



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

MOVING BODIES BOOSTING BRAINS

**2019 Registration Packet
YMCA Summer Camp at Rehobeth UMC**



ADRIAN L. SHUFORD JR. YMCA
1104 Conover Blvd E | Conover NC 28613
828 464 6130 | www.ymcacv.org



YMCA Summer Camp at Rehobeth UMC

2019 Weekly Themes

Week 1: Catch the Y Spirit (June 17-21)

Show us your camp spirit through team banners, goofy hats, crazy socks, minute to win it games, wacky relays, color wars and more.

Week 2: Mission Impossible (June 24-28)

Your mission if you choose to accept it - Decipher codes, Analyze fingerprints, Scavenger Hunt to find clues, Solve mazes/obstacle courses, and end the week with Relay/food challenges.

Week 3: America the Beautiful (July 1-5) No Camp on July 4th or 5th

Join us as we celebrate our amazing country! We will have the best birthday party this week for the U.S.A.

Week 4: Inventor's Workshop (July 8-12)

Ready for an EPIC challenge? Work together with your camp teams to invent a Marble Run Extravaganza! Each team will be given 1 marble, each camper brings in 1 recyclable item from home, then time for the fun! See who can make their marble run the longest! CREATE, BUILD, DESIGN, READY SET GO!

Week 5: Outdoor Adventures (July 15-19)

Experience the great outdoors with Nature crafts, tasty concoctions over a fire, lawn games, Floatable inventions, Ultimate Frisbee, Science of Nature.

Week 6: Face Your Fears (July 22-26)

From creepy crawlies to the highest heights – this week at camp will have you facing your fears and seeing how strong you truly are! It's time to try new things and maybe get a little messy. Worms, anyone?

Week 7: Superhero Strong (July 29-August 2)

Average on the outside – extraordinary inside! It's time to find your inner superhero. Each of us has a superpower, it's time to become your very own superhero and meet some others along the way.

Week 8: Let the Games Begin (August 5-9)

Begin Teamwork is the challenge this week as everyone strives to be "faster, higher, stronger" at the KIDS Camp Olympics! Fun will be had by all as we compete in tug of war, gaga, noodle toss and many more. Everyone comes out a winner at the Olympics!

Week 9: Rockin' Beach Party (August 12-16)

We don't have a beach, but we still know how to throw a rockin' beach party here at the Y! So bring your swim suits and get ready for Water Balloon Tosses, Water Relays, and MORE!



How much is camp? How do I register?

CAMP FEES

Weekly Camp Fee: \$125 Member \$150 Non-Member

One-time Registration Fee: \$35 per child

HOW TO REGISTER

1. Register online at ymcacv.org
2. Complete all registration forms and return them to the Adrian L. Shuford Jr. YMCA in Conover.
2. Submit payment for the registration fee and a \$25 per week deposit for each selected week with the registration packet. (Deposit required at the time of registration. Enrollment in any week of camp is not guaranteed without payment of deposit.)

FINANCIAL ASSISTANCE POLICY

Through our Financial Assistance program we are able to provide discounted programs to individuals who may have a financial hardship. If you are in need of financial assistance for camp, please contact the Shuford YMCA at 828-464-6130 for a Summer Camp Financial Assistance packet.

CAMP DEPOSITS: Non-Refundable/Non-Transferable

A camp deposit of \$25 per week, per child is required for all camp weeks. These fees are deducted from your total weekly camp cost. In the case that you cancel those weeks of camp, the deposits are non-refundable & non-transferable.





