

YMCA TEEN CAMPS

Leaders-In-Training

Enrollment Form 2015



Birth Certificate ____
Physical ____
Shot Record ____
Notation Bottom of Check ____
Parent Copy ____

13-15 year olds

Reg Fee (\$35, \$45, or \$50) ____
Deposit \$25 per session ____
Date ____
Time ____
Staff Initial ____

Circle One – Massad Branch

Rosner Branch

Session 1 2 3 4 5 6

Student Information

Name _____ Sex: M / F DOB: __/__/__

Address: _____ E-Mail address _____

Home Phone # _____ School _____ Grade: _____

T-SHIRT SIZE – YOUTH MED YOUTH LARGE ADULT SMALL ADULT MED ADULT LARGE ADULT X-LRG

Parent / Guardian Information

Mother/Guardian Name _____ (H) _____ (cell/pager) _____

Home Address _____

Place of Employment _____ (w) _____

Father/Guardian Name _____ (H) _____ (cell/pager) _____

Home Address _____

Place of Employment _____ (w) _____

Emergency Contact Information

Please indicate 2 persons that may be contacted if the parent/guardian cannot be reached (required)

1. Name: _____ Home: _____
Address: _____ Work: _____

2. Name: _____ Phone: _____
Address: _____ Work: _____

Authorized Pick-up Information

Please indicate the names of people authorized to pick up your child from the YMCA:

Persons NOT authorized to pick up your child* : _____

* Appropriate papers (i.e. divorce papers) must be attached if a parent is NOT allowed to visit or pick up a child from the YMCA.

RAPPAHANNOCK AREA YMCA
CHILD HEALTH AND MEDICAL AUTHORIZATION FORM

CHILD HEALTH INFORMATION

Child Name _____

Name of Doctor _____ Phone # _____

Allergies: _____

If allergic to insect bites or stings, indicate specific treatments needed: _____

Other medical conditions: _____

In case of serious injury or illness, if the YMCA is unable to reach me or the designated person(s), I authorize the YMCA to call the above named physician. If the physician cannot be reached, the YMCA may make whatever arrangements deemed necessary to secure the safety and health of my child.

Parent/Guardian Signature: _____

EMERGENCY MEDICAL AUTHORIZATION

I/We hereby authorize the YMCA to obtain immediate medical care and consent to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs, to my child or ward if an emergency occurs and I am not able to be immediately located.

It is also understood that this agreement covers only those situations which are true emergencies and only when I / we the parents/guardians cannot be reached. I / we understand that the provider will make every effort to contact us and/or our designated emergency contacts.

Please complete the following:

1. I / We will be responsible for any payment of medical expenses
2. Medical treatment costs are covered by:

Insurance Company: _____

Policy #: _____

Doctor Name/Clinic: _____

Parent/Guardian Signature: _____ Date: _____

PERMISSION SLIPS

TRANSPORTATION

My child, _____, has permission to be transported by a YMCA vehicle and participate in all YMCA program activities and field trips related to the Teen Camp Program.

Parent/Guardian Signature: _____ Date: _____

SUPERVISED WALKING ACTIVITIES

I hereby give permission for the YMCA to take my child on supervised walking excursions.

Parent/Guardian Signature: _____ Date: _____

SWIMMING/POOL ACTIVITIES

Circle your child's swimming level: Beginner Intermediate Advanced

I hereby give permission for my child, _____, to participate in swimming activities at the YMCA.

Parent/Guardian Signature: _____ Date: _____

PHOTOGRAPHS

I hereby give permission for the YMCA to take photographs and/or videos of my child and use them in publicity if they so desire.

Parent/Guardian Signature: _____ Date: _____

**RAPPAHANNOCK AREA YMCA
DISCIPLINARY AND BEHAVIOR MANAGEMENT POLICIES**

Continued participation in YMCA childcare and camp programs depends upon a child's behavior. We certainly want each child to enjoy the planned activities and to benefit from their experience with the "Y".

The basic rules of safety and conduct are reviewed below. It is your responsibility to make certain that your child understands these rules. Parents will be informed of a child's poor behavior by phone, in writing, and through parent conferences. General discipline techniques involve positive reinforcement for good behavior and careful explanation of unacceptable behaviors. An activity may be denied as the result of repeated poor behaviors and alternate activities will be proposed. Physical discipline is not used, nor will food be denied as punishment.

