



'09 Striker Soccer Clinic

'09 Registration Form: Page 2 of 2

1. Camper Information (ONE FORM PER CAMPER)

Camper's Name _____

Home Phone _____

Camper's Address (street) _____

(City) _____ (ST) _____ (Zip) _____

DOB ____/____/____ Gender M or F Age at Camp ____

Camper's T-shirt Size (circle one)

YOUTH: S M L ADULT: S M L

Mother/Guardian's Name _____

Phone (cell) _____ (work) _____

Father/Guardian's Name _____

Phone (cell) _____ (work) _____

Email Address: _____

2. Persons Authorized to pick up camper:

(Photo ID is REQUIRED for camper pick up)

Parents: _____

Name: _____

Name: _____

Name: _____

Name: _____

3. Emergency Contacts: (other than parents)

Name: _____

Phone: _____

Name: _____

Phone: _____

4. Health History

Has camper been hospitalized or had operations, serious injuries, fractures, etc. in the past five years?

No Yes If yes, please specify:

Does camper have any ALLERGIES or MEDICAL CONDITIONS (including emotional and behavioral) that should be considered?

No Yes If yes, please specify:

Are there any special instructions from you or the camper's doctor as to treatment at the day camp site?

Is there any activity that should be restricted? If so, please explain:

5. Routine Medications:

Does camper routinely take any kind of Medication?

No Yes, If yes, what?

You can download a "Routine Medication Form" for medication that will need to be given to your child while at camp.



CAMPER'S NAME _____

7. Select Camps by Session/Date

△ Fees below: Facility Members' fees listed first (FM); Program Members' fees listed second (PM). For those who wish to participate in YMCA programs without the use of the facility, a YEARLY Program Membership of \$35 per family or \$25 per individual is required in addition to the fees for your programs of choice. Please add this to your payment if you are not a facility member or current program member.

△ Payments may be mailed to the Northwest Family YMCA, 1700 Dennis Kemp Lane, Kennesaw, GA 30152. Check payments are accepted by mail. You can fax over your completed form with your Credit Card (Visa/MC/AMEX/Discover) payment.

All Striker Soccer Clinics are from 9am to 1pm
You can also register for our Extended Care, 1-6pm if needed at an additional cost.

Need more information? Contact Bre Johnson at 770-514-4363.

Session 1: June 8-12

- ◇ Soccer Clinic (ages 5-16).....FM \$84 PM \$114
- ◇ Extended Care.....FM \$60 PM \$72

Session 2: June 22-26

- ◇ Soccer Clinic (ages 5-16).....FM \$84 PM \$114
- ◇ Extended Care.....FM \$60 PM \$72

8. Calculate Payment

a. **Total due at registration: Refund Up to 14 days before Clinic begins. Program Registration Fee Non-refundable**
Fee X # _____ of sessions = \$ _____

9. Payment Type: Check # _____ Visa/MC/Amex/Discover # _____

Exp. Date ____/____/____ Amount Charged \$ _____

Signature (Charge Authorization) _____

10. Parent/Guardian Authorization

I certify that, in advance of participation in the program identified herein, I have received any and all information which I deem necessary or important in making an informed choice regarding my child/ward's participation in such activity or program. In consideration for the Metro Atlanta YMCA, allowing my child/ward to participate in such activity or program, I hereby voluntarily agree to assume all risks of his/her participation in such activity or program and agree to hold harmless the Metro Atlanta YMCA, its successors, agents, employees or volunteers ("YMCA") from and against all liability, claims, damage or expenses which my child/ward have or may have arising out of or related to his/her participation in such activity or program, including death, personal injury or property damage or loss of any kind, whether caused by the act of omission of the YMCA, myself, my child/ward, or others.

I give permission for my child/ward to participate on supervised field trips away from the campsite, and understand any photos or videos taken of my child will be used for YMCA promotional purposes only. This health history is correct so far as I know, and herein described has permission to engage in all prescribed camp activities except as noted. Authorization of treatment: I hereby give my permission to the medical personnel selected by the camp director to secure emergency medical treatment including, but not limited to, first aid, CPR, admission to any hospital, tests, surgery or general anesthesia, so long as care is provided by persons or facilities licensed in the state in which such treatment is rendered. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for trips out of camp.

I further acknowledge that any medical treatment ordered be my financial responsibility and not that of the Metro Atlanta YMCA, or any of its agents, volunteers or employees.

Signature of Parent/Guardian _____ Date _____