

Y Camp Registration Form

Camp Attending _____ Date Received _____ Staff Initials _____

Name of Child	Nickname	Date of Birth	Sex
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If child attends this center and another school/program, give name of school/program			Grade Completed as of 6/2017
Address			Home Phone
PARENT(S)/GUARDIAN(S) INFORMATION			
Father		Place Employed	Business Phone
Home Address			Home Phone
Cell Phone		E-mail Address	
Mother		Place Employed	Business Phone
Home Address			Home Phone
Cell Phone		E-mail Address	
EMERGENCY INFORMATION			
Allergies or Intolerance to food, medication, etc.			
Action to take if an allergic reaction or emergency occurs			
Medications/Vitamins taken on Doctor's orders			
Child's Physician			Phone
TWO PEOPLE TO CONTACT IF PARENT(S) CANNOT BE REACHED			
<i>Names, addresses, and phone numbers needed in case of emergency - <u>must be completed</u>. May not live in same residence but can live out of state.</i>			
Name	Address		Phone
Name	Address		Phone
Persons authorized to pick up child (must be 18 or older)			
Persons NOT authorized to pick up child			

*** Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.**

The parent(s)/guardian(s) authorize the YMCA to obtain immediate care and consents to the hospitalization of, the performance of necessary diagnostics tests upon, the use of surgery on, and/or the administration of drugs to their child/ward if an emergency occurs when he/she cannot be located immediately. It is also understood the this agreement covers only true emergency situations and only when he/she cannot be reached. The parent(s)/guardian(s) understand the provider will make every effort to contact them and/ or their designated emergency contacts.

I/we will be responsible for payment of medical expenses.

Insurance Company	Policy Number
Parent Guardian Signature	Date

ADDITIONAL CHILD INFORMATION

List any friends attending our program	Personality (shy, aggressive, leader)
List any other siblings	
Appetite (robust, average, below average)	Health (robust, average, below average)
Please list any information that may help us better understand and engage your child in order to provide them with a happy YMCA experience:	
Regarding child care, child is (excited, nervous, upset)	Religious Affiliation/Denomination (optional)

PERMISSION SLIPS

Check yes or no to the following:	YES	NO
I hereby give my permission for the YMCA to take photograph and/or video of my child for YMCA purposes.		
I hereby give permission to post photographs or videos of my child on the KG Family YMCA Facebook page.		
I hereby give my permission for my child to be transported by a YMCA vehicle and participate in all program activities and field trips.		
I hereby give my permission for my child to participate in YMCA swimming activities.		

Child's swimming level (beginner, intermediate, advanced):

WEEKS ATTENDING

WEEKS	YES	NO		YES	NO	WEEKS	YES	NO		YES	NO
<u>Week 1</u> May 30th—June 2nd			Ext. Care?			<u>Week 7</u> July 10th—July 14th			Ext. Care?		
<u>Week 2</u> June 5th—June 9th			Ext. Care?			<u>Week 8</u> July 17th—July 21st			Ext. Care?		
<u>Week 3</u> June 12th—June 16th			Ext. Care?			<u>Week 9</u> July 24th—July 28th			Ext. Care?		
<u>Week 4</u> June 19th —June 23rd			Ext. Care?			<u>Week 10</u> July 31st—Aug. 4th			Ext. Care?		
<u>Week 5</u> June 26th—June 30th			Ext. Care?			<u>Week 11</u> Aug 7th—Aug 11th			Ext. Care?		
<u>Week 6</u> July 3rd—July 7th			Ext. Care?			Camp Fees: \$125/week for Y Members \$150/week for Non Mem. Extended Care: \$20/week No camp on May 29th or July 4th					

Parent/Guardian Signature	Date
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PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read this information and sign below.

I have received the YMCA Camp Parent Handbook. I understand and agree to abide by the following:

I understand that all fees are due two weeks prior to the beginning of the session my child(ren) are enrolled in for the summer.

I understand that cancellations must be made in writing at least two weeks in advance of session start date. Otherwise, the camp session fee will be due and no refunds for tuition will be given.

I understand that registration fees and deposits are nonrefundable and nontransferable.

I have read the YMCA's sunscreen policy and understand that I am responsible for the first application of sunscreen prior to drop off. I understand that I am responsible for providing sunscreen and bug spray for my child.