Camp Registration Form

Camper Information

YMCA Member Yes No

Name _____ Age _____
 First Last Preferred

M F Birthdate ____ / ____ / ____ Last Grade Completed ____ School _____

Address _____ Allergies _____

Parent / Guardian (Financially Responsible Party) Relationship to Camper _____

Name _____ M F Birthdate ____ / ____ / ____

Email _____ Work Phone _____

Address _____ Preferred Phone _____

Parent / Guardian Relationship to Camper _____

Name _____ Phone _____

Name of adult(s) with whom camper resides _____

Relationship to camper _____ Phone (if different) _____

The following are authorized to pick up camper (must be at least 18 and provide valid photo ID):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Camper's Swimming Ability: None Beginner Moderate Advanced

Camper's Shirt Size: YS YM YL AS AM AL

Waiver of Liability: I fully assume and understand the risks of my child participating in the YMCA program including death or injury due to falls, collisions with other participants, actions by hostile humans or animals, uneven pavement, obstructions, adverse weather, sudden illness and all other risks. I attest that my child is physically fit to participate. In the event my child needs medical attention and I am unavailable, I authorize program staff to provide medical attention at my expense should my child appear in need. I carry Medical Insurance on my child and will provide the YMCA with that information. For injuries my child sustains, including death, I agree to save and hold harmless the YMCA of Catawba Valley, volunteers, program staff, suppliers, contractors and anyone else connected with the organization of this program from any claim or lawsuit that may be brought at any time by me, my family, estate, heirs or assignees arising from my child's participation in this program or the instructions received. I agree that images or video taken of my child during this program may be used in any legal manner without repayment to me. The YMCA reserves the right to reject any and all applications and to terminate any and all program privileges by refunding the prorated program fees. Such rejection or termination is to be the sole discretion of the YMCA of Catawba Valley. I authorize the YMCA to transport my child on field trips and to play outside fenced-in areas at the YMCA. I make this arrangement and pay the program fee in exchange for the privilege of my child participating under the conditions of the program.

Parent / Guardian Signature _____ Date _____



Rehobeth UMC ENROLLMENT FORM

Camper Name _____

\$35 registration fee per child and a \$25 per week deposit is required for each selected week due at the time of registration. Enrollment in any week of camp is not guaranteed without payment of deposit.

WK#	DATES	THEME	COST	MARK 'X' TO ATTEND
01	06/17/19 - 06/21/19	Catch the Y Spirit	\$125/ \$150	<input type="checkbox"/>
02	06/24/19 - 06/28/19	Mission Impossible	\$125/ \$150	<input type="checkbox"/>
03	07/01/19 - 07/05/19	America the Beautiful	\$125/ \$150	<input type="checkbox"/>
04	07/08/19 - 07/12/19	Inventor's Workshop	\$125/ \$150	<input type="checkbox"/>
05	07/15/19 - 07/19/19	Outdoor Adventures	\$125/ \$150	<input type="checkbox"/>
06	07/22/19 - 07/26/19	Face your Fears	\$125/ \$150	<input type="checkbox"/>
07	07/29/19 - 08/02/19	Superhero Strong	\$125/ \$150	<input type="checkbox"/>
08	08/05/19 - 08/09/19	Let the Games Begin	\$125/ \$150	<input type="checkbox"/>
09	08/12/19 - 08/16/19	Rockin' Beach Party	\$125/ \$150	<input type="checkbox"/>

GRAND TOTAL NUMBER OF WEEKS ENROLLED: _____

Pay Deposits Option: (balance for each week is due Friday prior to the 1st day of camp)

1. TOTAL DEPOSITS (# Weeks enrolled times \$25.00) \$ _____

2. REGISTRATION FEE (One per Camper) \$ **35.00**

TOTAL DUE NOW (1 + 2) \$ _____

***** OR *** Pay in Full Option *****

1. TOTAL FEES (# Weeks times the cost for selected weeks) \$ _____

2. REGISTRATION FEE (One per Camper) \$ **35.00**

PAID IN FULL AMOUNT (1+2) \$ _____

For Staff Use Only:

Received by Clerk: _____ Date: _____

Approved by Camp Staff: _____ Date: _____

Comments: _____

- * Payments are due the Friday BEFORE a child attends camp.
- * If payment is not honored by your bank, a \$25 service fee will be charged.
- * If you have an outstanding debt past Tuesday of the week attending, service will be terminated immediately.
- * It is the parent's responsibility to make sure that there is no outstanding balance.
- * A late fee of \$25 will be automatically applied on Tuesday at 9am.

