

YMCA OF SOUTHWEST ILLINOIS
DAY CAMP
WAIVER AND RELEASE OF LIABILITY AGREEMENT

Camper's Name _____ Age _____ (as of 5/1/2011)

IN CONSIDERATION FOR THE ABOVE NAMED MINOR (OR THE PERSON SO INDICATED IN THE PARTS OF THIS FORM) BEING PERMITTED TO PARTICIPATE IN CAMP ACTIVITIES THAT MAY BE CONSIDERED TO HAVE A HIGHER THAN NORMAL ELEMENT OF RISK, I AGREE TO THE FOLLOWING WAIVER, RELEASE AND INDEMNIFICATION.

I apply for said minor to participate in the YMCA Day Camp activities. These may include, but not limited to: horseback riding, high ropes course, low ropes course, zip line, giant swing, climbing wall, rock climbing, target sports, archery, canoeing, swimming, hiking, biking, sports and skate sports. These are I understand that these activities may expose him/her to greater-than-normal risk due to the characteristics of the activity and uncontrollable nature of surrounding elements. These risks may include equipment malfunction, loss of control, collisions, and obstacles, variation of terrain, and unexpected actions by horses or by other people. I understand that participants may act in a negligent manner that can contribute to injury of themselves or others, such as failing to maintain control, not acting within his or her abilities, or not following rules and instructions. These risks can result in injury or death.

THE UNDERSIGNED PARENT, GUARDIAN, OR CUSTODIAN OF THE ABOVE MINOR HEREBY JOINS IN THE FOREGOING WAIVER AND RELEASE AND HERBY RELEASES, DISCHARGES AND COVENANTS FOREVER NOT TO SUE THE YMCA of Southwest Illinois, THEIR DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS, FOR LIABILITY FROM ANY AND ALL LOSS OR DAMAGE, PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH WHETHER CAUSED BY ANY NEGLIGENCE, EITHER ACTIVE OR PASSIVE OF THE YMCA OR OTHERWISE.

Further, I represent that the above minor has no health or physical condition other than what is listed below, that will interfere with any of the above-listed activities or cause him/her to be more susceptible to injury than the average person. If any health or physical conditions are present, they are listed below. *Health or physical condition limitations may include recent injuries or surgeries, medications, diagnosed or undiagnosed behavioral conditions, and mental or physical limitations.*

(Please list any health or physical limitations or conditions below):

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT. I HAVE READ AND EXPLAINED THIS FORM TO THE ABOVE-NAMED MINOR.

Date: _____

Signature of Parent, Guardian or Custodian of Minor

Print Name of Parent, Guardian or Custodian of Minor

Date: _____

Signature of Minor

Activities on the above-mentioned list from which the minor should be excluded:



LAST NAME _____

YMCA DAY CAMP HEALTH & PERMISSION FORM

Child's Name _____	Nickname _____
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Address _____	City _____	Zip _____
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Home Phone () _____	Birthdate ____/____/____ Age _____	Grade entering this fall: _____
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Mother's or Guardian's Name _____	Home Phone () _____
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Home Address (if different) (Street, City, State, Zip) _____

Employed by _____	Hours of Employment: From _____ To _____
-------------------	--

Business Phone () _____	Pager or Cell Phone () _____
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Mother's Email Address _____	Father's Email Address _____
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Father's or Guardian's Name _____	Home Phone () _____
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Home Address (if different) (Street, City, State, Zip) _____

Employed by _____	Hours of Employment: From _____ To _____
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Business Phone () _____	Pager or Cell Phone () _____
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Marital Status of Parents (please circle one) Married Not Married

If not married who has custody of your child? _____
In the case of an emergency, either parent may be contacted unless custodial documentation on file states otherwise.

PLEASE MARK ALL YMCA LOCATIONS WHERE YOUR CHILD IS ATTENDING THIS SUMMER

<input type="checkbox"/> CMT-Maryville	<input type="checkbox"/> Downtown Belleville	<input type="checkbox"/> East Belleville	<input type="checkbox"/> Monroe County
<input type="checkbox"/> O'Fallon	<input type="checkbox"/> Outdoor Center	<input type="checkbox"/> Cahokia	<input type="checkbox"/> Red Bud

HEALTH HISTORY

Please indicate in the appropriate area if your child had or has any of the following:

Diseases	Medical	Allergies	Adaptive Equipment
<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Ear Infection	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Glasses
<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Poison Ivy	<input type="checkbox"/> Hearing Aid
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures	<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Wheelchair
	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Communication Device
		<input type="checkbox"/> Food	<input type="checkbox"/> Other _____
		<input type="checkbox"/> Other	

Please describe any reaction your child may have to the above listed allergies:

Please list any medications presently being taken by your child:
(A Medication Authorization form will need to be completed if a medication is needed to be given during the camp)

