



San Luis Obispo County YMCA – All Day Care
This form cannot be submitted until both pages are completed in full

\$40 per child, (\$45 for non-members)

Event Site: \_\_\_\_\_ Total Paid or Charged: \_\_\_\_\_
Today's Date: \_\_\_\_\_ Date of Event: \_\_\_\_\_

1st Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_
Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ School \_\_\_\_\_ Sex:  M  F

2nd Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_
Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ School \_\_\_\_\_ Sex:  M  F

Parent/Guardian Name \_\_\_\_\_ Relationship to child(ren) \_\_\_\_\_
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

2nd Parent/Guardian Name \_\_\_\_\_ Relationship to child(ren) \_\_\_\_\_
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

List two people other than parents that can be reached in the event of an emergency and are authorized to pick up your child(ren):

Name \_\_\_\_\_ Relation to child \_\_\_\_\_ Phone # \_\_\_\_\_
Name \_\_\_\_\_ Relation to child \_\_\_\_\_ Phone # \_\_\_\_\_

I understand that if I am late picking up my child (after 6pm) I will be charged \$1 per minute until I arrive, payable in FULL at the time I arrive. \_\_\_\_\_ (please initial)

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Fill out the following medical information & consent to treat form. Thank you for choosing the San Luis Obispo YMCA.

San Luis Obispo County YMCA – All Day Care
Medical Information and Consent to Treat Form
Please list any Allergies, Medications, and/or Medical Conditions your child(ren) may have:
Permission: I hereby certify that my child (name) \_\_\_\_\_ is in normal health and capable of safely participating in the San Luis Obispo County YMCA Adventures All Day Care program. I give permission for the child named herein to participate in the All Day Care program and to participate and travel in all field trips.
Authorization: I hereby give my permission to the YMCA agents, employees and managers to seek and receive emergency medical and/or surgical care for my minor child in the event that I can't be reached.
Release & Waiver: This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. I understand that I am responsible for all medical fees should my child be injured or ill at the YMCA, or during YMCA activities and/or field trips. I will not hold the YMCA responsible for any injury that should occur to my child during regular activities at the YMCA.
This authorization & waiver is valid from today's date: \_\_\_\_\_ until \_\_\_\_\_
Print Parent or Guardian Name \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Pay by Credit Card - Credit Cards Accepted: VISA, MasterCard, American Express

Cardholder Name (Print Name) \_\_\_\_\_ Cardholder Signature \_\_\_\_\_
Credit Card # \_\_\_\_\_ CC Expiration Date \_\_\_\_\_ \$ \_\_\_\_\_ Amount

# SLO COUNTY YMCA – RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of 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 sports activity or off-site program affiliated with the YMCA, 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 facilities or equipment thereon and such affiliated program 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 OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, 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 "releases") from all liability to the undersigned, his or her 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 in whole or in part 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.

2. THE UNDERSIGNED HEREBY AGREES TO DEFEND, INDEMNIFY, SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur, including attorneys' fees and cost of suit 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.

3. 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, sport, or activity affiliated with the YMCA.

The undersigned further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, THE UNDERSIGNED, HAVE 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, the undersigned, acknowledge that the San Luis Obispo County YMCA sponsors the above-named activity and realize that NO MEDICAL INSURANCE IS PROVIDED.

For valuable consideration, I hereby give the San Luis Obispo County YMCA its successors, and assigns, the absolute and irrevocable right and permission with respect to photographs, videos, motion pictures, and/or sound recordings being taken of my child; (a) to use, reuse, publish, and republish in the same, in whole or in part, separately or in conjunction with other photographs or recordings, in any medium, and (b) to use my child's name herewith.

I hereby release and discharge the San Luis Obispo County YMCA from any claims and demands arising out of or in connection with the use of such photographs, videos, motion pictures, and/or recordings. I also agree that the photographs, videos, motion pictures and the negatives thereof, and recordings, shall constitute your (YMCA) sole property, with full right of disposition whatsoever.

I have read this release and agree to these terms.

**(Please sign both areas below, one for self and one for minor)**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Parent/Legal Guardian Name

\_\_\_\_\_  
Date

**FOR PARTICIPANTS OF MINORITY AGE** (under age 18 at the time of registration):

THE UNDERSIGNED, AS PARENT/GUARDIAN WITH LEGAL RESPONSIBILITY FOR THE MINOR PARTICIPANT, DOES HEREBY CONSENT AND AGREE WITH THE TERMS AND CONDITIONS OF THIS RELEASE AND HOLD HARMLESS. THE UNDERSIGNED FURTHER AGREES TO THE RELEASE AND INDEMNIFY THE RELEASES FROM ANY AND ALL LIABILITIES INCIDENT TO THE SAID MINOR'S INVOLVEMENT IN THESE PROGRAMS.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Parent/Legal Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's Name

\_\_\_\_\_  
Date of Birth