

SUMMER CAMP & CLUB REGISTRATION FORM



Deionte Davis Loyalty Foundation INC.
EMAIL: deiontedavisloyalty@gmail.com
PHONE: {404}301-9989 x110

CAMPER INFORMATION

LAST NAME: _____ FIRST NAME: _____
GENDER: M ☐ F ☐ WORK PHONE: _____ CELL PHONE: _____
ADDRESS: _____
CITY: _____ ZIP CODE: _____
EMAIL: _____

MAIN CONTACT

LAST NAME: _____ FIRST NAME: _____
GENDER: M ☐ F ☐ WORK PHONE: _____ CELL PHONE: _____
ADDRESS: _____
CITY: _____ ZIP CODE: _____
EMAIL: _____

SECONDARY CONTACT /ALTERNATE

LAST NAME: _____ FIRST NAME: _____
GENDER: M ☐ F ☐ WORK PHONE: _____ CELL PHONE: _____
ADDRESS: _____
CITY: _____ ZIP CODE: _____
EMAIL: _____

EMERGENCY PICK UP OR ALTERNATE PICK UP

This is a person over-the age of 16 who is authorized to pickup your child and can be contacted by _____ staff when the parent/guardian can't be reached.

RELATIONSHIP: _____ FULL NAME: _____
PHONE: _____

Campers 11 years old and under must be signed in and signed out by a parent/guardian or a person over the age of 16. If your child is 12 or older does she/he have your permission to be released on their own at the end of their camp day?

Yes ☐ No ☐

Signature: _____

By completing this form you acknowledge that you're giving up certain legal rights and hereby represent and warrant to the DDLF: (1) You are over the age of majority in your jurisdiction of residence. (2) You are registering on behalf of a minor and are his/her parent/legal guardian and as such are fully authorized and entitled to enter into this agreement on his/her behalf. Please note this agreement requires you to read the Program Agreements.

Please provide your email address below to receive your registration confirmation, newsletters and information guide! IN ORDER FOR REGISTRATION FORMS TO BE PROCESSED, ALL SECTIONS MUST BE COMPLETED, INCLUDING BANKING INFORMATION

CODE OF CONDUCT

The safety of each individual in the program is of the utmost importance to the DDLF. Each registrant must recognize a personal responsibility to learn and follow at all times the safety and other rules established by DDLF staff. I hereby agree that any behaviour of the registrant that places him/herself or others at risk may result in the registrant's immediate dismissal from the program. Further, if dismissed from the program, I agree to cover any expense(s) arising from such dismissal. I hereby acknowledge and agree that no refund will be granted for dismissal or removal of the registrant at his/her request before the end of a program session. In order to ensure the safety and well-being of all individuals participating in the program, the DDLF reserves the right to alter the program at any time without notice or compensation to the Registrant.

Signature: _____

I have read and understand the Code of Conduct. Signature: _____

Are there any court orders or custody restrictions which would prevent us from communicating with either parent/guardian?

Yes ☐ No ☐

If yes, we will contact you for additional information

HEALTH HISTORY AND PERSONAL INFORMATION

The more information you can provide, the better we can meet the needs of your child. This information will be used by the Day Camp/Childcare Director, and your child's counselors to support your child. If there is additional information of a sensitive nature, please feel free to send a separate letter marked 'confidential' to the attention of the Day Camp or Childcare Director. Whatever information you send to us will be treated with confidence and respect. We encourage, but do not require, a medical examination.

Is the participant under any form of treatment for an illness, condition or injury? Yes ☐ No ☐

If yes, please explain and detail routines, medications, adaptations etc. We also require you to complete a Medication Dispensing Form.

- Does your child require 1-1 support while at camp? Yes ☐ No ☐

If yes, please make sure you have filled out the online inquiry form and connected with us, prior to filling out this registration form. If you have not, please email us and we will send you the link to the inquiry form _____.

- Does your child have any medical or behavioural conditions that we should be aware of? Yes ☐ No ☐

- Does your child use a puffer? Yes ☐ No ☐

- Wears Medic-Alert Bracelet: Yes ☐ No ☐ For: _____

- Carries Epi-pen: Yes ☐ No ☐

Allergies: Seasonal: Yes ☐ No ☐ Drugs: Yes ☐ No ☐ Food: ☐ Yes ☐ No ☐
Insect: Yes ☐ No ☐ Other: _____

Dietary needs or restrictions (please provide details below):

☐ Gluten free ☐ Lactose intolerant ☐ Vegetarian ☐ Other: _____

REGISTRATION FEE AND PAYMENT METHOD

Registration fee for the Deionte Davis Loyalty Foundation (DDLF) Youth Summer Camp is \$150 from _____, _____ until _____, _____.

