



**FOR YOUTH DEVELOPMENT®**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

# **Jim & Heather Gills YMCA SUMMER CAMP REGISTRATION PACKET**

**Must be filled out and returned to Jim & Heather Gills YMCA**

Thanks for your interest in Summer Camp at the YMCA of Greater St. Petersburg! Our goal is to help your child have the best summer camp experience possible! From our field trips to our caring staff, your child will come away with new friendships and awesome memories. Let me know if you have any questions or if there are any ways I can improve your child's camp experience.

**Daisy Calderon, Director of Youth and Family Programs, [dcalderon@stpeteymca.org](mailto:dcalderon@stpeteymca.org)**

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**CAMPER NAME**

Find more details & FAQs at [stpeteymca.org/camp](http://stpeteymca.org/camp).





# JIM & HEATHER GILLS YMCA

## DAY CAMP, TEEN CAMP & SPECIALTY CAMP SELECTION

### FEES DUE AT ENROLLMENT

**Registration Fee:** \$25 per child; \$35 per family  
**Deposit:** \$20 non-refundable deposit, per child, for each week of camp (Not applicable at YMCA at Lealman Community Campus)

### SIGNING IN & OUT

For the safety of your child, each child must be checked in and out in-person with a valid photo ID.

### LUNCH & SNACKS

**Day Camp and Teen Camp:** Lunch and snacks are provided through the Pinellas County Summer Food Service Program at all locations except Bardmoor Y. Parents at this location may opt to purchase Tropical Smoothie Cafe or pack a lunch.

**Specialty Camp:** Not provided; Campers must pack lunch.

**All packed lunches:** Non-refrigerated/non-reheated only.

## DAY CAMP

**Ages:** 5-12 (Completed Kindergarten\*\*)

**Hours:** 7:00AM - 6:00PM

**Cost:** \$145 per week for Members  
\$195 per week for Non-Members

### Check desired week(s):

- May 29 - Jun. 1      Carnival Fun (No camp Memorial Day)
- Jun. 4 - Jun. 8      Ocean Wonders
- Jun. 11 - Jun. 15     Y Olympics
- Jun. 18 - Jun. 22     Space Jam
- Jun. 25 - Jun. 29     Superheroes
- Jul. 2 - Jul. 6        Party in the USA (No camp July 4)
- Jul. 9 - Jul. 13      Animal Kingdom
- Jul. 16 - Jul. 20      Y's Got Talent / Spelling Bee
- Jul. 23 - Jul. 27      Wide World of Sports / Spelling Bee
- Jul. 30 - Aug. 3      Camp Spirit / Color Wars
- Aug. 6 - Aug. 9      Hawaiian Luau (Day camp is available Aug. 10 at Jim & Heather Gills Y & Bardmoor Y only)

**Field Trips:** One per week. All field trips are included in the weekly fee!

### Day Camp at Jim & Heather Gills Y includes SWIM LESSONS!

Free swimming & water slide twice weekly is included with Day Camp, plus 2 swim lessons per week - an \$80 value!

\*\*May not be required for all Day Camp locations. Please inquire for more details.

## TEEN CAMP

**Ages:** 13-15 (Completed 6th grade)

**Hours:** 6:30AM - 6:00PM

**Cost:** \$145 per week (Member & Non-Member)

### Check desired week(s):

*Held at YMCA at Lealman Community Campus*

- May 29 - Jun. 1 (No camp Memorial Day)
- Jun. 4 - Jun. 8
- Jun. 11 - Jun. 15
- Jun. 18 - Jun. 22
- Jun. 25 - Jun. 29
- Jul. 2 - Jul. 6 (No camp July 4)
- Jul. 9 - Jul. 13
- Jul. 16 - Jul. 20
- Jul. 23 - Jul. 27
- Jul. 30 - Aug. 3
- Aug. 6 - Aug. 9 (No camp August 10)

