



2015 AGA Summer Go Camp Registration Form



AGA East Coast Go Camp
July 18th – 25th, 2015

YMCA Camp Kern
Oregonia, Ohio

Participant (Camper) Registration:

Check if you are an attending parent/guardian. Please contact us at agagocampeast@gmail.com regarding cost.

Name _____ Age at camp _____

Address _____

E-mail: _____

Birthdate: _____ Gender: M F Grade Next Fall: _____

Shirt Size: (Circle One) AS AM AL AXL

Home Phone: (____) _____ Cell Phone: (____) _____

AGA Number: _____ Expiration Date: _____ Current Rank: _____

* AGA Membership Required ~ Sign up at www.usgo.org

Check all that apply: I am ready to play **Go** for a solid week! **Hikaru no Go** started me on Go!

Parent/Guardian Contact Information:

Relationship to camper: _____

Name(s): _____

E-mail: _____

Day Phone: (____) _____ Cell Phone: (____) _____

Evening Phone: (____) _____ Alternate: (____) _____

EMERGENCY CONTACT Information: (if parent/guardian cannot be reached)

Relationship to camper: _____

Name(s): _____

Day Phone: (____) _____ Cell Phone: (____) _____

Evening Phone: (____) _____ Alternate: (____) _____

	Camp Cost	Subtotal
Full Camper (overnight experiene)	\$700	
Day Camper (lunch/dinner ~ 9am - 9pm)	\$600	
AGF NAKC/Redmond Cup Scholarship	-\$400	
AGF Go Camp Scholarship	up to -\$250	
Returning camper discount	-\$50	
if total payment received after 6/1/15	+\$50	
Cincinnati/Northern Kentucky Airport (CVG) <i>Pickup 7/18: noon - 3pm ~ Dropoff 7/25: 10am - 1pm</i>	\$25 each way	
Donation to East Coast Go Camp (<i>optional</i>)		
Donation to the AGF (<i>optional</i>)		
Total (Due before 6/1/15)		

* All campers are required to be AGA members.

Preferred Roommate(s): _____

Have the camper initial the boxes below.

- I understand that there will be go players of various skill levels at camp.
- My behavior, attitude, and speech will be respectful of both campers and adults.
- I understand that campers are not allowed in the rooms of other campers.
- I understand that dangerous behavior, endangering camp members, or repeated breaking of camp rules may result in my being sent home with no refund.

Please include a deposit of **\$150 each** (\$75 w/AGF scholarship) with this registration form. The deposit is a down payment and is considered non-refundable.

Payment Information: Paypal (<http://www.usgo.org/your-donations-count>)
 To use the Paypal link: Click donate, add a \$20.00 convenience fee for credit cards, login, "Add special instructions to the seller.": "AGA Camp" ~ AGA#.
 Purpose _____
 American Go Association _____
 Check Money Order
 + Add special instructions to the seller
 Make checks payable to: **American Go Association**

Mail this registration form to: **East Coast Go Camp**
c/o Amanda Miller
1070 Frenchtown Road
East Greenwich, RI 02818

AGA Summer Go Camp Medical Form
Child's Health History ~ Parent's Report

Camper's Name: _____

My child is up to date on their immunizations: Yes No

If no, please explain: _____

Are there any issues that may affect your child's stay at camp?: (If yes, please provide details)

Language: _____

Dietary: _____

Medical: _____

Allergies, asthma, hay fever, diabetes, epilepsy, heart/ lung/ kidney/ neurological problems, enuresis (bed wetting), etc.

Is your child currently being treated for any medical condition? If so, please give details:

Does your child have any allergies? (Medicines, food, insect stings, plant reactions, etc.)

If so, please give details/treatments:

Is your child taking any medications?

If so, please specify medication, dose, schedule, and any special instructions:

For the safety of all campers, medications will be dispensed by the staff, unless instructed otherwise.

Medical Insurance Information:

Medical Insurance Company: _____

Group Name: _____ Group Policy #: _____ Plan Code: _____

Policy Holder's Name: _____

Family Physician: _____

Family Physician phone number: _____

Other medical issues: _____

AGA Summer Go Camp Releases

AGA East Coast Go Camp ~ July 18th – 25th, 2015

Parent Authorization ~ Please Sign

The undersigned, _____, legal guardian of _____, hereby releases and forever discharges the American Go Association (AGA) and its officers, the American Go Foundation (AGF) and its officers, the 2015 AGA Summer Go Camp staff or agents of all claims, actions, damages, claims of injury, property damages, costs, expenses and compensation whatsoever, which the above-named child may have now or in the future, which may be related to activities of the American Go Association and its agents related to the 2015 AGA Summer Go Camp.

