

2009 Camp Ok-Wa-Nessett Application

1. Camper Information

Campers Name	Date of Birth	Grade Entering in Sept 2009
Address	City/Town	Zip
Male <input type="checkbox"/> Female <input type="checkbox"/>	Returning Camper Yes <input type="checkbox"/> No <input type="checkbox"/>	DHS Certificate # (if applicable) <input type="text"/>

2. Household/Family Information

Mother/Guardian Name	Home Phone	Cell Phone	
Address	City/Town	State	Zip
Employer	E-mail	Work Phone	
Father/Guardian Name	Home Phone	Cell Phone	
Address	City/Town	State	Zip
Employer	E-mail	Work Phone	
Are there any court orders relating to the child's custody or release? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of the court order.			

3. Emergency Contact/Authorized Pick-up Information

Emergency Contact #1	Relationship	Phone
Emergency Contact #2	Relationship	Phone
Authorized Pick-up	Relationship	Phone
Authorized Pick-up	Relationship	Phone
Authorized Pick-up	Relationship	Phone

5. Permission to Use Photographs

I hereby give the YMCA of Greater Providence, and its employees or agents, permission to take, copyright, use and publish photographs of or concerning me (and/or my children or wards, if under the age of 18) for the purpose of the business of the YMCA, including without limitation, the preparation of promotional materials for the YMCA, including materials prepared for the purpose of fundraising.

Photos Permitted No Photos Permitted

X SIGN HERE

Parent/Guardian Signature _____ Date _____

6. Waiver of Liability

The YMCA of Greater Providence recommends that all youth have an examination by a licensed physician prior to participating in YMCA-sponsored activities. The purpose is to discover any condition which would make it dangerous for the child to participate in strenuous YMCA-sponsored activities and to protect other participants from communicable diseases.

In accordance with Section 7-6-9 of the Rhode Island General Laws (entitled "Exemption from Liability to Participants in Sponsored Athletic or Sports Events"), I hereby waive any liability that the Greater Providence Young Men's Christian Association (YMCA), its officers, directors, trustees, agents, servants, or employees might have for, and agree that said YMCA, its officers, directors, trustees, agents, servants, and employees shall not be liable for any bodily injury to me incurred while I am practicing for, or participating in, any contest or exhibition of an athletic or sports nature sponsored by the YMCA, and I hereby assume the risk of any bodily injury incurred by me while practicing for or participating in any contest or exhibition of an athletic or sports nature sponsored by the YMCA.

I hereby give my permission for my child to participate in the full YMCA-sponsored program, and, to the best of my knowledge, my child has no physical conditions which will make it dangerous for him/her to participate in YMCA-sponsored program activities. In consideration of admittance I authorize the Kent County YMCA to arrange for medical examination and/or treatment for my child should an emergency arise at the while at the Kent County YMCA. It is understood that a conscious effort will be made by the Director to contact me at the emergency number provided before any medical action is taken.

X SIGN HERE

Parent/Guardian Signature _____ Date _____

X SIGN HERE

Parent/Guardian Signature _____ Date _____

Please be aware that the signatures on this application are the only persons authorized to make changes to this application including adding and deleting pick-up names.