## SPECIALTY CAMP

### Check desired camp and week(s):

#### DANCE & THEATER

<i>Held at Jim &amp; Heather Gills Y</i>	Ages	Dates	Member / Non-Member
<input type="checkbox"/> Prince & Princess	3-7	Jun. 4 - Jun. 8	\$100 / \$130
<input type="checkbox"/> Frozen in June	3-7	Jun. 11 - Jun. 15	\$100 / \$130
<input type="checkbox"/> Musical Theatre	3-7	Jul. 16 - Jul. 20	\$158 / \$189
<input type="checkbox"/> Tumbling Camp	7-17	Jun. 25 - Jun. 29	\$100 / \$130
<input type="checkbox"/> American Girl	8-17	Jul. 9 - Jul. 13	\$100 / \$130
<input type="checkbox"/> Ballet Intensive	9-17	Jul. 9 - Jul. 12	\$79 / \$106
<input type="checkbox"/> Tap Intensive	10-17	Jun. 25 - Jun. 28	\$79 / \$106

#### SPORTS

<i>Held at Jim &amp; Heather Gills Y</i>	Ages	Dates	Member / Non-Member
<input type="checkbox"/> Basketball	5-8	Jul. 16 - Jul. 20	\$175 / \$225
<input type="checkbox"/> Soccer	5-12	Jun. 11 - Jun. 15	\$175 / \$225
<input type="checkbox"/> Soccer	5-12	Jul. 23 - Jul. 27	\$175 / \$225
<input type="checkbox"/> Basketball	9-12	Jun. 4 - Jun. 8	\$175 / \$225
<input type="checkbox"/> Volleyball Half-Day	9-14	Jun. 25 - Jun. 29	\$100 / \$150

#### SPECIAL INTEREST

<i>Transportation for these camps may be provided.*</i>			Member / Non-Member
<i>Held at Childs Park Y</i>	Ages	Dates	
<input type="checkbox"/> Sailing Half-Day	5-12	Jun. 11 - Jun. 15	\$175 / \$225
<input type="checkbox"/> Sailing w/ before & after care	5-12	Jun. 11 - Jun. 15	\$215 / \$265
<input type="checkbox"/> Sailing Half-Day	5-12	Jun. 25 - Jun. 29	\$175 / \$225
<input type="checkbox"/> Sailing w/ before & after care	5-12	Jun. 25 - Jun. 29	\$215 / \$265
<input type="checkbox"/> Sailing Half-Day	5-12	Jul. 30 - Aug. 3	\$175 / \$225
<input type="checkbox"/> Sailing w/ before & after care	5-12	Jul. 30 - Aug. 3	\$215 / \$265

*Held at Speer YMCA Preschool & YMCA at Lealman Community Campus*

<input type="checkbox"/> Cooking	5-8	Jun. 25 - Jun. 29	\$175 / \$225
<input type="checkbox"/> Cooking	9-12	Jun. 11 - Jun. 15	\$175 / \$225
<input type="checkbox"/> Cooking	9-12	Jul. 16 - Jul. 20	\$175 / \$225

*Held at YMCA at Lealman Community Campus*

<input type="checkbox"/> Science / CSI	5-8	Jul. 9 - Jul. 13	\$175 / \$225
<input type="checkbox"/> Girl Power	5-12	Jun. 18 - Jun. 22	\$175 / \$225
<input type="checkbox"/> Girl Power	5-12	Jul. 30 - Aug. 3	\$175 / \$225
<input type="checkbox"/> FL Outdoor Adventure	8-12	Jun. 4 - Jun. 8	\$215 / \$265
<input type="checkbox"/> FL Outdoor Adventure	8-12	Jul. 9 - Jul. 13	\$215 / \$265
<input type="checkbox"/> Fishing	8-12	Jul. 23 - Jul. 27	\$215 / \$265
<input type="checkbox"/> Science / CSI	9-12	Jun. 18 - Jun. 22	\$175 / \$225

\*Transportation from Day Camp site to Specialty Camp site may be provided.

This service is only available for Specialty Camps held at Childs Park Y and YMCA at Lealman Community Campus. A minimum of 3 campers need to be registered in order for transportation to be provided. If available, transportation will leave promptly at 8:00AM. If transportation is not provided, you may drop off/pick up at the Specialty Camp site or elect to change enrollment to Day Camp only.



