



## FEBRUARY VACATION WEEK 2019

Parent's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Camper Name: \_\_\_\_\_  
 Date of Birth: \_\_\_ / \_\_\_ / \_\_\_  
 Age: \_\_\_\_\_  
 Sex: ( M ) ( F )  
 2nd Emergency Contact:  
 Name: \_\_\_\_\_  
 Phone : \_\_\_\_\_

Allergies: \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 Health conditions or impairments which may affect the individual's activities while attending the camp: \_\_\_\_\_

The name, address and telephone numbers of the camper's or staff member's family health care provider or health maintenance organization, if any: \_\_\_\_\_

To participate a up-to-date physical and immunization record needs to be submitted.

**Please mark an [ X ] on the days you would like your child to attend:**

Penguin	Member		Non		Avalanche	Member		Non	
5-7yrs					8-12yrs				
2/19 Tues.	\$45		\$80		2/19 Tues.	\$45		\$80	
2/20 Wed.	\$45		\$80		2/20 Wed.	\$45		\$80	
2/21 Thurs.	\$45		\$80		2/21 Thurs.	\$45		\$80	
2/22 Fri.	\$45		\$80		2/22 Fri.	\$45		\$80	
All Week	\$175		\$280		All Week	\$175		\$280	
B.C. (7:30-8:30am)	\$7/day		\$7/day		B.C. (7:30-8:30am)	\$7/day		\$7/day	
A.C. (4:30-5:30pm)	\$7/day		\$7/day		A.C. (4:30-5:30pm)	\$7/day		\$7/day	
TOTAL		\$		\$	TOTAL		\$		\$

**Please Label All Items:** The YMCA is not responsible for lost or stolen items. Breakfast and lunch will not be provided. Please check the schedule for details. Refrigeration space will not be available. Food items containing nuts of any kind or that is made in factory that handles nuts are prohibited.

**Drop Off & Pick-Up:** Barring any unforeseen circumstances you may drop-off and pick-up your child on the third floor gym. Children must be picked up by an authorized adult. We will NOT release any child without authorized pick-up.

**What To Bring:** Back Pack, Sneakers, Towel, Bathing Suit, Spare set of clothes, Weather appropriate apparel, Water Bottle, Lunch , Snack **CANNOT CONTAIN NUTS OR BE MADE IN FACTORY THAT HANDLES NUTS.**

**PICKUP RELEASE** If for any reason someone other than those listed below are going to drop off or pick-up your child, the Program Director must be notified in writing in advance. The person picking up the child will be asked to show picture identification. This includes Parent/Guardian as well. Your child will only be released to a people you have given authorization to release below.

Name: \_\_\_\_\_  
 Relationship to  
 child: \_\_\_\_\_  
 Work/Cell  
 #: \_\_\_\_\_  
 Home/Alternate  
 #: \_\_\_\_\_

Name: \_\_\_\_\_  
 Relationship to  
 child: \_\_\_\_\_  
 Work/Cell  
 #: \_\_\_\_\_  
 Home/Alternate  
 #: \_\_\_\_\_

**FIRST AID RELEASE** I give permission to the Malden YMCA to administer First Aid to my child in the event that immediate medical attention is required and neither parent or guardian is available. I hereby certify permission for the Malden YMCA to transport my child to the nearest Health Facility. I also certify permission to the Physician selected by the Malden YMCA to treat my child. I understand that Health and Accident Insurance Coverage is not provided by the YMCA. Any Medical expense incurred by my child will be my responsibility.

**PHOTO RELEASE** The undersigned hereby authorizes the Malden YMCA to take and use photographs of my child during participation in the Malden YMCA Programs for promotional purposes and further authorizes the use of the undersigned's name with said photograph for the purpose of annual promotion. This consent is expressly intended to release from liability the Malden YMCA, their agents and servants and their employees.

**FIELD TRIP CONSENT** I give permission for my son/daughter to attend the scheduled field trips held by the Malden YMCA Vacation Week Program. My child is physically and/or emotionally able to participate in field trip activities; that he/she is not under a physician's care for any undisclosed condition that bears upon his/her ability to participate in activities. I understand that each participant must assume the risk of physical injury that could result from participating in these activities. I release the Malden YMCA, its staff members and the Board of Directors from all liability from any injury to me from participating in activities.

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT** In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING: THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA. THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of MA. and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE--- \_\_\_/\_\_\_/\_\_\_  
 Date

\_\_\_\_\_  
 Parent's or Guardian's Signature

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

\_\_\_\_\_  
 Parent's or Guardian's Printed Name



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