



A. Participant Information

Child First Name: _____ Last Name: _____
 Date of Birth ____/____/____ Age: _____ Gender: Male Female
 Child lives with Mother Father Both Other _____
 Grade Entering _____ How did you hear about us? _____
 Participant t-shirt size: YS___ YM___ YL___ AS___ AM___ AL___ AXL___ AXXL___
 Other siblings that may be enrolled in the program (please list last name if different):
 Name _____ Date of Birth ____/____/____
 Name _____ Date of Birth ____/____/____

Start Date: _____

Security Code: _____
(password)

#1 Parent/Guardian First Name: _____ Last Name: _____ Date of Birth ____/____/____

*This person will be the first we try to contact when needed

Home Address: _____ City _____ State _____ Zip _____
 Home Phone: _____ Cell Phone _____ Email _____
 Business Name & Address: _____ Work Phone _____

#2 Parent/Guardian First Name: _____ Last Name: _____ Date of Birth ____/____/____

Home Address: _____ City _____ State _____ Zip _____
 Home Phone: _____ Cell Phone _____ Email _____
 Business Name & Address: _____ Work Phone _____

B. Emergency Contacts

The Y can only release your child to those listed on this form, they must provide a photo ID at the time of pick up. Contact the Y director to make changes to this information.

#1 First Name: _____ Last Name: _____ Date of Birth ____/____/____

Home Address: _____ City _____ State _____ Zip _____
 Home Phone: _____ Cell Phone: _____ Relationship to Child _____

#2 First Name: _____ Last Name: _____ Date of Birth ____/____/____

Home Address: _____ City _____ State _____ Zip _____
 Home Phone: _____ Cell Phone: _____ Relationship to Child _____

C. COST: Sessions & Programs

Norman Y Members \$140 per child All Others \$200 per child

Camp Select: Please select the weeks you would like to attend.

Supply Fee: \$20 (one time fee)

- Week 1: May 31 - June 3
- Week 2: June 6 - June 10
- Week 3: June 13 - June 17
- Week 4: June 20 - June 24
- Week 5: June 27 - July 1
- Week 6: July 5- July 8 (Closed July 4)
- Week 7: July 11 - July 15
- Week 8: July 18 - July 22
- Week 9: July 25 - July 29
- Week 10: August 1 - August 5
- Week 11: August 8 - August 12

D. Participant Health History and Information

Child's Doctor: _____ Address: _____ Phone _____

Check any conditions that your child had experienced:

- Asthma Autism Diabetes Epilepsy / Seizures ADD / ADHD Cerebral Palsy / Motor Disorder
 Cognitive or Learning Disabilities Status of Vision, Hearing, Speech to Note _____
 Non-Food Allergies (list) _____
 Food / Milk Allergies (list) _____

If your child has food allergies or dietary restrictions it is required to attach a statement from a medical professional.

- My child carries an epi-pen, inhaler or other medication. (Additional medication is required) _____
 Other condition to note: _____

Please provide symptoms and special instructions for any condition marked above. (Additional form is required)

Check any of the following that relates to your child:

- Fears we should be aware of: _____
 An event in your child's life that may have been particularly upsetting: _____
 Social or emotional characteristics you would like to note: _____

Other conditions requiring special care or additional information you feel would be helpful. (Additional pages or notes may be attached)

Please initial each of the following:

- _____ I have provided a copy of my child's immunization records along with this form (Required to register)
_____ I authorize Y staff members to apply sunscreen to my child as needed. (Spray sunscreen only, parent must supply sunscreen)
_____ I authorize Y staff members to apply bug repellent to my child as needed. (Parent must supply bug repellent)

Is your child currently taking any medications? Yes No

If yes, what kind and why (unless confidential by law): _____

If any medication (prescription or OTC) is required to be administered in youth programs, we need a completed "Medications Permission" form filled out by a parent/guardian. These forms are available at the Member Information Center or from your child's program director. Please see our Medication Policy in the Parent Handbook for more information. The Parent Handbook can be found at ymcanorman.org/summerdaycamp or picked up at the Y.

A shot record MUST be submitted in order to complete enrollment.