CHANGES TO ENROLLMENT: Once campers are enrolled for a week of camp, you are responsible for payment unless you complete a change form in writing AND submit it to the Camp Director to notify the YMCA that they will be absent no later than the Friday BEFORE the week of camp begins.

Parent / Guardian Signature: _____ **Date:** _____



YMCA Financial Commitment

It is the intent of the YMCA of Catawba Valley to provide quality care for each child. The YMCA of Catawba Valley is a non-profit organization; therefore, it is important for each parent to pay for services rendered. If you are unable to pay for services, please contact the Department of Social Services or other third party agencies for assistance. Should you be turned down for assistance, please bring your denial letter to the facility of your choice for more information about applying for YMCA financial assistance. *Participants who receive subsidy through the Department of Social Services or other agencies must also follow these guidelines when paying parent fees.*

Y MEMBER / NON Y MEMBER CAMP RATES: The YMCA of Catawba Valley discounts camper fees if the enrolled camper is listed as a member.

DEPOSITS: A deposit is required at registration to reserve your spot for each week of camp. The deposit is non-refundable and non-transferable to another person OR to another week of camp.

CHANGES TO ENROLLMENT: Once campers are enrolled for a week of camp, you are requested to complete a change form in writing AND submit it to the Camp Director to notify the Y that they will be absent no later than the Friday BEFORE the week of camp begins.

EXPRESS DROP OFF / ATTENDANCE LOGS: It is important that you sign your camper in and out each day. If your camper's name is not printed on the sign-in sheet, you will be asked to come into the facility to verify his/her enrollment.

LATE PAYMENTS: Payments not received by 9am on Tuesday of the camp week are considered delinquent. A \$25 late fee will be automatically added to your account. Your camper may not attend camp if the account is delinquent. Please see the Camp Director if you have special circumstances.

CUSTODY ARRANGEMENTS: The parent/guardian signing this form is responsible for payment.

Choose a payment option

- Payment Option 1: PAID IN FULL at time of registration –Personal Check, Credit/Debit Card or EFT accepted**
- Payment Option 2: AUTOMATIC Payment –Credit/Debit Card or Bank Account (EFT)**
 - Upon registration you will pay a one-time non-refundable registration fee, plus a deposit for each week of camp enrolled.
 - Provide the Y with your credit/debit card or Bank account authorization (see box below) and the remaining balance for each week will automatically be charged to your account the Friday prior to each camp week(s) enrolled.
 - Declined charges to your credit/debit card will result in a delinquent account and you will automatically incur an additional fee of \$25.
- I will contact the Camp Director for other payment arrangements**

I choose to use the **AUTOMATIC Payment Option** for the weeks of camp enrolled. By completing the information below, I authorize the YMCA to charge the balance owed for the following week to my credit/debit card OR my bank account each Friday before that week of camp.

Parent/Guardian Name: _____ Camper Name: _____

Cardholder Name: _____ Contact Phone#: _____

VISA/ MASTERCARD/ DISCOVER/ AMEX Card Number: _____ - _____ - _____ - _____

Exp Date: ____ / ____ 3 digit Security Code _____ Signature: _____
 month year

Bank Name _____ Name on Account _____

Routing Number _____ Account Number _____

By signing below, I agree to comply with the financial commitment stated above.

Print Camper Name: _____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____



Camper Health History Form

Camper Name _____ Date of Birth _____ M F
 Parent / Guardian _____ Preferred Phone Number _____
 Address _____
 Emergency Contact _____ Relationship _____
 Emergency Contact Phone Number _____ Camper Height / Weight _____

Please list any medications your camper is currently taking including dose, prescription, and times (additional medication release form is required) _____

Please list the date and nature of any operations or serious injuries _____

Please describe any disability or chronic reoccurring illness _____

Please list any activities limited by a physician _____

Please describe any dietary modifications or considerations _____

Name of Physician _____ Phone _____
 Name of Dentist _____ Phone _____
 Hospital Preference _____ Phone _____
 Health Insurance Company _____
 Policy Number _____ Group Number _____

Please check any conditions that your child has experienced:

Allergies: Bees Peanuts Tree Nuts Seafood Hay Fever Poison Oak/Ivy Antibiotics
 Other _____

Conditions: Heart Defect/Disease Frequent Ear Infections Convulsions Diabetes Bleeding/Clotting Disorders
 Hypertension Mononucleosis Psychiatric Disorders Seizures Asthma ADHD/ADD
 Other _____

Diseases: Chicken Pox German Measles Other _____

This health history is correct, as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the medical personnel selected by the Camp Director to order routine tests, x-rays, treatment and necessary transportation for the individual named above. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for my child named above.

