



**Bath Area Family YMCA**  
303 Centre St, Bath, ME  
207-443-4112

**Landing Y**  
24 Venture Ave., Brunswick, ME  
207-844-2801

Please return completed registration to the Bath Area Family YMCA

**Child Emergency Information**

\*Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: M F

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

T- Shirt Size: Youth Small Youth Medium Youth Large Other \_\_\_\_\_

\*Parent/Guardian Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ AlternatePhone \_\_\_\_\_

Email \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

\*Parent/Guardian Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

**With whom is the child living?** \_\_\_\_\_

Is there a Court Order?  Yes (*please attach*)  No

Parent/Caregiver to contact first \_\_\_\_\_

**Child's Physician** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Child's Dentist** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_



CHILD'S NAME: \_\_\_\_\_

**Allergies** \_\_\_\_\_

**Reaction** \_\_\_\_\_

**Medical Conditions** \_\_\_\_\_

**Daily Medications** \_\_\_\_\_

**Insurance Information: Policy Holder** \_\_\_\_\_ **Policy #** \_\_\_\_\_

\***Other Person to Contact** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_ **Town** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **AlternatePhone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Business Name** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

The following people are the **ONLY** people to pick up my child, should I be unable to do so. We must be notified in writing of any changes in pick up routine. Please remind them to bring a picture ID when they come to pick up your child(ren).

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

I \_\_\_\_\_ hereby authorize the Bath Area Family YMCA to arrange for medical and/or treatment for my child \_\_\_\_\_ should an emergency arise; during, before or after school care or on a field trip. It is understood that a conscientious effort will be made by the YMCA to contact me at the emergency number I have provided before any medical action is taken. I understand that if the need arises, my child will be taken to the nearest hospital

**Parent/Caregiver's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Caregiver's signature** \_\_\_\_\_ **Date** \_\_\_\_\_



CHILD'S NAME: \_\_\_\_\_

# 2017 Summer Day Camp Registration

Located at the Bath YMCA

Session	Camp Fee	Register before May 30th	Register before May 2nd	Register two or more children	Total Due
<b>Week 1</b> June 26-30	\$185	\$175	\$165	-\$10 per additional child	
<b>Week 2</b> July 5-7	\$110	\$100	\$90	-\$10 per additional child	
<b>Week 3</b> July 10 - 14	\$185	\$175	\$165	-\$10 per additional child	
<b>Week 4</b> July 17 - 21	\$185	\$175	\$165	-\$10 per additional child	
<b>Week 5</b> July 24 - 28	\$185	\$175	\$165	-\$10 per additional child	
<b>Week 6</b> July 31 – August 4	\$185	\$175	\$165	-\$10 per additional child	
<b>Week 7</b> August 7 - 11	\$185	\$175	\$165	-\$10 per additional child	
<b>Week 8</b> August 14 - 18	\$185	\$175	\$165	-\$10 per additional child	
<b>Week 9</b> August 21 - 25	\$185	\$175	\$165	-\$10 per additional child	
<b>Deposit (non-refundable)</b>	\$25x # camp weeks	---	---	---	
<b>Total</b>	---	---	---	---	<b>\$</b>

\*Dates subject to change due to last day of school



CHILD'S NAME: \_\_\_\_\_

## 2017 Specialty Camps Registration

Located at the Landing YMCA

Session	Date	Camp Fee	Total Due
Landing Y Camp	TBA – June 23 August 28 – Sept 1	\$40 per day	
Kids Kayak & SUP Paddle Board Camp	June 26-30	Half Day: \$175 Full Day: \$275	
Kids Kayak & SUP Paddle Board Camp	July 17-21	Half Day: \$175 Full Day: \$275	
Youth Basketball Camp	July 10-13	Members \$30 Non Members \$40	
Youth Basketball Skills Workshop	July 18-August 10 Tues & Thurs	Members \$25 Non Members \$35	
Wrestling and Boxing	July 10-14	\$185	
Sports Conditioning Fitness Class	July 17- 28 Mon, Wed, & Fri	Members \$20 Non Members \$25	
Sports Conditioning Fitness Class	July 31 – Aug 11 Mon, Wed, & Fri	Members \$20 Non Members \$25	
<b>Total</b>	---	---	\$