The AGA Summer Go Camp will not be held responsible for loss or damage to personal property while involved with the camp nor personal injury resulting from conference activities.

The AGA Summer Go Camp has my permission to provide routine non-surgical medical care. In the event of a medical emergency, if I cannot be reached, I hereby give permission to the physician or clinic selected by the camp director or his agent, to transport, hospitalize, secure proper treatment for my child as named herein. I also understand that I am responsible for costs incurred on behalf of my child relating to accident or illness when treated outside of camp. Camp cannot be responsible for any injuries received by campers while engaged in camp activities or any unorganized play, beyond assurance that injury will receive prompt professional care by a medical professional as deemed by the camp director.

I understand that the balance of the fee must be paid in full by [June 1, 2015](#) or I will be subject to an additional \$50 fee.

I give permission to the **American Go Association** and the [YMCA Camp Kern](#) to use photographs of my child at the Go Camp for publicity purposes, including but not limited to use on their websites and in their print publications.

Many campers want to know who is attending the camp before they arrive.

We plan to have the following information available on the camp website:

First name, rank, gender, age, and state. (EXAMPLE: Amanda ~ 8K ~ F ~ 12 yrs ~ RI)

What is the camper's KGS handle (name): _____ *(If we may share this.)*

Signature of Parent or Guardian

Date

Please print name

YMCA CAMP KERN
ACKNOWLEDGEMENT OF RISKS
ASSUMPTION OF RISK AND RESPONSIBILITY & RELEASE OF LIABILITY
PLEASE READ CAREFULLY

Although precautions are taken to provide proper organization for your participation in our program, there can be no guarantee about absolute safety against injury and unforeseeable accident. There are elements of risk in any adventure, sport, or program involving physical exertion and risk taking, or associated with the outdoors (referred to herein as "activity"), and the use of any equipment for the activity. I understand that I may be involved in activities including, but not limited to problem-solving, team building initiatives, ropes course, and/or other physical activities. I acknowledge that I may decline to participate in any activity. Any participation will be voluntary.

ACKNOWLEDGEMENT OF RISKS: I recognize the fact there is an inherent danger in any activity which involves physical exertion or risk taking; that natural hazards do exist; that although the program may be strenuous, injuries or medical complications may occur; that certain foreseeable and unforeseeable events unique to each individual activity can contribute to the unpredictability of the activity; that balance and physical coordination may affect the occurrence of accidents or falls, and that I should ask about other potential hazards and recommend precautions and procedures.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity which I and any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participation in the activity and/or using equipment. I/we participate willingly and voluntarily and I assume full responsibility for personal injury, accidents or illnesses, including death. I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur.

I assume the risk(s) of personal injury, accidents, and/or illness, including but not limited to, sprains, torn muscles, and/or ligament; fractured or broken bones; eye damage; cuts, wounds scrapes, abrasions, and/or contusions; dehydration, oxygen shortage (anoxia), exposure and/or altitude sickness; head, neck and/or spinal injuries; animal or insect bite or attack; injury caused by discharge or any weapon; shock, paralysis and/or death; and acknowledge that during the activity, if I/we experience fatigue, chill and/or dizziness, it may diminish my/our reaction time and increase the risk of an accident.

I CONSENT to the use of photos, video, audio recording, and film of my participation in activities at YMCA CAMP KERN for marketing, educational, or other purposes.

COVENANT OF GOOD FAITH: I recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate any activity due to forces of nature, medical necessities or other problems; and/or refuse or terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept your right to take such actions for the safety of myself and/or other participants. I acknowledge that no guarantees have been made with respect to achieving objectives.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in the activity. I will have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf.

RELEASE: In consideration of services or property provided, I for myself and any minor children for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns do hereby release" YMCA CAMP KERN its principals, directors, officers, agents, employees and volunteers, and each and every land owner, municipal and/or governmental agency upon whose property and activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever (except that which is the result of gross negligence).

Group Name: _____

Participant Name: _____

Participant Signature: _____

Date: _____

Email Address: _____

If participant is under 18, a parent/guardian's signature is required.

Parent/Guardian: _____

MEDICAL RESTRICTIONS: _____