The CLEVELAND COUNTY FAMILY YMCA has my permission to: (Initial each line)

- _____ Involve my child in swimming
_____ Involve my child in viewing Director-approved movies (Rated G or PG)
_____ Involve my child in photographs or video taken for Y publicity purposes
_____ Transport my child, provided that the Y and the driver have the legal requirements
_____ During an emergency, hospitalize and secure proper treatment for your child if you cannot be reached

If you do not approve of any of the above activities, please contact the Youth Development Coordinator.

E. Authorization

1) I/We the undersigned parent/guardian, having legal custody/guardianship of _____ ("said minor") give permission for said minor to attend any Y program activities as described for said programs as listed in the brochure, program guide, or flyer. I/We hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to activities. I/We further agree and specifically intent to release and discharge the Y staff from any claim or right known or unknown to me/us at any time and preclude myself/ourselves from recovering from any loss or damage to my/our property or and personal injury or both while engaged in the activity and exposure for which I/We agree, or while I am/we are present at the assigned property and/or participating in the prescribed activity. I/We understand that the Y is not responsible for payments incurred due to said medical care.

2) The Cleveland County Family YMCA will refund program fees in only two cases: major medical illness or Y cancellation of a program. There are no pro-rated rates for Primetime, Base Camp, Explorer Camp and Adventure Camp.

3) I have received and agree to read the Parent Handbook that is appropriate to the program in which my child is enrolling.

Parent/Guardian Signature: _____ Date: _____

Check one: Parent Legal Guardian Person Having Legal Custody

F. Agreements

STATEMENT OF UNDERSTANDING

- I will notify the staff of any changes in the registration information.
- I consent to my child's participation in the Y program and assume the risks involved. I attest and verify that I have knowledge of the risks involved in program activities and I give my child authorization to participate in such activities.
- I have reviewed the Code of Conduct and Behavior Management Policy with my child(ren).
- I certify that my child's current immunization records are included with this form.
- In the event that I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the Y to take my child to the nearest facility for medical attention.
- I understand that it is my responsibility that my child is signed in upon arrival to the program, and signed out before leaving each day, by a person 18 years or older.
- I understand that hours of care are between 7:00 AM -6:00 PM and that I will be charged a \$5 late fee, plus an additional \$1 for every minute that I am late picking up my child after close of camp. Camp activities are between the hours of 9:00 AM-4:00 PM daily.
- I understand that I cannot leave my child at the Y or program site unless a Y program staff member is there to receive and supervise my child. There must be an exchange of responsibility from an authorized individual to a Y staff member.
- I understand that Y staff members are not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the information provided upon entry to the program. **No person under the age of 18 may pick up a child without a signed affidavit on file.**
- I understand that the Y has a no Outside Contact Policy between staff and children. Y staff are prohibited from having outside contact with children in Y programs. Includes but is not limited to babysitting, sleepovers, transportation or other non-Y events.
- I understand that state law mandates the Y to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation
- **I understand that I am responsible for all of the information in the Parent Handbook.**
A copy of the Parent Handbook is available online at ymcanorman.org/summerdaycamp or I can request a printed copy from the Y.
- By signature and of free will I do hereby agree to indemnify and hold harmless the Y for any and all claims or demands, cost of expense arising out of any injury or damage sustained by me or any party I am responsible for.
- I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing my child to participate in Y programs, I understand and expressly acknowledge that I, for myself and for anyone entitled to act on my behalf, waive and release the Y, sponsors, representatives and successors from all claims or liabilities of any kind arising out of my child's participation in activities at or sponsored by the Y. I further agree to indemnify and save harmless the Y of any claims or demands arising out of such injuries or losses. I understand that this release includes any claim based on negligence, action or inaction of the CLEVELAND COUNTY FAMILY YMCA, its staff, directors, members and guests.

BEHAVIOR POLICY STATEMENT

The YMCA reserves the right to warn, suspend, dismiss, or remove any program participant or member from our programs, program locations and facilities upon the following conditions:

- If their behavior poses a threat to themselves or others.
- If they require an inordinate amount of attention from the staff, thereby causing inadequate levels of supervision for the remainder of the participants or members.
- If their behavior is determined to be inappropriate within the scope and spirit of the YMCA values.
- For any reason within the discretion of YMCA management.

