

Health Statement

My child is in good health, is able to participate in camp, and has no special health or medical requirements. If my child is able to participate in camp but has special health or medical requirements, I have listed them below. **Falsification of records is grounds for expulsion from the program.**

Parent Signature:

Date:

Swimming Ability

Please indicate your child's swimming ability.

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> None | Children coded as NONE will be required to wear a life jacket/backpack and cannot leave the shallow end of the pool. |
| <input type="checkbox"/> Limited | Children coded as LIMITED ABILITY can swim in the shallow end without a floatation device. |
| <input type="checkbox"/> Advanced | Children coded as ADVANCED ABILITY will be allowed to test for deep-end swimming. |

T-Shirt Size

(circle one) YS YM YL AS AM AL (t-shirts only guaranteed for registrations before April 30)

Liability Release

I, the undersigned, request permission for _____ (child's name) to enter the Jefferson City Area YMCA (hereinafter the YMCA) school age programs and to participate in the YMCA activities associated with the program. I know and assume all risks related to the participation in such activities, where such risks arise on or off the YMCA premises. In consideration of the permission granted to enter to YMCA program premises, I release and discharge the owners, operators, and sponsors as well as all other person in any way related to the YMCA for claims, demands, damage actions and cause of action (present or future, whether known or unknown, anticipated or unanticipated) for any and all personal damages to my property relating to my presence on the YMCA premises and/participation in any YMCA activity. I certify that I am 18 years of age and that my participation in the YMCA activities are voluntary. I give consent for my child to be photographed, videotaped, or to appear in local newspaper articles or other local media.

I give the JC YMCA permission to transport my child for field trips during summer camp. The YMCA will provide a transportation schedule to parents each week. Yes No

Parent Signature:

Date:

Summer Camp Weeks

Please check the weeks you are registering for this summer:

<input type="checkbox"/> May 28-31	<input type="checkbox"/> June 24-28	<input type="checkbox"/> Jul 22-26	
<input type="checkbox"/> June 3-7	<input type="checkbox"/> Jul 1-3 ,5	<input type="checkbox"/> Jul 29-Aug 2	
<input type="checkbox"/> June 10-14	<input type="checkbox"/> Jul 8-12	<input type="checkbox"/> Aug 5-9	
<input type="checkbox"/> June 17-21	<input type="checkbox"/> Jul 15-19		