

Hotter'N Hell 100
YMCA Kids Camp Registration Form

Childcare will be provided from 5:00 am to 4:00 pm, Saturday, August 26, 2017, at the Bartley Branch YMCA Early Childhood Facility, 5001 Bartley Dr., Wichita Falls, TX. 76302.

Waiver:

I hereby grant permission for my child to participate in activities at the YMCA of Wichita Falls. In case of medical emergency, I understand that every effort will be made to contact me or my emergency contact. If I or someone on the emergency form cannot be reached, I give the YMCA permission to secure the medical treatment necessary for my child. I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the within named individuals on this form.

I understand that the YMCA of Wichita Falls assumes no responsibility for injuries or illness which my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, the use of any equipment, exercise, or other activities. I understand no accident or medical insurance is provided with this program. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illness which may result from his/her participation in these activities and I hereby release and discharge the YMCA of Wichita Falls, its agents, servants, and employees from any and all claims for injury, illness.

Child's Name: _____ DOB: _____
Medical/Dietary/Allergies _____

Child's Name: _____ DOB: _____ Medical/Dietary/Allergies _____

Child's Name: _____ DOB: _____ Medical/Dietary/Allergies _____

Mother's Name: _____
Cell Phone: () _____

Father's Name: _____
Cell Phone: () _____

The following persons are authorized by me to pick up my child from the YMCA of Wichita Falls.

Emergency Contact: _____ Relationship: _____
Cell Phone: () _____

Emergency Contact: _____ Relationship: _____
Cell Phone: () _____

Parent/Guardian Signature: _____ Date: _____