Please ask about our convenient payment plans. Your balance will be due on _____, _____, or at the time of registration if after _____, _____.

Total Fees Due \$ _____ 150 _____

Initial payment (minimum \$50 at time of registration) \$ _____

Balance remaining (Due _____) \$ _____

Initial method of payment: Please indicate your payment method below.

- ☐ Cash
- ☐ Money Order - Please make payable to: Deionte Davis Loyalty Foundation (DDLF)
- ☐ Zelle- 678-371-7643

If you are not paying in full at the time of registration, please complete the PRE-AUTHORIZED PAYMENT/DEBIT AUTHORIZATION below.

PRE-APPROVED PAYMENT/DEBIT AUTHORIZATION

☐ Not Applicable

Approved Payment/Debit Authorization form from all payers is required before a new registration will be processed or the current payment agreement can be amended. (This does not include government childcare fee assistance.) All paying parties may be notified of a possible termination of camp session after the first declined payment. Important: All payers excluding a business/organization will receive a tax receipt for their portion of fees paid.

I hereby authorize the _____ to withdraw my equalized fees balance as detailed below. I understand and agree that full payment of fees is required on the scheduled monthly draw date. During or after my registration period, the YMCA will reschedule a declined payment from my bank account, plus any administrative charges.

RECOURSE STATEMENT: "I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution, or visit _____.

CANCELLATION OF AGREEMENT

"I may revoke my authorization at any time, subject to providing notice of 15 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution, or visit _____.

Do you have a pre-existing payment plan for other _____ services? ☐ Yes ☐ No

Please check your preferred pre-approved payment method below:

☐ CREDIT CARD:

☐ VISA ☐ MASTERCARD

NAME ON CREDIT CARD: _____

EXPIRY DATE: _____ LAST FOUR DIGITS ON CREDIT CARD #: _____

☐ BANKING DETAILS

SAVINGS ACCOUNT: (Attach bank verification form)

CHECKING ACCOUNT: (Attach void cheque)

Check your preferred monthly withdraw date: 2nd 16th 20th

ACCOUNT HOLDER NAME: _____

CARDHOLDER/ACCOUNT HOLDER SIGNATURE

TODAY'S DATE

All Credit Card information provided below will be destroyed after processing

CREDIT CARD #: _____

CARDHOLDER SIGNATURE: _____

EXPIRY DATE: _____

PHOTO AND VIDEO CONSENT, ASSIGNMENT AND RELEASE FORM

PURPOSES: For marketing, advertising, promotional and/or communication purposes, the _____ may, from time to time, take photographs and/or video recordings of _____ based activities or events that include real people, which photographs and video recordings will be placed in the _____ and which may be used by the _____ in _____, for its own informational, promotional or advertising purposes, and by any other person authorized by _____ (an "Authorized Third Party") to use such photos or video recordings, in any part of the world, in connection with such Authorized Third Party's support for, association with, or arrangements with, _____ (collectively, the "Purposes"). For purposes of this Form, "_____ " refers to _____ s and _____, _____ s in _____

