

# 2010 SUMMER CAMP ENROLLMENT FORM



Child Information	
Name:	T-Shirt Size: YS YM YL AS AM AL AXL
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: / /
Address:	City and Zip:
School Attending:	Grade in 2010-2011:
Is Parent a YMCA Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check applicable: <input type="checkbox"/> DFS <input type="checkbox"/> Outreach Funds

Parent / Guardian Information	
Name:	Social Security #:
Address:	City and Zip:
Employer/Student:	Hours at Work:
Work Address:	City and Zip:
Home Phone:	Work Phone:
Cell Phone:	Email:

Parent / Guardian Information	
Name:	Social Security #:
Address:	City and Zip:
Employer/Student:	Hours at Work:
Work Address:	City and Zip:
Home Phone:	Work Phone:
Cell Phone:	Email:

Emergency Contact	
Name:	Relationship:
Address:	City and Zip:
Phone:	Phone:

Authorized Pick-Up
<b>Please list other people whom you authorize to pick up your child.</b> Court documentation must be provided for any non-custodial parents barred from contacting children in YMCA programs.

Authorization for Emergency Care
I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize YMCA to contact the following doctor and/or hospital:
Doctor: <span style="float: right;">Phone:</span>
Hospital (check one): <input type="checkbox"/> St. Mary's Hospital (761-7000) <input type="checkbox"/> Capital Region Medical Center (632-5000)

Health Statement
My child is in good health, is able to participate in camp, and has no special health or medical requirements. If my child is able to participate in camp but has special health or medical requirements, I have listed them below.
Please list any special health or medical conditions, including chronic health problems (Asthma, seizures), behavioral disorders, special needs, etc:
Parent Signature: <span style="float: right;">Date:</span>

Swimming Ability	
Please indicate your child's swimming ability.	
<input type="checkbox"/> None	Children coded as <b>NONE</b> will be required to wear a life jacket/backpack and cannot leave the shallow end of the pool.
<input type="checkbox"/> Limited	Children coded as <b>LIMITED ABILITY</b> can swim in the shallow end without a floatation device.
<input type="checkbox"/> Advanced	Children coded as <b>ADVANCED ABILITY</b> will be allowed to test for deep-end swimming.

Acknowledgements	
Please review the following statements and sign on the line below indicating you agree with these statements.	
<ul style="list-style-type: none"> <li>• I have received a copy of the Parent Handbook (available online at <a href="http://www.jcymca.org">www.jcymca.org</a>), which contains YMCA policies regarding admission, care and discharge of children.</li> <li>• When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.</li> <li>• I give permission to the YMCA to transport my child this summer for field trips, etc.</li> </ul>	
Parent Signature:	Date:

Liability Release	
<p>I, the undersigned, request permission for _____ (child's name) to enter the Jefferson City Area YMCA (hereinafter the YMCA) school age programs and to participate in the YMCA activities associated with the program. I know and assume all risks related to the participation in such activities, where such risks arise on or off the YMCA premises. In consideration of the permission granted to enter to YMCA program premises, I release and discharge the owners, operators, and sponsors as well as all other person in any way related to the YMCA for claims, demands, damage actions and cause of action (present or future, whether known or unknown, anticipated or unanticipated) for any and all personal damages to my property relating to my presence on the YMCA premises and/participation in any YMCA activity. I certify that I am 18 years of age and that my participation in the YMCA activities are voluntary. I give consent for my child to be photographed, videotaped, or to appear in local newspaper articles or other local media.</p>	
Parent Signature:	Date:

Summer Camp Weeks			
Please check the weeks you are registering for this summer:			
<input type="checkbox"/> June 1-4	<input type="checkbox"/> June 21-25	<input type="checkbox"/> July 12-16	<input type="checkbox"/> August 2-6
<input type="checkbox"/> June 7-11	<input type="checkbox"/> June 28-July 2	<input type="checkbox"/> July 19-23	<input type="checkbox"/> August 9-13
<input type="checkbox"/> June 14-18	<input type="checkbox"/> July 6-9	<input type="checkbox"/> July 26-30	

Summer Camp Fee Totals			
_____ : Total Weeks Registered	<b>Total Weeks</b>	<b>YMCA Member</b>	<b>Non-Member</b>
_____ : Total Fees (Use chart on right)	1	\$85	\$99
_____ : Registration Fee (\$30 if after April 9)	2	\$170	\$198
_____ : Total Charges for Summer (add Total Fees and Registration Fee)	3	\$255	\$297
_____ : Deposit (\$20 x number of weeks registered)	4	\$340	\$396
_____ : Total Fee Due at Registration (Add Deposit and Registration Fee)	5	\$425	\$495
_____ : Remaining Balance (Total Charges for Summer minus Total Fee Due at Registration)	6	\$510	\$594
	7	\$595	\$693
	8	\$680	\$792
	9	\$765	\$891
	10	\$850	\$990
	11	\$935	\$1089
	12	\$1020	\$1188

- | Payment Agreements   |
|--|
| <ul style="list-style-type: none"> <li>• Weekly Remaining Balance (Weekly Fee minus Deposit Paid) due the <u>Monday</u> of each week your child is registered. Failure to pay each Monday can result in registration cancellation.</li> <li>• All cancellations and changes to my registered weeks must be in writing no later than seven (7) days prior to the week I am cancelling or changing. YMCA credits will be issued for deposits paid. Deposits cannot be refunded.</li> <li>• If I would like to pay by payment plan, the proper form must be completed in the Child Care Office. No exceptions can be made.</li> </ul> |

Staff Notes
Staff: Please provide a copy of this form to parents when registering. <span style="float: right;">Staff Initials: _____</span>