

## YMCA Camp Minikani Participation Agreement

By signing, the parent/guardian certifies approval of good health of the camper, and in the event that I cannot be reached in an emergency, authorize the YMCA staff/volunteers to render first aid; give permission to the physician selected by the YMCA of Metropolitan Milwaukee to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for my child as named above. I give permission to camp health office/doctor to dispense over-the-counter products (Tylenol, cough syrup, etc.) and prescriptions as needed. Prudent attempts will be made to contact parents immediately. I understand that in signing this form, I agree to release the YMCA of Metropolitan Milwaukee from any liability for the risk of illness, accidents, or injury. I agree to pay the balance of the camp fees at least 14 days from the beginning of the sessions(s). (The YMCA cannot hold reserved space past that date without full payment). Camp fees are not refundable without a doctor's authorized medical reason. I understand that no refunds are given if a child leaves early because of homesickness or disruptive behavior as determined by the Camp Director. The deposit is not refundable or transferable under any circumstances. I grant permission of the applicant to participate in all planned camp activities including participation in the high ropes, hiking, or horseback riding. The YMCA is not responsible for lost, stolen, or damaged articles I also authorize the YMCA to have and use photographs, slides, videotapes of the person named in this application as may be needed for its public relations programs. Transportation: I give my permission to attend traveling field trips, supervised by the YMCA staff members at all times, to and from camp by the YMCA van, hired bus company or short walks.

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

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