## 2017 Gymnastics Camps Registration

Located at the Bath YMCA

Session	Date	Camp Fee	Total Due
Pre-Team Camp	June 20-24	\$190	
	August 1-5	\$190	
Team Camp	June 27-July 1	\$190	
	August 8-12	\$190	
Skills Camp	August 15-19	\$125	
Gymnastics Team	May 16-June 16	\$100	
Youth Mini Camp	July 5-6-8	\$90	
	July 11-13-15	\$90	
Preschool Camp	July 11-15	\$60	
	July 18-22	\$60	
Advanced Youth Mini Camp	July 18-22	\$90	
	July 24-28	\$90	
Deposit	---	\$25/week	
<b>Total</b>			\$



CHILD'S NAME: \_\_\_\_\_

### Payments

**Payment is due the Friday before the program start date. Automatic draft is available, please complete form below.**

Authorization Draft for Summer Camp Payments via Bank Draft or Credit Card /Debit Card

1. I understand that this plan will remain in effect until the end of the contract period or until I request in writing that the debit end. **I understand that the funds will need to be available by 5pm, the day before the draft. If funds are not available at that time, an overdraft or decline of payment may occur and may result in additional fees charged by my banking institution and by the YMCA.**
2. It is to my complete understanding that if I wish to cancel or change my status in any way; I must give the YMCA two week written notice prior to my draft date. **It will be my responsibility to notify the YMCA of any changes to my account.** (i.e. new account numbers, new credit or debit card numbers and expiration dates)
3. Should my bank/credit card company for **any reason** not honor any childcare draft, I realize that I am still responsible for that payment plus a service charge of \$15.00 applied by the YMCA. This is in addition to any service fee my bank/credit card company may charge. The rejected summer camp payment and service charge will be automatically resubmitted to your bank/credit card company. If there is a second rejection, you will be required to pay the summer camp payment and fees with an alternate form of payment.

### CHECKING / SAVINGS INFORMATION

I, \_\_\_\_\_ hereby given authority \_\_\_\_\_  
Name of Bank Customer Name of Bank

to honor preauthorized checks drawn by the Bath Area Family YMCA on my account for child care payments. I understand that the Bath Y will send a preauthorized check to your bank. That preauthorized check will serve as notice and receipt for payment of childcare.

Type of account:

- Checking** \*We must have proof of your account in order to process your childcare debit. For checking accounts, please attach a voided check or a photocopy of a check.
- Savings**

Routing number: \_\_\_\_\_ Account Number: \_\_\_\_\_

X \_\_\_\_\_ (Bank depositor Signature) \_\_\_\_\_ (Date signed)

### CREDIT CARD or DEBIT CARD

Name of Card Holder \_\_\_\_\_ Visa MasterCard Discover  
(Circle one)

Street/PO Box: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

CVV# \_\_\_\_\_ (3 digit number on the back of your card)

X \_\_\_\_\_



CHILD'S NAME: \_\_\_\_\_

### Field Trip and Bus Waiver Mandatory

I \_\_\_\_\_, understand that The Bath Area Family YMCA uses the  
(Parent/Guardian Name)  
Bath Bus Service to transport my child \_\_\_\_\_ during swim days, half days,  
Emergency school closings, Vacation Weeks and for field trips. I give my permission to the Bath  
YMCA to transport my Child during the times Y- Care is in operation.

\_\_\_\_\_  
(Parent Signature) (Date)

### Swimming Waiver

Child's Name \_\_\_\_\_

My child's swimming ability is:

- Water adjustment incomplete (unable to swim/afraid of water)
- Non –swimmer, but comfortable (will go to the pool with familiar adults)
- Swims independently, with flotation
- Swims independently

I give permission for my child \_\_\_\_\_ to participate in swim lessons and free  
swim at the Bath Area Family YMCA.

\_\_\_\_\_  
(Parent Signature) (Date)

### Photo Waiver

I give permission for the Bath Area Family YMCA to use, display, publish, Etc. photos in print and video footage  
of my child \_\_\_\_\_ participating in YMCA programs or activities. No names will be used.

\_\_\_\_\_  
(Parent Signature) (Date)



CHILD'S NAME: \_\_\_\_\_

**BATH AREA FAMILY YMCA  
CLIMBING RELEASE and WAIVER of LIABILITY**

**ASSUMPTION of RISK and INDEMNITY AGREEMENT**

I, the climber, (or parent/guardian if applicable), signing this form, understand that climbing is a potentially hazardous activity. I am well aware of the inherent risks in the use of the Bath Area Family YMCA Climbing Wall, and have full knowledge of the nature and extent of all the risks associated with the use of the facility. I understand that the risks include, but are not limited to, serious injury and possible death, which may result from, among other things:

- rope abrasion, entanglement and other injuries resulting from activates on or near the Climbing wall, such as, but not limited to:
  - Climbing, rappelling, belaying, and lowering of the rope, rescue systems and other rope techniques.
- injury including death resulting from falling off the wall and hitting projections, (permanent or temporary), or the floor
- injuries resulting from falling climbers or dropped items, such as, but not limited to:
  - ropes or climbing hardware
- cuts and abrasions resulting from contact with the Climbing Wall structure
- slips, trips, falls, rope burns or being dropped while participating or observing, at the Climbing Wall
- Failure of ropes, harnesses, climbing hardware, anchor points, or any other part of the Climbing Wall structure.