Parent / Guardian Signature _____ Date _____



Medication Authorization Form

If it is absolutely necessary for the camper named below to take medication during camp hours or in the event your camper has a medical condition of which the YMCA should be aware, please complete the information requested. Medications (both prescription and over-the-counter) will only be accepted and dispensed by YMCA Staff if provided in their original container and with current prescription labeling. Please check medication labels and expiration dates prior to your arrival at camp.

Camper's Name _____ Age _____

Parent / Guardian _____ Phone _____

Does your camper take medication (prescription or over-the-counter) on a regular basis?

NO, my camper does not take medication on a regular basis.

YES, my camper takes medication on a routine basis and **WILL** be bringing his/her medication to camp. Medications brought to camp **MUST** be in the original container with the label matching a completed **MEDICATION AUTHORIZATION FORM**.

YES, my camper takes medication on a routine basis, but **WILL NOT** be bringing his/her medication to camp.

Please list the medications your child takes routinely, the dose and the reason for taking

Name of Medication _____

Dosage _____ Times to Administer _____

Reason _____

Special Instructions or possible side effects _____

Name of Medication _____

Dosage _____ Times to Administer _____

Reason _____

Special Instructions or possible side effects _____

I understand that YMCA of Catawba Valley staff is dispensing medication per the instructions of the parent and understand that medication will be distributed in accordance with the directions provided and that those directions may be conveyed to medical providers in case of an emergency.

Parent / Guardian Signature _____ Date _____



Discipline and Behavior Management Policy

The YMCA is devoted to helping youth develop self-esteem. We feel discipline must be done in a positive manner. Praise and positive reinforcement are effective methods of the behavior management policy. When children receive positive, non-violent and understanding interactions from adults and others they develop good self-concepts, problem solving abilities and self-discipline. Based on this belief of how children learn and develop values, our staff will practice the following discipline and behavior management policies.

WE...

1. WILL praise, reward and encourage the child.
2. WILL reason with and set limits for the children.
3. WILL model appropriate behavior for the children.
4. WILL modify the classroom environment to help.
5. WILL listen to the children.
6. WILL provide alternatives for inappropriate behavior to the children.
7. WILL provide the children with natural and logical consequences of their behavior.
8. WILL treat the children as people and respect their needs, desires and feelings.
9. WILL ignore minor misbehaviors.
10. WILL explain things on a child's level.
11. WILL use short, supervised periods of "time-out."
12. WILL stay consistent with our behavior management program.

WE...

1. WILL NOT spank, bite, pinch, push, slap or otherwise physically punish the child.
2. WILL NOT make fun of, yell at, threaten, make sarcastic remarks, use profanity or otherwise verbally abuse the children.
3. WILL NOT shame or punish the children when bathroom accidents occur.
4. WILL NOT deny food or rest as punishment.
5. WILL NOT relate discipline to eating, resting or toileting.
6. WILL NOT leave the children alone, unattended or without supervision.
7. WILL NOT place the children in locked rooms, closets or boxes as punishment.
8. WILL NOT allow discipline of children by children.
9. WILL NOT criticize, make fun of or otherwise belittle children's parents, families or ethnic groups.

Parent Participation

The YMCA Summer Camp program encourages the communication between parents and counselors and welcomes conferences at any time with the Camp Director. The YMCA requests complaints concerning a particular counselor or a policy to be taken to the Camp Director. Please notify the Camp Director immediately regarding a concern about your child's treatment by other children or a staff member. We believe complete honesty and openness between parents and staff is vital to the operation and success of the program. We do ask that parents refrain from discussing personal/personnel issues with counselors in front of children or parents while at the program. We strive to encourage parent participation in our program. Please see the Camp Director if you have questions or concerns.

