

\* NEW Extended Care Hours \*  
Available 6.30 am - 5.30 pm

# YSPORTS™

## 2008 YMCA Sports Camp

Campers will learn basic sport skills along with teamwork, sportsmanship, and positive competition.

Emphasis is placed on participation, having fun, and learning to respect others.

In addition to learning all about sports, campers will swim, learn new games, and make new friends.



## Schedule

June 23-27 Tennis/badminton

July 7-11 Baseball/Softball

July 14-18 Basketball

July 21-25 Volleyball

July 28-Aug. 1 Football (defense)

Aug. 4-8 Football (offense)

Sign up for one week, or all 6 sessions!

**Location:** Westgate Elementary Gym  
2514 W. 4th, Kennewick

**Time:** Open M - F from 6.30am - 5:30pm  
Formal camp activities run 9-3

**Cost:** \$130/week members  
\$140/week non-members  
\$20 deposit holds your spot

Sports camp is for kids entering 3rd - 6th grades. Kids will be grouped by skill and age.

## Everybody Plays, Everybody Wins in YMCA Youth Sports

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Register at the YMCA of the Greater Tri-Cities  
1234 Columbia Park Trail, Richland

509.374.1908

[www.ymcatricities.org](http://www.ymcatricities.org)

*Minimum of 12 must be registered  
each week to hold camp.*

**YMCA**  
of the Greater Tri-Cities

# 2008 Sports Camp Enrollment/Emergency Form



Registering for:

- Tennis/badminton Week 1 June 23-27     Baseball/Softball Week 2 July 7-11     Basketball Week 3 July 14-18     Volleyball Week 4 July 21-25     Football (defense) Week 5 July 28-Aug. 1     Football (offense) Week 6 Aug. 4-8

Child's Name \_\_\_\_\_

Male  Female    School \_\_\_\_\_    Shirt Size \_\_\_\_\_    Date of Birth \_\_\_\_\_    Age \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Does your child have any limitations or special medical/ behavioral concerns we should be aware of (*medications, allergies or other*)? \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_ Last DPT or Tetanus Shot \_\_\_\_\_ Last Dr. Visit \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Child Resides with (*please check one*)     Both Parents     Mother     Father     Other \_\_\_\_\_

Emergency Contact (*other than parent/guardian*)

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_

I authorize the following individuals to pick my child up from YMCA Sports Camp.

	<i>Name</i>	<i>Relationship to child</i>	<i>Phone</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Participation/Liability Release:** I am the parent or guardian of the participant. I give my permission for my child to participate in YMCA program activities and to be transported as authorized by the YMCA. I understand that even when every reasonable precaution is taken, an accident can and will sometimes happen. Therefore, in exchange for the YMCA allowing me and/or my child to participate in YMCA activities, I understand and expressly acknowledge that I release, indemnify, and hold harmless the YMCA and its staff, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to me or my child's participation in YMCA activities on or off YMCA premises. I understand that this release includes any claims based on negligence, action, or inaction of the YMCA, its staff, boards, volunteers, directors, members or guests.

**Insurance:** It is the responsibility of every individual, their parent/legal guardian, to provide for their own accident and health coverage while participating in YMCA activities. The YMCA of the Greater Tri-Cities does not provide any accident or health coverage for its participants.

**Medical Treatment:** I hereby authorize the YMCA to transport my child and consent to any medical and/or surgical treatment of the above named participant that such staff or medical personnel deem advisable or necessary. I give permission for staff members to administer CPR and/or First Aid if deemed appropriate or necessary. I hereby authorize the YMCA to apply sunscreen/lotion (to be provided by the parent/legal guardian) to my child for protection against the sun's harmful rays as deemed appropriate by the YMCA staff. If a parent/guardian cannot reasonably be located when my child requires medical attention; I \*prefer my child to be taken to:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_, or     Kennewick General Hospital     Lourdes Medical Center     Kadlec Medical Center  
(\*the hospital utilized will be based on location at the time of emergency)

**Photograph Permission:** I give the YMCA permission to use, without limitation, compensation or obligation, photographs, film footage or tape recordings that may include my child's image or voice for purposes of promoting or interpreting YMCA programs.

**I have read and fully comprehend this form and I am voluntarily signing this authorization and liability release form.**

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

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