If my child is continually picked up late, my child will be dis-enrolled from the program with no refund.

I and my child understand the sunscreen, bug spray, disciplinary and behavior management policy, vehicle and swimming pool rules and agree to abide by these policies.

I understand that I am to inform the YMCA Camp staff within 24 hours if their child or any other immediate household member has developed any reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately.

I understand that I may not leave my child at the YMCA or program site unless a YMCA Camp staff member or volunteer is there to receive and supervise my child.

I understand that it is my responsibility to sign my child in upon arrival in the morning and sign my child out before leaving in the afternoon. Sign-in/Sign-out sheets available as you enter the program. There must be an exchange of responsibility from one adult to another, not from a child to staff. All persons signing children in/out must be at least 18 years of age. The YMCA cannot release minors to minors. (See other pick-up provisions in Camp Handbook). Persons who appear to be under the influence of drugs or alcohol will not be allowed to pick up my child. The police may be called for safety.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.

I understand that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside the YMCA facilities and program.

I understand that by state law, the YMCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I understand that the YMCA will notify me of any illness my child has and I am to pick up my child as soon as possible.

I am an adult over 18 years and wish my child(ren) to participate in the Rappahannock Area YMCA Summer Camp Programs.

I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore in exchange for allowing my child to participate in YMCA Summer Camp, I understand and expressly acknowledge that I, for myself and for anyone entitled to action my behalf, waive and release the YMCA, sponsors, representatives, and successors from all claims or liabilities of any kind arising out of my participation in activities at or sponsored by the YMCA. I further agree to indemnify and save harmless the YMCA from any claims or demands arising out of any such injuries or losses.

I understand that this release includes any claims based on negligence, action or inaction of the Rappahannock Area YMCA, its staff, directors, members, and guests. I have read, understand and am voluntarily signing this authorization and release.

I have read and understand the statements above regarding YMCA policies and procedures

I am aware that a copy of the YMCA Parent Handbook can be found and printed from www.family-ymca.org.

Parent Guardian Signature	Date
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ACCOUNTING POLICIES AND PAYMENT CONTRACT

I understand and agree to pay in accordance with the above payment schedule and the following policies:

- 1) The registration fee and deposits for each child is due at the time of registration and are non-refundable.
- 2) Payments are due on Fridays, 10 days before the start of each session.
- 3) If no payment is made within two weeks, services will be suspended immediately. All payments, including late fees and a \$25 re-enrollment fee must be paid before services can resume.
- 4) A late pick up fee of \$20/child will be charged for the first 15 minutes, or part of, after 6:30pm and \$15/child for each 15 minute increment, or part of, thereafter. This fee must be paid at the time of pick-up or your account will be charged.
- 5) Make all checks payable to the YMCA. There will be a \$20 fee for all returned checks or credit card declines. If two checks or drafts are returned, cash or money order will be required for all future payments.
- 6) All camp fees not paid by the due date will be assessed a \$25 late payment fee.

Parent Guardian Signature	Date
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FOR SOCIAL RESPONSIBILITY**

AUTHORIZATION TO DRAFT ACCOUNT FOR PROGRAM FEES

By signing below, the member acknowledges that he/she has received a copy of the Rappahannock Area YMCA Inc.'s Electronic Fund Transfer policy, and agrees to abide by it for all electronic fund transfers requested from their account on behalf of the Rappahannock Area YMCA Inc. Payment for program fees by electronic fund transfer is subject to approval by the department head in charge of the program and the Finance Department.

I would like to pay for the following program fees by Electronic Fund Transfer (EFT):

Program Name (circle): Summer Camp Kinder Camp

Date of First Draft: _____

Name of Bank: _____ (Voided Check must be attached)

Routing/Transit Number: _____ Account Number: _____

Name of Account Holder: _____

Please circle: Visa MasterCard

Credit Card Number: _____

Expiration Date: _____ CVV Code: _____

Name of Account Holder: _____

I authorize the Rappahannock Area YMCA, Inc. to request an Electronic Funds Transfer to cover the programming fees for the above program. I understand that this agreement will be in effect for the duration of the program, and can be cancelled by sending written notice to the Rappahannock Area YMCA, Inc. at least 15 days before the date the EFT is due to be requested from by banking institution.

Name: _____

Signature: _____ Date: _____