# JIM & HEATHER GILLS YMCA

## SUMMER CAMP REGISTRATION

### YMCA CAMPER INFORMATION

Child's Full Legal Name: \_\_\_\_\_ Gender:  Male  Female

Child's Preferred First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tshirt Size:  Youth XS  Youth S  Youth M  Youth L  Adult S  Adult M  Adult L  Adult XL

Grade Completed May of this year: \_\_\_\_ School Attending August of this year: \_\_\_\_\_

Ethnicity/Race:  Native American  African American/Black  Caucasian/White  Other: \_\_\_\_\_

Alaskan Native  Asian/Pacific Islander  Spanish/Hispanic/Chicano/Latino

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### HOUSEHOLD INFORMATION

Email: \_\_\_\_\_ Household Phone: \_\_\_\_\_

Household Income:  Under \$19,999  \$20,000 - \$29,999  \$30,000 - \$49,999  \$50,000 - \$75,000  Over \$75,000

Household Characteristics:  Single-Adult w/ Children  Two-Adult w/ Children  Kinship Care Household  Other

Who has legal custody?  Mother  Father  Both Parents  Guardian  Custody Order On File (Documentation Required)

### SUBSIDY INFORMATION (This information helps us charge the proper fees for Summer Camp)

Do you receive a YMCA Scholarship Assistance?  Yes  No

Do you receive Child Care Government Discounts (ELC)?  Yes  No

Are you a 12-month Pinellas County School Board Employee?  Yes  No

### PARENT / GUARDIAN INFORMATION

MOTHER / GUARDIAN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnicity/Race:  Native American  African American/Black  Caucasian/White  Other: \_\_\_\_\_

Alaskan Native  Asian/Pacific Islander  Spanish/Hispanic/Chicano/Latino

Home Address (If different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ City: \_\_\_\_\_

FATHER / GUARDIAN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnicity/Race:  Native American  African American/Black  Caucasian/White  Other: \_\_\_\_\_

Alaskan Native  Asian/Pacific Islander  Spanish/Hispanic/Chicano/Latino

Home Address (If different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ City: \_\_\_\_\_



# JIM & HEATHER GILLS YMCA

## PICK UP AUTHORIZATION FORM

Child's Full Legal Name: \_\_\_\_\_ Grade / Group: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are copies of custody / restraining papers on file for your child(ren)?  Yes  No

Who has authorization to change, add and delete persons authorized for pick up? \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### AUTHORIZED FOR PICK UP

The following people are authorized to pick up this / these child(ren):

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



# JIM & HEATHER GILLS YMCA

## PARENT AGREEMENT FORM

### PAYMENT AGREEMENT

- **Due Date and Auto-Draft Schedule:** Your weekly fee is due to the YMCA prior to the week your child will be attending summer camp. Weeks are not prorated. If you have signed up for auto-drafted payments, your debit/credit card will be drafted at set intervals as outlined below. Note that drafts will be drawn on the due date prior to service as pre-payment for summer camp. Please notify us of credit card number or expiration date changes.  
**For Bardmoor YMCA Preschool, Speer YMCA Preschool, and Summer Bridge Sites:** Payment is due on Fridays; Auto-drafts are bi-weekly.  
**For Childs Park YMCA, Harbordale Y, and YMCA at Lealman Community Campus:** Payment is due on Fridays; Auto-drafts are weekly.  
**For Jim & Heather Gills YMCA and Bardmoor YMCA:** Payment is due on Wednesdays; Auto-drafts are weekly.
- **Paying by Money Order:** If you are paying by money order, to ensure that your payment is correctly recorded in our system, please indicate the following information: Child(ren)'s full name and camp location. Money orders are NOT accepted at Summer Bridge locations, Bardmoor YMCA Preschool Academy, Speer YMCA Preschool Academy, or YMCA at Lealman Community Campus.
- **Late Payment Fee:** If your payment is not received by the designated due date, you will be charged a \$15.00 late fee. Your child may not attend camp until payment has been received, and your child may lose their spot.
- **Late Pickup Fee:** If you are late picking up your child, you will be charged a late pickup fee of \$25 for the first 10 minutes, plus \$1 per minute for each additional minute.
- **Insufficient Fund Fee:** You will be notified if a payment is denied due to insufficient funds or for any other reason. There is a \$25.00 insufficient fund fee and payment is expected immediately.
- **Outstanding Balances:** If you have any outstanding balances due to the YMCA of Greater St. Petersburg, they must be paid in full prior to registering your child.
- **I understand that I am responsible for paying for all YMCA fees.**

INITIAL \_\_\_\_\_

### CANCELLATION POLICY

If at any time your child needs to be withdrawn from camp, you must present a written notice two weeks in advance.