Parent Expectations

1. We want you to be happy and feel comfortable leaving your child in our care.
2. We want to hear your concerns or comments. Please talk to the Coordinator, Program Director or Counselor at any time.
3. We want you to participate in fundraisers, parties, outings and other activities your child is involved with.
4. We need you to pay ALL fees on time.
5. We need you to constantly update us on new phone numbers or changes that should be made on your child's records.
6. We need you to sign your child IN and OUT upon arrival and dismissal.
7. We expect you to let us know in person or by note if someone different will be picking up your child. This person must provide picture identification for your child to be released to their care.
8. We need you to make sure your child has a complete change of clothes, swim suit, towel, closed-toe shoes and sunscreen each day.

Parent / Guardian Signature _____

Date _____



Aquatics Activity Policy

Aquatic activities are defined as activities that take place in, on, or around a body of water such as swimming, swimming instruction, wading, boating and visits to water parks.

General Supervision

- At least 1 person who has a current lifeguard training certificate must be at the site for every 25 children in care that are participating in aquatic activities. The certified lifeguards will not be counted in child/staff ratios.
- Child/staff ratios that have been mandated for school age children will apply to all childcare aquatic activities and must be maintained at all times. The ratios will be 1 staff member to 13 children for aquatic activities.
- Regardless of how small a number of children are participating in aquatic activities at least 2 staff members must be present at all times.
- Staff will devote their full attention to supervising the children in the pre-assigned areas of coverage and shall communicate with one another about children moving from one area to another. Adequate supervision must be maintained at all times.
- Half of the staff needed to meet staff/child ratios must be in the water and the other half must be out of the water. If an uneven number of staff is needed to meet the required staff ratios, the majority shall be in the water. Those stationed outside the water must be stationed alongside the pool so visual supervision is maintained. Positions will be assigned before arrival to assure that staff will be able to see, hear and respond quickly to the children.
- N.C. childcare law prohibits children in licensed childcare programs from being in public restrooms or dressing rooms with the general public present.
- Staff must check restrooms and dressing rooms to determine that no one is inside before allowing children in their care to enter public restrooms.
- Staff should remain at the entrance to deter others from entering while the children are inside.
- While staff is on duty during aquatic activities, the use of a personal cell phone to make/take calls or text messages is prohibited.
- All staff regulations such as no tobacco use, dress code and conduct are enforced on aquatic activities.

Supervision of Attending to Personal Needs of the Children (restroom, changing clothes, etc.)

- A staff member that is outside the water will supervise the children with their personal needs away from the pool area.
- A staff member will never assist a child with their clothing unless necessary and there will always be another staff member in attendance.
- Staff in the water should be notified of any children that are leaving the pool area and should be notified upon their return.
- All children must come to the program with appropriate sunscreen on for protection. After 1-1½ hours of aquatic play the children will have the opportunity to re-apply their sunscreen.

Aquatic Safety Hazards

- Children must follow the posted rules for the aquatic activity at all times.
- Running while participating in an aquatic activity is prohibited.
- Children are not allowed to participate in horseplay in or around the water.
- Children must stay within the designated area unless escorted by a staff member.
- Pool staff must be notified of any instance where medical or first aid attention is necessary. (Example: cuts, falls, scrapes, vomiting of swallowed water, etc.)
- All children must pass a swim test (given by the lifeguards) at each visit to an aquatic activity to be allowed to swim in the deep area of the water.

Discipline during Aquatic Activities

- Staff and/or lifeguards will review with the children safety practices at each visit to an aquatic activity and will be reminded of the consequences of breaking these rules.
- Rules that are posted at the aquatic activity apply to all children.
- When any child does not follow the established rules for the aquatic activity they may be corrected by the lifeguard on duty or staff of the program.
- The discipline and behavior policy of the YMCA of Catawba Valley is strictly enforced during aquatic activities. Any child that repeatedly disregards this policy will be disciplined accordingly. This discipline could result in missed swim time.

