

Date Received

**YMCA/DESD PartnerSports Camp
July 10-20, 2017
Partner Application**

Partners must be ages 12-21 (over 18 will require a background check)

Registration will be limited to 50 campers and 50 partners.

PLEASE PRINT CLEARLY and FILL OUT COMPLETELY

Participant's First Name _____ Last Name _____

Sex: Male Female Age _____ Date of Birth _____

Mailing Address _____ City _____ Zip _____

School _____ Grade _____ (after this summer)

Home Telephone: _____ T-Shirt Size: _____

Circle **Adult** or **Youth**

Special health needs and/or food allergies notes:

Partner training is July 7, 2017 (from 9:00 to 12:00)– PARTNERS MUST ATTEND THE TRAINING DAY, EVEN RETURNING PARTNERS, TO BE ELIGIBLE TO ATTEND CAMP.

Mother/Guardian Name _____ Work or Cell phone: _____

Father/Guardian Name _____ Work or Cell phone: _____

Email: _____

Emergency Contact _____ Emergency Phone _____ Relation _____

Emergency contact is required.

Partners will not be allowed to participate without this portion of the application completed.

Parent or Guardian signature _____

Date _____

Please return to Douglas ESD.

YMCA/DESD PartnerSports Campers are ages 8 – 21; partners are ages 12 – 21.**

**Partners aged 18-21 need to contact the Douglas ESD and arrange for a background check prior to camp.

Please initial to indicate agreement with the following three items:

_____ I give my permission for camp leadership to speak with school teachers and counselors to prepare the best possible camp experience for my camper.

_____ I understand that my child may be photographed, videotaped, or interviewed during this event. I hereby authorize Douglas ESD, YMCA, or any media outlet to reproduce and publish my child's name, photographic image or recorded voice. I understand that neither I nor my child shall receive any payment from Douglas ESD or YMCA because of the use of my child's image or recorded voice in any publication or broadcast.

_____ I support the Central Douglas County Family YMCA and Douglas ESD philosophy, which is based on participation, fun, physical fitness, and health, skill building, teamwork, fair play, family involvement and volunteer leadership.

Office Use Only
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RELEASE FROM LIABILITY

In consideration of the right to participate in YMCA/DESD PartnerSports Camp, I waive the right to any and all claims against the Central Douglas County Family YMCA (YMCA) and Douglas ESD for damages, losses, or injuries suffered by my participating minor child or by me as a participant that arise from this program, including a release of any claims that may be caused in whole or in part by the negligence of the YMCA or Douglas ESD, its agents, directors, or employees. On behalf of myself, my spouse, my heirs, executors, or assigns, I hereby agree to assume those risks associated with participating in this program and to hold harmless the YMCA or Douglas ESD and/or its agents for damages suffered by me or my minor child. I also agree to indemnify the YMCA and Douglas ESD for expenses (including defense and other costs) associated with any claim of damages, injury, or death arising from my or my minor child's participation in this program.

I hereby certify that the participant named on the opposite side of this application form is in normal health and capable of participation in this program. I assume all risks incidental to participation in this program and for transportation to and from the program. I hereby authorize the YMCA and/or Douglas ESD to obtain medical treatment for the participant in the event that the adult participant is incapacitated or that the parent/guardian or emergency contact cannot be reached.

I understand that the YMCA and Douglas ESD do not carry accident insurance on its members or participants. All expenses incurred in the treatment of injuries due to accident will be the responsibility of the adult participant or the minor participant's parents/guardians.

I am a legally competent adult (18 years or older) who is responsible for the above named participant.

I have read and agree with the above statements.

Signature of Legally Responsible Adult

Date

Relationship to participant (circle one): Parent Legal guardian

**Mail completed application form to:
YMCA/DESD PartnerSports Camp • 1871 NE Stephens St, Roseburg, OR 97470**

For Office Use Only: Receipt Date: _____