For valuable consideration received but without any promise of remuneration, I hereby agree to allow photographs and/or video recordings to be taken of me, whether posed or candid, while I am on _____ property and/or participating in _____ activities or events, to be reproduced, published, displayed, broadcast, transmitted, licensed, sublicensed or otherwise used by the _____ or any Authorized Third Party in connection with the Purposes, including without limitation on _____ internet web sites, in _____ printed materials, or in any other materials or medium whatsoever and wherever (the "Work Product"). I confirm that neither the _____ nor any Authorized Third Party shall be obligated to use the Work Product. I understand that the Work Product is being created under the direction and control of the _____. I hereby irrevocably assign to the _____ any and all rights, including copyright, financial or other rights, and I hereby irrevocably waive in favour of _____ and any Authorized Third Party any and all moral rights or rights of similar nature that I may have in the Work Product. I agree that the _____ has the sole worldwide ownership and rights in and to the Work Product, including copyright interests, and I acknowledge that I have no interest or ownership in the Work Product or its copyright. I agree that I will not bring or consent to others bringing a claim or action against the _____ on the grounds that anything contained in the Work Product, or in the manner in which the Work Product is used, is defamatory, reflects adversely on me, or violates any other right whatsoever, including, rights of privacy and publicity. I hereby release and forever discharge each of the _____ s, any Authorized Third Party and their respective officers, directors, employees, agents, partners and affiliates, and their respective heirs, executors, personal legal representatives, successors and assigns, as applicable, from all actions, claims, causes of action, suits, demands, liabilities and damages whatsoever, in law or equity, which I may have against any of them in connection with the Work Product. I confirm that I am over the age of majority in my province or territory of residence and am competent to execute this Form and to participate in the development of the Work Product; or, to the extent that I am under the age of majority in my province or territory of residence, have had my parent or guardian review this Form and consent to my participation in the creation of the Work Product on my behalf. Any inconsistency between this Form as expressed in English and any other language shall, to the full extent permitted by applicable law, be resolved by reference to the English version.

By signing my name, I (and my legal guardian, where applicable) acknowledge that I (or we) have carefully read and understand this Form. Date: _____ Phone No.: _____

Print Name of Participant: _____ Telephone No.: _____

Address: _____

Signature of Participant _____

Print Name of Parent or Guardian, if applicable _____

Signature of Parent or Guardian, if applicable _____

ASSUMPTION OF RISK AND INDEMNIFYING RELEASE

While _____ staff and instructors will make every reasonable effort to minimize exposure to known risks associated with each Registrant's (defined below) participation in a _____ program ("Program"), I hereby acknowledge that I and/or my child if I am registering on his/her behalf (collectively, the "Registrant") may be required, depending on the nature of the Program, to participate in various physical activities that may involve risk of injury. In this regard, I agree that I have provided (if required) a complete and accurate health history and hereby permit the Registrant to participate in the full range of Program activities, except as specifically noted by me in the health information section of the Program registration (where applicable). In consideration for the Registrant's opportunity to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, I hereby release and forever discharge the _____ ("_____"), its respective officers, directors, employees, volunteers and agents, and their respective successors and assigns, from any and all liability for damages sustained in consequence of loss, injury or damage to the Registrant, and from all other actions, causes of action, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property arising out of or connected with preparation for, or participation in, the Program.

_____ PLEASE INITIAL

MEDICAL EMERGENCIES

In the event of an accident, injury or illness involving the registrant, and immediate contact by the _____ with a designated contact cannot be made, I hereby authorize and grant permission to _____ staff to secure proper medical treatment and authorize on the registrant's behalf all procedures, including, without limitation, admission to an emergency unit, hospital and treatment therein, ordering of x-rays, tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s). I agree not to hold the _____ responsible for any costs or injury arising out of an emergency situation.

_____ PLEASE INITIAL

COMMITMENT TO PRIVACY

The _____ is committed to protecting personal information by following responsible information handling practices. We collect and use information you volunteer when you access or register for a _____ program, in order to better meet your service needs, to ensure a safe environment, for statistical and assessment purposes, to inform you about the Program in which you are registered, and to satisfy government and regulatory requirements. You may also hear from us periodically about other _____ programs, services and opportunities that may interest and benefit you. For more information on our commitment to privacy, or if you do not wish to receive such communications from the _____, please visit our website at ymcagta.org and click on "Privacy" or call the _____ Program Registration Office at _____.

_____ PLEASE INITIAL

DISCLAIMER

All programs and busing are subject to change or cancellation due to low enrolment or other unforeseen circumstances that are prohibitive to the operation of the program or bus.

_____ PLEASE INITIAL

REGISTRATION AGREEMENT

By signing my name, I (or my legal guardian) acknowledge that I (or we) have carefully read and understand the, Assumption of Risk and Indemnifying Release Statement, Medical Emergencies Statement, Commitment to Privacy Statement and Disclaimer.

_____ PLEASE INITIAL

Date: _____

Camper Name: _____

Name of parent or guardian: _____

Parent or guardian signature: _____

For office use only

Date Received: _____ Date Processed: _____

Staff Initials: _____

Receipt Sent by: _____

Email _____

Barcode: _____