Please describe any chronic or recurring medical conditions:

Please tell us anything else we should know to help us provide the best care for your child:

IMMUNIZATIONS & DATES

<input type="checkbox"/> DPT	<input type="checkbox"/> Booster	<input type="checkbox"/> Tetanus Booster	<input type="checkbox"/> Polio OPV
<input type="checkbox"/> Typhoid	<input type="checkbox"/> Measles Vaccine	<input type="checkbox"/> Other	

Name of Family Physician _____	Phone _____
Insurance Company _____	Policy # _____

**IN THE EVENT OF AN EMERGENCY, EVERY EFFORT IS MADE TO CONTACT THE PARENTS.
 YOUR CHILD WILL BE TAKEN TO THE CLOSEST HOSPITAL.**

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Signature of Parent, Guardian or Custodian of Minor

Print Name of Parent, Guardian or Custodian of Minor

Date: _____

Signature of Minor

Activities on the above-mentioned list from which the minor should be excluded:



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF SOUTHWEST ILLINOIS

Financial Assistance Checklist

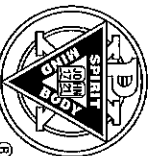
Thank you for taking the time to complete the scholarship application process. We will not be able to accept the application without all required documentation from the checklist completed in its entirety. A temporary membership card will only be issued once all required documentation is submitted.

Documents needed	Member Initials	Staff Initials upon receipt
Completed Application; signed and dated with both income and expenses filled out in its entirety.		
Most recent income tax return (Not W-2 form)		
Documentation of Income: Last two paycheck stubs, food stamps, social security, alimony, child support etc.		
If applicant is unemployed: Official Unemployment Letter with eligible benefits or Denial Letter		
Documentation of dependents if they are not listed on tax return (under the age of 18)		
Membership Card completed and signed on back		
Minimum requirements for renewal eligibility: <ul style="list-style-type: none"> • 8 visits per household per month in order to renew membership • Program enrollment: during a 7 week session, no more than 3 program absences in order to enroll in the following session 		

Staff initials when received in full _____ Date _____



YMCA OF SOUTHWEST ILLINOIS
Membership Application Form



*SHADED AREAS ARE FOR OFFICE USE ONLY

Branch		Age Group		Gender		Symptoms		Amount	
PRIMARY MEMBER									
First Name		MI	Last Name		Notes:				
Gender	Birth Date	Ethnic Origin		Email Address		<input type="checkbox"/> Group Exercise <input type="checkbox"/> Water Aerobics <input type="checkbox"/> Fitness Center <input type="checkbox"/> Running/Walking <input type="checkbox"/> Swimming <input type="checkbox"/> Family Activities <input type="checkbox"/> Adult Sports <input type="checkbox"/> Youth Sports <input type="checkbox"/> Teen Programs <input type="checkbox"/> Child Care <input type="checkbox"/> Summer Camp <input type="checkbox"/> Schools Out <input type="checkbox"/> Volunteering <input type="checkbox"/> Board of Directors <input type="checkbox"/> Community Rel.			
Street		Home Phone		City State Zip Cell Phone Work Phone					
Employer		Work Phone		Employer Work Phone					
SPOUSE/2nd ADULT or PARENT/GUARDIAN OF YOUTH MEMBER									
First Name		MI	Last Name		Family #				
Gender	Birth Date	Ethnic Origin		Email Address		Birth Date Gender Ethnic Origin Family #			
Employer		Work Phone		Employer Work Phone					
DEPENDENTS									
First Name		MI	Last Name		Birth Date Gender Ethnic Origin Family #				
Emergency Contact (Someone other than household member)		Name		Phone Number					

UNITED WAY STATISTICAL INFORMATION (This information will assist the YMCA in securing United Way funding.)

Household Income: Below \$9,999 \$10,000-\$14,999 \$15,000-\$19,999 \$20,000-\$29,999 \$30,000-\$49,999 \$50,000-\$99,999 \$100,000+

Ethnic Origin: Caucasian African-American Asian-Pacific Islander Native American Hispanic Other

CONDITIONS OF MEMBERSHIP/PROGRAMS

Member Health: The applicant(s) represents that he/she is in physically sound condition and understands that participation in YMCA activities including but not limited to: group exercise, weight training, recreational sports, and use of pools, spas, saunas, steam rooms and fitness equipment carry a potential risk of injuries or illness. The applicant further understands that the YMCA of Southwest Illinois assumes no responsibility for any such injury or illness. Consult with your physician before beginning any exercise program.

Member Conduct and Right to Use the Facility: The applicant(s) agrees to abide by all policies and procedures of the YMCA of Southwest Illinois and its branches; and understands that failure to act in accordance with these rules may result in expulsion from the YMCA and revocation of the membership.

