



# YMCA of the Triangle 2011 - 2012 Y Guides & Princesses Program

**PLEASE WRITE CLEARLY.**

Do you **CURRENTLY** (or previously) have a child in the program? (Y/N): \_\_\_\_\_ Tribe name(s): \_\_\_\_\_  
YMCA member (Y/N): \_\_\_\_\_ Member number: \_\_\_\_\_

**BASIC CONTACT INFORMATION**

Father's first name: \_\_\_\_\_ Father's last name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

T-shirt size: AS AM AL XL 2X 3X

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ What phone should we call first? \_\_\_\_\_

Mother's first/last name: \_\_\_\_\_ Mother's phone: \_\_\_\_\_

**EMAIL ADDRESS**

Father's e-mail: \_\_\_\_\_

Mother's e-mail: \_\_\_\_\_

**\*Providing your e-mail address authorizes e-mail communication about the Y Guides & Princesses program. Due to the size of the program e-mail is the most effective form of communication.**

Please provide both primary e-mail addresses. If your e-mail address changes, please notify our office as soon as possible. We will not provide your e-mail address to anyone outside of the YMCA of the Triangle.

**EMERGENCY CONTACT/HEALTH INFORMATION**

A significant part of the Y Guides & Princesses program is participation in residential camping activities. Please provide the following information on you and your participating child(ren):

Emergency contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Father's Health Information:**

Allergies (type): \_\_\_\_\_

Health conditions requiring treatment, restriction, or other accommodations while at camp:  
\_\_\_\_\_

**Child #1:** T-Shirt Size (circle one): YM YL AS AM AL

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Allergies (type): \_\_\_\_\_

Health conditions requiring treatment, restriction, or other accommodations while at camp:  
\_\_\_\_\_

**Child #2:** T-Shirt Size (circle one): YM YL AS AM AL

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Allergies (type): \_\_\_\_\_

Health conditions requiring treatment, restriction, or other accommodations while at camp:  
\_\_\_\_\_

**PLEASE READ AND SIGN THE POLICIES ON THE BACK OF THE PAGE.**

# PROGRAM POLICIES

Please read each of the following policies and sign below to indicate your understanding of these policies. Policies are subject to all applicable laws.

1. **Photography** – I give the YMCA of the Triangle Area, Inc. ("YMCA") and its employees and agents permission to use for any lawful purpose my and/or my child's likeness, image, voice and/or appearance as such may be embodied in any pictures, drawings, renderings, photographs, video recordings, audiotapes, digital images or the like, with the understanding that the YMCA will not publish my child's name.

I agree that the YMCA has complete ownership of such pictures, etc., including but not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements and any promotional or educational materials in any medium now known or later developed, including but not limited to the internet, television, newspapers, magazines, social media sites (e.g., MySpace, Facebook, Twitter, Flickr, etc.), and/or YMCA audio, print or internet publications.

I also agree that the YMCA has permission to release such pictures, etc. to the news media. I acknowledge that I will not receive any compensation or remuneration for the use of such pictures, etc. I understand that once such pictures, etc. are published to the media or on the internet, or are otherwise published, they may be used in publications and/or on websites outside of YMCA control.

2. **Indemnity** – I understand that YMCA activities have inherent risks, and I hereby assume all risks and hazards incident to my participation/my child's participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA and its employees, organizers, volunteers, supervisors, officers, directors, participants, coaches and referees, as well as all persons or parents transporting participants to and from activities, from any legal claims, liabilities, damages and costs for any physical injury or damage to my personal property sustained during my use of YMCA property and/or my participation/my child's participation in any YMCA activities.
3. I understand that the YMCA is not responsible for any personal items lost or stolen at our programs.
4. I understand that the YMCA reserves the right to revoke my participation in YMCA Guides & Princesses for behavior which is not in keeping with the mission of the YMCA or for failing to follow the policies/procedures of the YMCA. My signature below indicates that I agree to adhere to all policies, procedures and the mission of the YMCA.

## Payment Policies

I understand policies concerning payment, cancellation and refunds. I may not register my child for a new program until outstanding balances due on past programs at any branch of the YMCA of the Triangle Area are paid.

5. **Insufficient Funds** – If my bank returns a check, due to insufficient funds, immediate payment is required to keep my child's account up to date. I understand that I will be charged \$25 for each returned check. I will need to send cash, money order or a certified check for the check within 10 business days after I receive a notification letter from YMCA Financial Services. Personal checks will not be accepted. Payment in full is required before my child and myself can continue to participate in YMCA programs.

6. **Cancellations** – Non-attendance, without written cancellation or prior approval from a YMCA Guides & Princesses staff member, does not relieve me of the responsibility to pay for the program
7. **Refunds** – The YMCA Guides and Princesses Program will refund any outing payment less a \$25 processing fee, if registration for the event is cancelled two weeks prior to the scheduled weekend. Any refund requests after the two week deadline will incur a \$25 processing fee plus the cost of food for each participant. There will be no refunds for the event if the registration is cancelled on the Friday of the assigned weekend or after the assigned weekend. There are no refunds offered for the Winter Inning. All requests for refunds need to be made in writing (by Email).

## MEDICAL TREATMENT POLICIES

8. **Accident Insurance** – Participants are responsible for their own accident insurance when using the YMCA and when participating in YMCA programs off-site.
9. **Medication** – The YMCA does not normally administer any medication and will do so only when directed in writing by the child's parent or guardian. Medications must be in original containers with written instructions for dispensing. Do not send medications with your child. A parent or guardian must give the medication to program staff.  
Notice: The staff of The YMCA of the Triangle will not administer shots or medications that have to be inserted into body cavities. The one exception to the foregoing is epipen injections. When special circumstances exist, personnel from the YMCA will be available to meet with the parent(s) or guardian(s) of the child in question and strive to develop through dialogue a mutually acceptable alternative way to make sure the medication requirements of the child are met.
10. **Blood Borne Pathogen Exposure** – I understand that, while my child is in the care of the YMCA, if a child is exposed to a body fluid on broken skin or mucous membrane (e.g. splashing in mouth or eye) from another child, the YMCA will contact the parents of both children. They will explain what has occurred, and provide the name of the attending physician of the source child to parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, the YMCA will provide the name and telephone number of the child's attending physician to the staff member. I have read and agree with the statement and specifically authorize the YMCA to release the name and telephone number of my child's physician and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or to any staff member who experiences such an exposure from my child.
11. **Emergency** – In the event of an emergency in which the parent/guardian or listed emergency contacts cannot be reached, the YMCA will contact emergency medical personnel and, pending their arrival, take those actions that are in the YMCA's judgment to be in the best interests of the participant.

**I have read and understand all the policies stated above.**

Parent/guardian signature \_\_\_\_\_

Date \_\_\_\_\_