

# Program Registration Form

**HARRISON SPECIALTY CAMPS** YMCA of Greater Cincinnati

Dearborn YMCA Phone: 812.926.6262

Fax: 812.926.6264

Camp Name \_\_\_\_\_ Week/Days Attending \_\_\_\_\_

NAME \_\_\_\_\_ Age \_\_\_\_\_ Gender M or F

Date of Birth \_\_\_\_\_ School Attending \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ T-shirt Size: Y Small Y Medium Y Large A Small

Email \_\_\_\_\_ A Medium A Large A X-Large A-XXLarge

Parent(s) Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a YMCA member Y or N First Time Participant Y or N

**Special Health Needs:**

\_\_\_\_\_

I hereby certify that my child or I am in normal health and capable of safe participation in the YMCA program for which they are enrolled. I understand that I must also complete an Emergency Medical Authorization Form. I agree to hold free from any and all liability the Dearborn County YMCA and its respective officers, employees, members, volunteers, and sponsors and do hereby, for my child, waive, release and forever discharge and all rights and claims for my child's participation in the activities of Dearborn County YMCA .

I understand the YMCA is not responsible for personal injury or illness which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise or other activities. I acknowledge on my behalf that I assume responsibility for my own actions and injuries, which may result in participation in these activities.

I understand the YMCA of Greater Cincinnati is not responsible for personal property lost or stolen while members or participants are using YMCA facilities.

I give my permission to the YMCA of Greater Cincinnati to use photographs, film footage, audio, or video tape recordings which may include my image or voice for purposes of promoting or interpreting YMCA programs or services to the general public.

**Acceptance: I acknowledge the waiver set forth above and being in sympathy with the mission statement of the YMCA, hereby apply for membership.**

\_\_\_\_\_  
Signature of Parent/Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Check# Amount