By signing this document you are stating that you have read and are in agreement with the policies listed above. You are further stating that you give permission for your camper to participate in all aquatic activities.

Parent / Guardian Signature _____

Date _____



Permission to Administer Topical Products Photo, Media and Transportation Release Form

Authorization must be provided for staff to apply over-the-counter, topical ointments, insect repellants, lotions, creams, and powders, such as sunscreen. Item must be provided in its original container and labeled clearly with the child's name. Staff will keep items out of reach of children when not in use.

Child's Name _____

Name of Ointment _____ Amount _____

From ____ / ____ / ____ To ____ / ____ / ____ (Permission may be given for up to 12 months)

Apply to: all exposed skin face only other (specify) _____

By signing below, I give permission to my child care provider to apply the medication listed above as instructed.

MEDIA RELEASE

From time to time, the YMCA of Catawba Valley (the "YMCA") takes pictures or records videos of members and non-members participating in YMCA programs, using its facilities, or attending one of its special events. Additionally, the YMCA may permit members of the media (the "Media") to take such pictures or record such videos in order to promote the YMCA's charitable mission and for other journalistic purposes.

The individual person named below is signing the Release for the purposes of allowing the YMCA and the Media to use one or more such photographs, video recordings, and/or sound recordings (collectively "Recordings") of such person for any purpose consistent with the YMCA's charitable mission, which includes, but is not limited to, the YMCA or the Media publishing such recordings in newspapers, websites, social media and other print or electronic publications, on television, or on the radio. By signing this Release, such person acknowledges that he or she has freely consented to be photographed, filmed, or otherwise recorded and has signed this Release of his or her own free will. If the person named below is under age 18, a parent or guardian of such person must sign on such person's behalf.

1. I agree that I am willing to be photographed, filed, or otherwise recorded by the YMCA, its contractors, and the Media, either individually or as part of a group Recording, which may include my image, likeness, and/or voice. Further I agree that my name may be used to identify me as a subject of any Recordings featuring my image, likeness, and/or voice.
2. I understand that the YMCA will own all rights in the Recordings of me that the YMCA or a YMCA contractor takes or records ("YMCA Recordings"), and that the YMCA will have the exclusive right to use, or allow others to use, such YMCA Recordings in any medium for any purpose consistent with the YMCA's charitable mission as determined by the YMCA.
3. I understand that the Media will own all rights in the Recordings of me that the Media takes or records ("Media Recordings"), and that the Media will have the exclusive right to use, or allow others to use, such Media Recordings in any medium for any lawful purpose.
4. I understand that I am waiving any and all rights that may preclude the YMCA's or the Media's use of the Recordings as described above.
5. I acknowledge that neither the YMCA nor the Media has any obligation to use any Recordings of me or to use such Recordings for any particular purpose.
6. I understand that I will receive no monetary payment or other compensation in exchange for the rights to use Recordings of me.

TRANSPORTATION AND ACTIVITY AUTHORIZATION

I understand that my child may be using bus transportation provided by the YMCA during summer camp. This might be for a field trip or for transportation to and from the camp. By my signature below, I give permission for my child to travel by bus with the YMCA staff. I understand that only licensed and qualified personnel will operate any vehicle to and from the camp, and that there will be at least one staff member present at all times. I agree to release the YMCA and the YMCA staff from any and all claims of damages, demands or liabilities, which may arise as a result of my child's participation on these bus trips.

I understand that the facility will use the appropriate child restraint devices and abide by all the safety rules in Rule .1000 when my child is transported in a vehicle. The facility will also notify me each time my child is to participate in an activity that would involve transportation. This authorization is valid from the first day of Summer Camp through the duration of Summer Camp.

