



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SOCCER FOOTBALL, & BASKETBALL CAMPS

Specialty camp hours are 9am-12pm. Registration will start on April 10th! The Y will offer the 3 day camp rate to families that participate in specialty camp and day camp. Please stop by the Front Office for more information!

\$50 for Members/\$70 for Non-Members

Soccer Camp

Coaches Chris Aiken and Chris Hulse from Clarke Central High School will bring a fun and engaging curriculum. Participants will work on technical skills, possession tactics and decision making in order to evolve them as a player.

- Ages 6-13
- June 19-23

Football Camp

Work with Clarke Central Football Coaches and increase your knowledge in football! They are excited to share real experiences from the field. Coaches will focus on complete athletic development by working on fundamentals of each side of the ball.

- Ages 6-13
- June 26-30

Basketball Camp

Improve your fundamentals and team playing skills with Carlos Strong and his team. Carlos has been working and developing players in the Athens area and is excited to continue his partnership with us. Carlos and his team have a fun week planned with ball handling drills, decision-making guidance and scrimmages!

- Ages 7-13
- July 10-14



ATHENS YMCA SPORTS CAMP 2017

PARTICIPANT'S NAME

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ AGE: _____ GENDER: MALE FEMALE

ADDRESS: _____
STREET, CITY, ZIP CODE

EMAIL: _____

PRIMARY CONTACT

NAME: _____ RELATIONSHIP: _____

PRIMARY PHONE: (____) _____ - _____ ALTERNATE PHONE: (____) _____ - _____

PRIMARY EMAIL (REQUIRED): _____

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____

PRIMARY PHONE: (____) _____ - _____ ALTERNATE PHONE: (____) _____ - _____

SOCCER CAMP (AGES 6-13)

FOOTBALL CAMP (AGES 6-13)

BASKETBALL CAMP (AGES 7-13)

JUNE 19-23

JUNE 26-30

JULY 10-14

WAIVER OF LIABILITY/INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of 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 entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement 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.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands thereon on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
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 in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the 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 due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
4. THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of GEORGIA and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
5. 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 have been made.

I HAVE READ AND AGREE TO THE ABOVE WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT

Signature

Date mm/dd/yyyy

Printed Name

PICTURE WAIVER

I hereby give permission to have the Athens YMCA use photos and images of the participant in any publication affiliated with the Athens YMCA or with any news service for publicity such as program newsletters, fundraising brochures, press releases to local newspapers, and the Athens YMCA's website. I understand and agree that there will be no compensation for use of these materials. This release shall continue in effect until I send in written notice to terminate the use of any image of participant. Such termination shall not affect the use of images before the notice of termination. INITIALS _____ (LEAVE BLANK IF PERMISSION NOT GRANTED)

OFFICE USE ONLY

STAFF ACCEPTING: _____ DATE ACCEPTED: _____ ENTERED IN: DAXKO EMAIL AMT PD: _____ CASH CHECK # _____ CARD