INITIAL \_\_\_\_\_

### DISCIPLINE AND EXPULSION POLICY

In keeping with the YMCA mission and character values of Caring, Honesty, Respect and Responsibility, appropriate behavior is expected of all camp participants. Respectful interactions with other participants and staff are at the core of the Y mission and essential to having a successful camp experience for all. Behavior that conflicts with these values will be addressed in a nature appropriate to the disruptive and/or unsafe behavior and is at the discretion of Y staff and leadership. If behavior is significant, you and your child might be asked to meet with the Camp Director or Executive Director. Based on the behavior exhibited, the following sequence is referenced:

- Verbal warning to child and parent with documentation
- Written warning with documentation
- One-day suspension
- One-week suspension
- Termination from the program

**NOTE:** In extreme cases your child may be suspended or terminated from the program (e.g. a violent act against another child or staff member would be considered extreme). Dismissal from the program for disciplinary reasons could result in permanent removal from all YMCA programs.

INITIAL \_\_\_\_\_

### PHOTO RELEASE

I give permission for photographs of my child to be used by the YMCA of Greater St. Petersburg for promotional and/or educational purposes.

I realize that neither my child nor I will receive any compensation of any kind for use of the photographs.

INITIAL \_\_\_\_\_

### DISCLAIMER

The YMCA of Greater St. Petersburg does not discriminate on the basis of race, religion, gender, creed or socio-economic status. Financial assistance is available to those who qualify. Please ask for a scholarship assistance application if you would like to apply for a scholarship for your child. Failure to fill this form out accurately may result in your being charged incorrect fees. A scholarship application must be completed and approved prior to receiving financial assistance. Please complete each section in its entirety to ensure appropriate charges. If you receive government subsidy (ELC), your signature indicates that you understand that the correct paperwork must be turned in and you will adhere to the attendance policy set by the funding agency.

INITIAL \_\_\_\_\_

### PARENTAL AGREEMENT

- I give permission for my child to attend all YMCA activities and field trips.
- I understand that the YMCA of Greater St. Petersburg does not carry accident insurance.
- I give permission for the center to consult my child's physician/dentist in case of an emergency if I cannot be reached.
- I realize that the responsibility for payment on an injury required medical care is mine.

INITIAL \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



# JIM & HEATHER GILLS YMCA

## CAMP PAYMENT AUTHORIZATION FORM

### CONFIDENTIAL INFORMATION

PLEASE CLEARLY PRINT all the information requested below so we may accurately register your child(ren).

PARENT/GUARDIAN NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

CHILD'S NAME	CAMP LOCATION	DRAFT AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

### CREDIT/DEBIT CARD INFORMATION

Credit/Debit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Security Code: \_\_\_\_\_  
Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS  DEBIT CARD  
Name as it appears on card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- I understand that automatic credit/debit card drafts will occur at set intervals as outlined here and will be pre-payment for summer camp. Weeks are not prorated.  
For Bardmoor YMCA Preschool, Speer YMCA Preschool, and Summer Bridge Sites: Auto-drafts are every two (2) weeks on Fridays.  
For Childs Park YMCA, Harbordale Y, and YMCA at Lealman Community Campus: Auto-drafts are every one (1) week on Fridays.  
For Jim & Heather Gills YMCA and Bardmoor YMCA: Auto-drafts are every one (1) week on Wednesdays.
- I also understand that if any charge is not honored by my financial institution, for any reason, I am still responsible for the total payment due as well as a returned payment service charge of \$25 assessed by the YMCA of Greater St. Petersburg.
- I also understand that it is my responsibility to notify the YMCA in writing should my credit/debit card expire or account information change in any way - including billing address changes.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# JIM & HEATHER GILLS YMCA

## RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE YMCA OF GREATER ST. PETERSBURG USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE YMCA OF GREATER ST. PETERSBURG IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND YMCA OF GREATER ST. PETERSBURG HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

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 acknowledgment 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:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") 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 therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees 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.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees 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 releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees 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 State of Florida 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# JIM & HEATHER GILLS YMCA

## EMERGENCY TREATMENT CARD

MUST BE COMPLETED FOR EACH CHILD AND NOTARIZED.