Camper Name _____

Parent / Guardian Signature _____

Date _____



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HICKORY FOUNDATION YMCA
CLIMBING TOWER
PARTICIPANT AGREEMENT AND MEDICAL RELEASE FORM

Participant & Parent/Guardian Name: _____/_____
(Please print)

Initial below to indicate that you have read, understood, and agree to the section following your initials.
Parents/Guardians/Legal Representatives should initial on behalf of participating Minors after discussing each section
with them, indicating that both the Minor and the Parent/Guardian/Legal Representative agree to each section.

I state that I am not now under the influence of any chemical substance including alcohol, and that I will not be
under the influence of any substance when participating in the challenge course program. I realize participating in any
Climbing Tower Programs while under the influence of a substance would endanger myself and others.

I am aware that I might be photographed and/or videotaped during my participation, and authorize such
photographs and/or videotapes to be used by the YMCA of Catawba valley in training and/or promotional that I will not
receive compensation for the use of such photographs and/or videotapes.

I give my consent to the YMCA of Catawba Valley and Climbing Tower Staffs employees and to emergency
medical personnel to treat me if they deem it to be medically necessary. I authorize YMCA of Catawba Valley and
Climbing Tower staff to secure such medical advice and services as they feel necessary for my health or well-being. I
give permission for emergency anesthesia and/or surgery that might be necessary due to an illness or injury occurring
during my participation.

I agree to accept financial responsibility for any medical expenses and/or loss of income not covered by my
Insurance Policy that occurs as a result of my participation in the challenge course program.

RELEASE OF LIABILITY

I understand that Challenge Course/Climbing/Adventure Based activities are, by their nature, physically and
emotionally demanding, and that participating in the challenge course program may involve risks such as walking,
bending, twisting, pulling, lifting, running, jumping, climbing, swinging, increased hear or breath rates and/or physical
contact with others.

I understand that although the YMCA of Catawba Valley and Climbing Tower staff will make every reasonable
effort to minimize exposure to known risks, not all dangers and hazards can be foreseen (i.e. cuts, bruises, crapes,
fractures, dislocations, fatalities, etc.). I am aware that certain risks and dangers exist in the activities that are beyond
the control of the YCMA of Catawba Valley and Climbing Tower Staffs and their employees.

I understand that I have the right and the responsibility to limit my participation in any activity that I believe
will compromise my safety, and agree to notify a YMCA or Climbing Tower Staffs employee if I have any concerns.
YMCA of Catawba Valley and Climbing Tower practices the "Challenge by Choice" philosophy. This means, if I choose to
physically participate in any activities, I voluntarily assume all risks associated with such participation.

I understand that YMCA of Catawba Valley and Climbing Tower staff has the right to deny my participation and
that it is my responsibility as a Participant to follow the instructions, guidelines and procedures established by the
Facilitator(s)/Trainer(s). If, at any time, I do not understand or have not heard specific instructions given by the
Facilitator(s)/ Trainer(s), I realize that it is my responsibility to ask for clarification and/or assistance before any
participation.

I understand and assume all dangers and risks (both known and unknown) associated with my participation in
the challenge course program and waive, release and discharge the YMCA of Catawba Valley and their agents, officers
and employees from all claims or causes of action arising from my participation. I do hereby release the YMCA of
Catawba Valley and Climbing Tower Staff and their agents, officers, and employees from any and all liability, even if
arising from the negligence of the releases, and agree to indemnify and hold the YMCA of Catawba Valley and Climbing
Tower staff harmless from any suits for any accidents, personal injury or loss of or damage to property, and from any
legal fees and expenses incurred in the defense of same, arising as a direct or indirect result of participating in the
challenge course program. This release, indemnification, and waiver shall be construed broadly to the maximum extent
under applicable law.

My signature on this document is also intended to bind my representatives, administrators, successors, heirs, next of
kin and assigns on my behalf.

By signing below I am agreeing that I have carefully read and agree to all of the sections initialed above. I am also
verifying that the information listed on the health History form is complete and accurate to the best of my knowledge.
(Please additionally complete the Health history Form prior to signing this document)

Participant Signature (Minors must sign)

Date

Parent/Guardian/Legal Representative Signature
(Required if Participant is under 18 years of age)

Relationship

Date

Emergency contact number