



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

NCU Beacon Sports Camps

YOUTH INFORMATION

First Name		Last Name		Preferred Name		Gender M F		Birthdate		Age	
Home Address				City		State		Zipcode		Custody Paperwork Y N	
Home Address		City		State		Zipcode		Custody Paperwork Y N		Carseat Y N	
Volleyball June 18-21	4-6th grade		9:00-11:30		\$80/Member		\$90/Nonmember				
	7th-8th grade		9:00-11:30		\$80/Member		\$90/Nonmember				
	9th-11th grade		1:00-4:00		\$100/Member		\$110/Nonmember				
	9th-12th grade		1:00-4:00		\$100/Member		\$110/Nonmember				
Boys Bxball July 9-12	K-2nd grade		9:00-10:30		\$45/Member		\$55/Nonmember				
	3rd-4th grade		9:00-12:00		\$90/Member		\$100/Nonmember				
	5th-9th grade		1:00-4:00		\$100/Member		\$110/Nonmember				
Girls Bxball July 16-19	2nd-5th		1:00-4:00		\$90/Member		\$100/Nonmember				
	6th-9th		1:00-4:00		\$100/Member		\$110/Nonmember				
Soccer July 30-Aug 2	K-2nd		9:00-10:30		\$45/Member		\$55/Nonmember				
	3rd-5th		9:00-12:00		\$90/Member		\$100/Nonmember				
	6th-8th		9:00-12:00		\$100/Member		\$110/Nonmember				
Total											

PARENT OR GUARDIAN

First Name		Last Name		Email Address							
Home Address (if different than child)				City		State		Zipcode			
Home Number		Cell Number		Work Number				Does child live with you?			
Employer				Work Hours				Birthdate			

PARENT OR GUARDIAN

First Name		Last Name		Email Address							
Home Address (if different than child)				City		State		Zipcode			
Home Number		Cell Number		Work Number				Does child live with you?			
Employer				Work Hours				Birthdate			

EUGENE FAMILY YMCA

2055 Patterson Street, Eugene, OR 97405

P 541 686 9622 F 541 342 4451 www.eugeneymca.org

SPECIFIC MEDICAL, BEHAVIORAL OR DEVELOPMENTAL NEEDS

Dietary Modifications/Allergies		Physical/Behavioral/Developmental Information to Share	
Current Medications (medication authorization may be required)			
Chronic/Recurring Illness			
Doctor Name	Doctor Number	Dentist Name	Dentist Number

EMERGENCY AND PICK UP AUTHORIZATIONS

Name	Relationship	Phone	Contact in Emergency?
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YMCA POLICIES

I have received and read the Parent Handbook and will follow the policies to the best of my abilities.

I will pay my tuition when it is due. If I don't, a late fee will be assessed.

I know my child will have fun at the Y. This may mean they come home wearing glitter, paint, grass stains, or any number of fun substances.

AUTHORIZATIONS

Participation: I give permission for my child to participate in all activities, including field trips and swimming, and to be transported as authorized by the Y. I give permission for the Y to use any pictures of my child for future promotional purposes.

Medical Treatment: I hereby give permission for my child to be given CPR and first aid treatment by a qualified staff member of the Y. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by the Y staff when deemed necessary or advisable by the physician to safeguard my child's health.

Property Loss: I understand that the Y is not responsible for personal property lost, damaged or stolen while participating in these activities.

Insurance: I understand it is my responsibility to provide for my child's accident and health coverage while participating in these programs and I further understand that the Y does not provide this coverage.

Release from Liability and Indemnification: Recognizing that the Y will do its best to ensure a safe experience, I understand that accidents may occur from my child's participation in program activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release the Eugene Family Y, its employees, volunteers, independent contractors and directors from all liability based on damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me from participation in Y programs. I further agree to indemnify and hold the Y harmless from all claims which are in any way connected with my child's participation in this program.

I have read and understood the above and have completed this form to the best of my ability.

Signature of Parent/Guardian

Date

Staff Name

Receipt #