Membership Terms and Conditions: All memberships and membership fees are non-refundable and non-transferable. Membership cards are the property of the YMCA of Southwest Illinois and must be surrendered should membership be terminated.

Property Loss: The applicant(s) understands that the YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities, including parking lots, or while participating in YMCA programs.

Photograph Permission: For adequate sufficient consideration the receipt of which is hereby acknowledged, the applicant(s) hereby gives permission for the YMCA to use, without limitation, photographs, film footage or tape recordings which may include the applicant(s) image or voice for purposes of promoting or interpreting YMCA programs.

Insurance: The applicant(s) understands that the YMCA does not provide any accident or health insurance for its members or participants and further understands it is the applicant's responsibility to provide such coverage.

Medical Treatment: The applicant(s) gives permission for YMCA staff or volunteers to provide emergency medical treatment, and to arrange for transport to an emergency center for treatment. Also, the applicant(s) consents to medical treatment deemed immediately necessary or advisable by a physician.

Cell Phone Policy: In consideration of the privacy of our members and to ensure their safety, cell phone use at the YMCA is restricted to specified areas. Cell phones cannot be used in the locker room or in the fitness center.

Release of Liability/Participation: I am an adult age 18 or older and wish to participate in YMCA activities. In addition, if applicable, I give permission for my dependents to participate in YMCA activities. I understand the risk associated with these activities and assume such risk. Therefore, in exchange for the YMCA allowing me, and if applicable, my spouse and my dependents to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA, its employees, its boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to my/our participation in YMCA activities whether on or off the YMCA's premises.

PRIMARY MEMBER SIGNATURE

Date



YMCA OF SOUTHWEST ILLINOIS • Membership For All • Application Form

-CONFIDENTIAL-

Please Print: First Name _____ Last Name: _____ Birthdate _____ Sex _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Cell _____ Work _____

Email Address _____

Have you previously received financial assistance from the YMCA of Southwest Illinois? Yes ___ No ___
If yes, which branch? _____ Is this a renewal application? Yes ___ No ___

Please list dependents if applying for a household membership:

Spouse _____ Birthdate _____ Sex _____

Dependent _____ Birthdate _____ Sex _____

Dependent _____ Birthdate _____ Sex _____

Dependent _____ Birthdate _____ Sex _____

Dependent _____ Birthdate _____ Sex _____

* For more dependents please attach an additional application.

What type of membership are you applying for: *skip if you are applying for a program only

___ Adult ___ Household ___ Single Parent Household ___ Youth ___ Senior ___ Senior Couple

What programs would you like assistance with:

___ Aquatics ___ Adult programs ___ Youth sports ___ School Aged Child Care ___ N/A

___ Summer camps ___ Family programs ___ Teen programs ___ Other _____

How much can you afford to pay? For membership (per month) _____ Per program _____

Please check the reason you are applying for financial assistance:

Limited Income ___ Loss of Job ___ Medical Bills ___ Divorce ___ Other, please specify: _____

Financial Information:

Income _____ **Expenses** _____

Monthly Gross Paycheck \$ _____ Monthly Mortgage/Rent \$ _____

Spouse's Gross Paycheck \$ _____ Utilities & Food \$ _____

Alimony/Child Support \$ _____ Credit Cards \$ _____

Social Security \$ _____ Child Care \$ _____

Unemployment \$ _____ Medical \$ _____

Pensions & Annuities \$ _____ Car/Student Loans \$ _____

Food Stamps or Other Income \$ _____ Other _____

Total Monthly Income \$ _____ Total Monthly Expenses \$ _____

The Partner with Youth Program and the United Way allow the YMCA of Southwest Illinois to not turn anyone away due to inability to pay. Financial assistance will be granted to anyone who can demonstrate a verifiable need through recognized proof of income. Valid proof of income must be provided before the application can be approved.

By my signature I am requesting assistance and I certify that all information provided is correct.

Signature _____ Date _____

YMCA branch location:

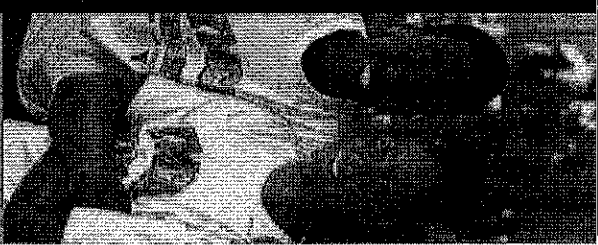
___ Cahokia ___ CMT ___ Downtown Belleville

___ East Belleville ___ Monroe County

___ O'Fallon ___ Red Bud

Please explain the circumstances that are requiring you to request assistance.

*Please attach a letter if more room is needed.



YMCA Mission:
To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