### CAMPER INFORMATION

Please print clearly.

Child's Full Legal Name: \_\_\_\_\_ Gender: Male Female

Camp Location: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Who has legal custody? Mother Father Both Parents Guardian Custody Order On File (Documentation Required)

### HEALTH INFORMATION

This information enables us to better protect and serve your child.

To Whom It May Concern: I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached. I authorize my child to be transported by ambulance to the nearest hospital.

My hospital preference is: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DENTIST: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of most recent DPT or TETANUS shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies: \_\_\_\_\_

Is your child currently taking any medication? Yes No If yes, please explain: \_\_\_\_\_

Does your child have any special needs, i.e. physical, medical, dietary, emotional, mental? Yes No

If yes, please explain: \_\_\_\_\_

Does your child have an IEP or 504 Plan? Yes No

If yes, please explain: \_\_\_\_\_

Please list all of your child's identifying scars, birthmarks, skin discolorations, etc.: \_\_\_\_\_

Please list any of your child's fears, habits, etc.: \_\_\_\_\_

Please list any additional information that will help us better serve your child: \_\_\_\_\_





# JIM & HEATHER GILLS YMCA

## EMERGENCY TREATMENT CARD (cont'd)

### INSURANCE INFORMATION

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_

### PARENT/GUARDIAN CONTACT INFORMATION

MOTHER / GUARDIAN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

FATHER / GUARDIAN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### THIS FORM MUST BE NOTARIZED

PLEASE SIGN THIS SECTION IN THE PRESENCE OF A NOTARY

By signing this document, I verify that all information provided to the YMCA of Greater St. Petersburg is complete and accurate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_, who is personally known to me or who has  
produced \_\_\_\_\_ as identification and who did (or did not) take an oath.

(Seal)

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_  
(Name: Typed, Printed or Stamped)

\_\_\_\_\_  
(Serial Number / Date Commission Expires)



# JIM & HEATHER GILLS YMCA

## SECOND EMERGENCY TREATMENT CARD

A SECOND CARD MUST BE COMPLETED FOR EACH CHILD AND NOTARIZED.

### CAMPER INFORMATION

Please print clearly.

Child's Full Legal Name: \_\_\_\_\_ Gender:  Male  Female

Camp Location: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Who has legal custody?  Mother  Father  Both Parents  Guardian  Custody Order On File (Documentation Required)

### HEALTH INFORMATION

This information enables us to better protect and serve your child.

To Whom It May Concern: I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached. I authorize my child to be transported by ambulance to the nearest hospital.

My hospital preference is: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DENTIST: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of most recent DPT or TETANUS shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies: \_\_\_\_\_

Is your child currently taking any medication?  Yes  No If yes, please explain: \_\_\_\_\_

Does your child have any special needs, i.e. physical, medical, dietary, emotional, mental?  Yes  No

If yes, please explain: \_\_\_\_\_

Does your child have an IEP or 504 Plan?  Yes  No

If yes, please explain: \_\_\_\_\_

Please list all of your child's identifying scars, birthmarks, skin discolorations, etc.: \_\_\_\_\_

Please list any of your child's fears, habits, etc.: \_\_\_\_\_

Please list any additional information that will help us better serve your child: \_\_\_\_\_



# JIM & HEATHER GILLS YMCA

## EMERGENCY TREATMENT CARD (cont'd)

### INSURANCE INFORMATION

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_

### PARENT/GUARDIAN CONTACT INFORMATION

MOTHER / GUARDIAN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

FATHER / GUARDIAN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### THIS FORM MUST BE NOTARIZED

#### PLEASE SIGN THIS SECTION IN THE PRESENCE OF A NOTARY

By signing this document, I verify that all information provided to the YMCA of Greater St. Petersburg is complete and accurate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_, who is personally known to me or who has  
produced \_\_\_\_\_ as identification and who did (or did not) take an oath.

(Seal)

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_  
(Name: Typed, Printed or Stamped)

\_\_\_\_\_  
(Serial Number / Date Commission Expires)