Failure to comply with the following simple rules may lead to disciplinary action, possible suspension, and/or termination from the program:

Facility/Program Rules - Cause for Suspension or Termination

- Repeatedly engaging in fighting as a way to solve an issue
- Stealing or defacing the YMCA building/property, and/or other children's or staff's property
- Refusing to follow basic safety rules
- Repeated disrespect of staff, or rude and discourteous behavior towards other children
- Repeated display of an inability to follow established guidelines

Vehicle Conduct Rules

- Fighting, swearing or abusive behaviors are not tolerated
- Children must remain properly seated and wear a seat belt at all times
- Children may not have any part of their bodies outside of the vehicle
- No eating or drinking is allowed in vans
- Nothing may be thrown outside of the window or inside the van
- Potentially dangerous actions will not be tolerated

The first infraction is followed by parent notification; a second infraction may be cause for suspension of transportation services for a minimum of 2 days.

Parent/Guardian will be given written notification of termination with a one (1) week period for obtaining new services.

Immediate termination could occur if the YMCA staff feels that the safety and welfare of the child or other children cannot be maintained.

I have read and understand the above policies and have discussed the rules and consequences with my child.

Parent/Guardian Signature _____ Date _____

RAPPAHANNOCK AREA YMCA – YMCA COPY PAYMENT CONTRACT & REGISTRATION INFORMATION

Child's Name _____

A \$30, \$45, or \$50 non-refundable registration fee is required for each student and a \$25 non-refundable deposit fee is required per child per session to reserve a space in camp. Registration and deposit fees are NON-TRANSFERABLE AND NON-REFUNDABLE, so please choose your sessions carefully. Payments are required, in full, 2 weeks in advance of the session start date. A \$25 late fee will be assessed for all payments not received by the due date. Non-payment will result in immediate termination of services.

Session #	Dates	Member Cost	Participant Cost	Balance due – Massad
1 – Massad	June 15 th -26 th	\$160	\$210	June 3 rd
2 – Massad	June 29 th -July 10 th	\$160	\$210	June 17 th
3 – Massad	July 13 th -24 th	\$160	\$210	July 1 st
4 – Massad	July 27 th -August 7 th	\$160	\$210	July 15 th
5 – Massad	August 10 th -21 st	\$160	\$210	July 29 th

If alternate payment programs are needed, please contact the program coordinator or the membership office for financial assistance information.

ACCOUNTING POLICIES

- Program fees are FIXED and due 2 weeks prior to each session's start date, whether the child is in attendance or not. There are no vacations or free weeks.
- Payments not received by the due date will result in a \$25 late fee. Payments not received 1 week prior to camp will result in the termination of services
- All payments and late payments are due before services will be reinstated
- Check Policy: All checks are to be made payable to the YMCA. There will be a charge for all returned checks. If 2 checks are returned, cash or money order will be required for future payments.

I understand and agree to pay in accordance with the above payment and accounting policies of the Rappahannock Area YMCA.

Parent/Guardian Signature _____ Date _____

RAPPAHANNOCK AREA YMCA – Parent COPY PAYMENT CONTRACT & REGISTRATION INFORMATION

Child's Name _____

A \$30 non-refundable registration fee is required for each student and a \$25 non-refundable deposit fee is required per child per session to reserve a space in camp. Registration and deposit fees are NON-TRANSFERABLE AND NON-REFUNDABLE so please choose your sessions carefully. Payments in full are required 2 weeks in advance of the session start date. A \$25 late fee will be assessed for all payments not received by the due date. Non-payment will result in immediate termination of services.

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I understand and agree to pay in accordance to the above payment and accounting policies of the Rappahannock Area YMCA.

Parent/Guardian Signature _____ Date _____

**RAPPAHANNOCK AREA YMCA
PARENT STATEMENT OF UNDERSTANDING**

The following information is important for the safety and protection of your child. Please take a moment to read the information below, and sign below. Thank you.

Your signature below indicates your agreement to the following statements:

- I have read and understand the YMCA Child Care Policies and Procedures
- I have read and understand the YMCA Disciplinary and Behavior Management Policies and have discussed them with my child
- I have read and understand the YMCA Payment Contract and Accounting Procedures
- I understand that while my child is signed out of the LIT program, he/she is responsible for their own conduct while at the YMCA and will not be supervised by YMCA Staff.
- I understand that my child can sign themselves in and out each day of the LIT program.
- I understand that the YMCA staff and volunteers are discouraged from baby-sitting or transporting children at any time outside of the YMCA program
- I understand that the YMCA is mandated by law to report any cases of suspected child abuse or neglect to the appropriate authorities for investigation
- I understand that, for my child's safety, if an authorized person arrives to pick up my child, and appears to be under the influence of drugs or alcohol, YMCA staff may have no recourse but to contact the police.
- I have read and understand all waiver forms that are required to be signed and acknowledge that my child will not be able to participate unless all required waiver forms are filled out properly and returned by the date needed.

Parent/Guardian Signature _____ Date _____

Child Name _____

