



BORDER VIEW FAMILY YMCA REGISTRATION FORM

(one per child)

Border View Family YMCA
3601 Arey Dr., San Diego, CA 92154
619.428.9622 | www.borderviewymca.org

Child's name _____ M _____ F _____ Grade _____ Birth Date _____ Age _____ Home Phone _____ Address _____ City _____ Zip _____ School _____ Parent's name _____ Parent's name _____ Employed by _____ Employed by _____ Occupation _____ Occupation _____ Parent's work phone/cell _____ Parent's work phone/cell _____ Email _____ Email _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">MEMBER OF</td> </tr> <tr> <td style="text-align: center;">BORDER VIEW FAMILY YMCA</td> </tr> <tr> <td>NO _____</td> </tr> <tr> <td>YES _____</td> </tr> <tr> <td style="text-align: center;">Membership Type</td> </tr> <tr> <td>Family _____</td> </tr> <tr> <td>Youth _____</td> </tr> <tr> <td>Branch _____</td> </tr> <tr> <td>Expiration Date _____</td> </tr> </table>	MEMBER OF	BORDER VIEW FAMILY YMCA	NO _____	YES _____	Membership Type	Family _____	Youth _____	Branch _____	Expiration Date _____
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EMERGENCY INFORMATION Authorized persons, other than parents, to be called in case of an emergency: Name _____ Phone _____ Relationship _____ Name _____ Phone _____ Relationship _____ Name _____ Phone _____ Relationship _____ CHILD LIVES WITH: Both Parents _____ Mother _____ Father _____ Other _____	CHILD RELEASE AUTHORIZATION AUTHORIZED persons, other than parents, to pick up child from the facility: Name _____ Relationship _____ Name _____ Relationship _____ Name _____ Relationship _____ CHILD IN CUSTODY OF: Both Parents _____ Mother _____ Father _____ Other _____
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MEDICAL INFORMATION Family Physician _____ Phone _____ Date of last exam _____ Medical Insurance Carrier _____ Insurance Policy and/or Group # _____	BRANCH RELEASE/WAIVER FOR YMCA YOUTH (MINORS) NAME OF MINOR _____ Please Print _____ I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. In consideration of said minor being permitted to enter any branch of YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above or any program, I, on behalf of myself (as parent, guardian, coach aide, spectator or participant) hereby: 1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended, and (iv) I voluntarily sign this document. 2. Release the YMCA, its directors, officers, employees, and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch. 3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA branch; whether caused by the negligence of Releasees or otherwise. 4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise. 5. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care. 6. The Border View Family YMCA may use my child's photos for promotional purposes. I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full legal force and effect.
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VACCINES	YEARS OF BASIC IMMUNIZATION	YEAR OF LAST BOOSTER
Date of Last Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (SALK)		
Measles (Hard measles, Red measles, Rubeola)		
Mumps		
Rubella (German measles, 3 Day measles)		
Hemophilus Influenza B (HB)		
Hepatitis B		

Allergies/Dietary Restrictions	Conditions Requiring Consideration		
Hay Fever	Peanuts	ADHD	Bleeding Disorders
Insect Sting	Poison Ivy, etc.	Asthma	Diabetes
Penicillin	Other	Seizures	Other

Is the child currently taking medications? Yes _____ No _____

Medications administered at Camp require a completed MEDICATION RELEASE FORM

List any conditions requiring special consideration, accommodations or restrictions while at camp: _____

List any past medical treatment that may affect participation in camp: _____

List any activities from which the camper should be exempted for health reasons: _____

Signature of Parent/Guardian _____ **Date** _____

Print Name _____