I also understand that I am voluntarily participating in this activity with knowledge of the danger involved and agree to accept all risks of personal injury, damage to property and possible death. I fully realize and understand that the YMCA does not warrant or guarantee, in any respect, the physical condition of the Climbing Wall or any of the equipment that will be used in connection with this activity. I understand that the Bath Area Family YMCA will offer helmets for use by climbers and that the climber may decline to wear one. I further understand that such failure would increase the risk of head injuries and I assume such risks.

In consideration of being permitted to use the Bath Area Climbing Wall today, and on any and all future dates, on behalf of my heirs, my state's personal representative and myself,

I HEREBY RELEASE AND DISCHARGE THE BATH AREA FAMILY YMCA FROM ALL LIABILITY AND I COVENANT NOT TO SUE FOR ANY AND ALL LOSS OR DAMAGE, AND ANY AND ALL CLAIMS OR DEMANDS ON ACOUNT OF INJURY TO ME, OR MY PROPERTY, ARISING OUT OF, OR RELATED TO, MY USE OF THE CLIMBING WALL, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE BATH AREA FAMILY YMCA. I HEREBY ASSUME FULL REESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE ARISING OUT OF, OR RELATED TO, MY USE OF THE CLIMBING WALL, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE BATH AREA FAMILYMCA.

I further agree to indemnify and hold harmless the Bath Area Family YMCA, its employees, volunteers, trustees, officers, members and agents from any and all present and future claims, resulting from or arising out of, my use of the Climbing Wall and any negligence on the part of the Bath Area Family YMCA. I certify that I have sufficient insurance to cover any property damage, personal injury, loss of life, or other loss caused by, or suffered by me, that arise in any way out of participating in the Bath Area Family YMCA climbing activities.



CHILD'S NAME: \_\_\_\_\_

In the event of any accident or injury, I hereby give consent for any designee of the YMCA to provide or procure any medical treatment deemed necessary on my behalf, including the provision for, or arranging for, any necessary emergency, medical services and transportation to an appropriate medical facility, should that be required.

I understand and agree that all climbers and observers may be photographed and/or videotaped without their specific consent. I hereby authorize the Bath Area Family YMCA to use any photographs or videotape for all purposes, including as marketing or educational materials.

I further acknowledge that I have read and understand the Bath Area Family YMCA Climbing Wall rules and safety procedures and agree to comply with them. If any portion of this agreement is held invalid, it is agreed that the balance shall nevertheless continue with full force and effect and remain binding upon all parties, subject to the above terms and conditions.

I HAVE READ THIS **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT** AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, AND INTEND THAT MY SIGNATURE BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY MAINE LAW.

\_\_\_\_\_  
Climbers Printed Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

Age: \_\_\_\_\_

Climber's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

**If climber is under age 18:**

I am the climber's parent or legal guardian and have carefully read the above agreement and have been given an opportunity to review its meaning with others, and I believe that I understand its meaning and legal effects adequately.

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Reviewed and Accepted by YMCA employee: \_\_\_\_\_ Date Signed: \_\_\_\_\_





CHILD'S NAME: \_\_\_\_\_

### **Peanut, Tree Nut, Sesame Seeds & Mustard Classroom Procedures**

#### **Mandatory**

I have read and understand that all Bath Area Family YMCA Childcare programs are peanut & tree nut free environments and agree to not send any peanut products with my child.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

### **Sunscreen Permission Form**

I give permission for the Bath Area Family YMCA Enrichment staff to apply Equate Broad Spectrum SPF 50 Kid's Sunscreen to my child as needed.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

#### **Office Use Only**

**Climbing Release & Waiver of Liability**

**Field Trip & Bus Waiver**

**Swimming Permission Form**

**Photo Waiver**

**Peanut & Tree Nut Notice**

**Sun Screen Waiver**

If the above is not checked, the child does not have these forms on file, therefore they cannot:

- Climb the Rock Wall
- Get on the bus to go to the Y, the library or attend fieldtrips
- Swim on Fridays, or other opportunities for swimming
- Have photos taken of them to be on display or on the Y's website/Facebook