

**Member/Child Release
Total Life Leadership Day Camp
Registration Form**

	Camper's Name:		
	Last	First	
	Address		
	City		
	State	Zip	
	Home Phone		
	Cell Phone		
	Age	M/F	Date of Birth
	Grade		

Custodial Parent(s)/Guardian:		
Name		
Day Phone	Evening Phone	
Cell Phone	Fax	
Email Address		
Name		
Day Phone	Evening Phone	
Cell Phone	Fax	
Email Address		

Note: Please circle preferred parent or guardian to contact during camp:

Check enclosed payable to: **Total Life Counseling Center**

Charge \$ _____ Visa MC

Name as it appears on card _____

Address for card billing _____

Account number _____

exp. date _____

Signature on card _____

To be registered for Day Camp you must be 10 years old before the week you plan on attending. Some Camps and activities have specific age requirements that **MUST** be met. **NO** exceptions can be made since the age standards are set by outside agencies such as insurance carrier.

We will consider a camper registered when we have received the following **four** things:

Member/Child Release

1. This form filled out completely. Please notice there are several pages.
2. The \$75 deposit (or full payment if you are registering less than two weeks prior to the week that you are registering for).
3. Release form completely filled out and signed by camper and at least one parent.
4. A copy of the insurance card from the carrier that covers the camper.

Please fill out each of the sections completely.

I have read the camp information and understand the nature of the activities and the health and safety measures. I give permission for my child to attend and participate in activities on and off the camp property.

I give permission for the use of photographs, video, and comments of my child and family to be used on the Total Life Counseling Web site and other forms of advertisement and publicity. I understand and agree to cooperate with all regulations and procedures.

Parent/guardian signature _____

Date _____

Mail or Bring completed registration to:

**Total Life Counseling Center
 1507 S. Hiawassee Road, #101
 Orlando, FL 32835
 (407) 248-0030
 www.totallifecounseling.com**

Name of Parent or Legal Guardian through whom insurance is provided: _____

Social Security Number of Parent or Guardian named above: _____

Social Security Number of Camper: _____

If you do not wish to give us the two SSN's above, be advised that emergency medical treatment may be delayed until such time as you can be contacted since the medical personnel require this information. Please put a check in the box below to indicate you understand this possibility. If you check this box please sign on the line beside it:

Insurance Carrier: _____ Insurance Card Number: _____

Date of Last Tetanus Booster Shot: ____/____/____

Disabilities (if any): _____

Additional Medical Information: _____

Member/Child Release

Emergency contact if parents cannot be reached:
Name
Day Phone
Evening Phone
Cell Phone

Permission to Treat and Other Releases

I give permission to the staff of the camp to seek medical treatment for my child in case of injury or illness.

I give permission to dispense aspirin/non-aspirin, non-prescription medications, topical antibiotic cream, bug repellent, sun screen or other over the counter medications.

I release Total Life Counseling Center and the personnel of said institution from liability from accidents arising from participation in camp activities.

Signature of Custodial Parent or Guardian: _____ Date: _____

Member/Child Release
CENTRAL FLORIDA YMCA
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the Central Florida YMCA (or for my children to participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the Central Florida YMCA, the undersigned, kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such an entry into the Central Florida YMCA for observation or use of any facility or equipment or participation in such affiliated program constituted an acknowledgment that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE CENTRAL FLORIDA YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE CENTRAL FLORIDA YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the Central Florida YMCA, its directors, officers, employees and agents (hereinafter referred to as "releases") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in the death of the undersigned or such children whether caused by the negligence of the releases or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the Central Florida YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the Central Florida YMCA premises or in any way observing or using any facilities or equipment of the Central Florida YMCA or participating in any program affiliated with the Central Florida YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to the negligence of releases or otherwise while in, upon or about the premises of the Central Florida YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Central Florida YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the laws of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement has been made.

WAIVER: READ CAREFULLY BEFORE SIGNING

I HAVE READ THIS RELEASE:

Date: _____

Member/Child Release

Signature of Participant/Parent _____

Name of Child/Participant in Program

Address

City, State Zip

Phone _____

IN CASE OF AN EMERGENCY PLEASE CONTACT:

Emergency Contact 1 Name and Phone

Emergency Contact 2 Name and Phone

Please note any physical limitations you could have that would affect your participation in this program.