMCA.
Please contact Aimee Falso if you would like to speak about financial assistance.*

If you're attending **Future's So Bright**, what are 3 jobs you would like to learn more about?

1. _____

2. _____

3. _____

For Office Use Only

Registration received on: _____ By: _____

Total Due: _____ Payment received: _____ Check # _____ Cash _____ By: _____

Balance Due: _____ Payment received: _____ Check # _____ Cash _____ By: _____

2009 Kent County YMCA/John F. Deering Middle School Summer Program Application

Child's Name: _____ Date of Birth: _____ Age: _____
Female: [] Male: [] Grade Entering in Sept. 2009: _____
Child's Address: _____ City/Town: _____
Zip: _____ Phone: _____ YMCA Member: Yes _____ No _____

Mother/Guardian Name: _____ **Father/Guardian Name:** _____
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Daytime Phone: _____ Cell Phone: _____ Daytime Phone: _____ Cell Phone: _____
Employer: _____ Employer: _____
Work Phone: _____ E-Mail: _____ Work Phone: _____ E-Mail: _____

*Is there any court order relating to the child's custody or release? Yes [] No []
If yes, please provide a copy of the court order.*

Parent/Guardian (s) will be contacted first

Emergency Contact Pick Up #1 (other than parent/guardian)

Name: _____

Relationship: _____ Phone #: _____

Emergency Contact Pick Up #2 (other than parent/guardian)

Name: _____

Relationship: _____ Phone #: _____

Additional Pick up Authorization Names

1. Name: _____ Phone: _____ Relationship to Child: _____

2. Name: _____ Phone: _____ Relationship to Child: _____

3. Name: _____ Phone: _____ Relationship to Child: _____

4. Name: _____ Phone: _____ Relationship to Child: _____

PERMISSION TO USE PHOTOGRAPHS

I hereby give the YMCA, and its employees or agents, permission to take, copyright, use, and publish photographs of or concerning me (and/or my children or wards, if under the age of 18) for purpose of the business of the YMCA, including without limitation, the preparation of promotional materials for the YMCA, including materials prepared for the purpose of fundraising.

Parent/Guardian Signature: _____ Date: _____

WAIVER OF LIABILITY

The Greater Providence YMCA recommends that all youth have an examination by a licensed physician prior to participating in YMCA sponsored activities. The purpose is to discover any condition that would make it dangerous for the child to participate in strenuous YMCA sponsored activities and to protect other participants from communicable diseases. In accordance with Section 7-6-21 of the Rhode Island General Laws (entitled) "Exemption from Liability to participants in sponsored athletic or sports events," I hereby waive any liability that the Greater Providence Young Men's Christian Association (YMCA), its officer, directors, trustees, agents, servants or employees shall not be liable for any bodily injury incurred by my child while participating in any contest or exhibition of athletic or sports nature sponsored by the YMCA.

In consideration of admittance I authorize the Kent County YMCA to arrange for medical examination and/or treatment for my child should an emergency arise at the Camp. It is understood that a conscious effort will be made by the Camp to contact me at the emergency number I have provided before any medical action is taken.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Important: Please be aware that the signatures on this application are the only persons authorized to make changes. This includes adding or deleting pick-up names.

2009 Kent County YMCA/John F. Deering Middle School Student Health History Form

Name: _____ Birth date: __/__/____ Gender: M F Age: ____

Name of Parent/Guardian: _____ Home Phone: _____ Work/Cell Phone: _____

Address: _____

If I am not available in an emergency, please notify (Name): _____ (relationship): _____

Home Phone: _____ Work/Cell Phone: _____

INFORMATION TO BE PROVIDED BY PARENT/GUARDIAN

Please circle any conditions that your child has experienced.

Allergies

- Bees
- Peanuts
- Seafood
- Hay fever
- Poison Ivy
- Poison Oak
- Penicillin
- Other Medications: _____

Other Foods: _____

Conditions

- Frequent Ear Infections
- Heart Defect/Disease
- Convulsions
- Diabetes
- Bleeding/Clotting Disorders
- Hypertension
- Mononucleosis
- Psychiatric Disorders
- Seizures
- Asthma

Diseases

- Chicken Pox
- German Measles
- Measles
- Mumps

1. Please list any medications your camper is currently taking, including the dose, prescription and times: _____

(An additional medication release form must be completed prior to any medication being dispensed)

2. Please list all known allergies: _____

3. Please list any behavior, medical or emotional issue we should be aware of _____

4. Please list the date and nature of any operations or serious injuries: _____

5. Please describe any disability or chronic or recurring illness: _____

6. Please list any activities encouraged or limited by the physician: _____

7. Please describe any dietary modifications or considerations: _____

8. Hospital Preference: _____ Phone: _____

9. Name of Physician: _____ Phone: _____

Parent/Guardian Acknowledgment

This health history is correct, as far as I know, and the person herein described has permission to engage in all prescribed camp activities excepted as noted. I hereby give permission to the medical personnel selected by the camp director to order routine tests, x-rays, treatment and necessary transportation for the individual named above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child named above.

In accordance with Section 7-6-9 of the Rhode Island General Laws "Exemption from Liability to Participants in Sponsored Athletic or Sports Events", I hereby waive any liability against the Greater Providence YMCA, its officers, directors, trustees, agents, servants or employees. They shall not be held liable for any bodily injury incurred while my child is participating in any activity sponsored by the Kent County YMCA, except for injury occasioned by an employee's intentional behavior, assault or reckless disregard.

Parent/Guardian Signature: _____

Date: _____