The YMCA does not refund money paid when a child is dismissed from a program.

I have read the Admissions Agreement and fully agree to its terms. I have also read and accept the policies and procedures listed in the parent handbook and stated within this agreement. I understand and agree to abide by the payment agreement set forth. I understand the penalty for failing to abide by this agreement. I also understand my child will be dropped from the program for my failure to abide by the agreements and policies. I further acknowledge that I have read and understand the accompanying parent information packet containing the rules and operating regulations of the program and agree to be bound by said authorization and by the rules and regulations found in the parent information packet. I also understand that I will be given written notice at least 30 calendar days prior to any modification of these conditions or rates. Failure to sign the agreement voids the YMCA's obligation to provide services.

By my signature, and of my free will, I do hereby agree to indemnify and save harmless the Cleveland County Family YMCA from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to whom I am responsible.

Parent/Guardian Signature: _____ Date: _____

G. Accounting Policies

1. Acceptable payment forms are : Electronic Funds Transfer (EFT) or advance payments made in full.
2. Drafts will be made Wednesday for the following week of care. Drafts will be made each week unless a 7 days prior written notification has been provided for a vacation week or for cancellation of registration. The last draft will include any charges, fees, or balances left on the account.
3. Please keep any and all canceled checks, payment receipts or bank statements as documentation of childcare payments.
4. No adjustments in the weekly fee will be made for partially attended weeks, when care is not provided due to holidays that the Y is closed or inclement weather days.
5. A Refund Request Form may be obtained from the Member Information Center and are at the discretion of the Vice President of Operations.
6. If your payment is returned for insufficient funds (NSF), your payment along with an NSF service fee of \$25 will be collected electronically. Any change to your bank draft information must be received at least seven days prior to the date the change to take effect.
7. A late pick up fee of \$5 plus \$1 per minute will be assessed for each minute after 6:00 PM that your child remains in our care. This fee will be drafted from the account on file. If there is no account on file, this charge must be paid at the Y Member Service Desk, and your child will not be allowed to attend until the amount due is satisfied.
8. I understand refunds and/or credits will not be given for missed or partially attended weeks.

I. Payment Information: Fill out Bank Account Information OR Credit/Debit Card Information

BANK ACCOUNT INFORMATION is needed if you are not paying the full amount at time of registration

First Name _____ Last Name _____

Name(s) of participants whom you are paying for: _____

I will be paying through Electronic Funds Transfer. Information below is required **along with a voided check.**

Bank Name _____ Bank City / State _____

Type of Account:

Checking Savings

Print your name as it appears on the bank account: _____

Financial Institution Routing Number: _____ Account Number _____

I (we) request and authorize the CLEVELAND COUNTY FAMILY YMCA to charge the checking/savings account listed above for program fees. I (we) further authorize the financial institution to debit these fees. I (we) understand that these charges are continuous and ongoing until the end of the program, or the Y receives the proper cancellation notice of two weeks.

CREDIT/DEBIT CARD INFORMATION

Visa MasterCard American Express Discover

Name (as printed on card): _____

Card #: _____ Expiration Date: _____

PAYMENT SCHEDULE

Week 1	May 31 - June 3
Week 2	June 6 - June 10
Week 3	June 13 - June 17
Week 4	June 20 - June 24
Week 5	June 27 - July 1
Week 6	July 5 - July 8 (Closed July 4)
Week 7	July 11 - July 15
Week 8	July 18 - July 22
Week 9	July 25 - July 29
Week 10	August 1 - August 5
Week 11	August 8 - August 12

PAYMENT DUE

Due at Registration
June 1
June 8
June 15
June 22
June 29
July 6
July 13
July 20
July 27
August 3

We have read the Accounting Policies and agree to comply with all payments and policies. I agree to abide by all of the policies in place. I understand that failure to uphold my payment arrangements will result in my child being removed from the roster and will be placed on the waiting list for the next available opening. I commit, by my signature, to allow the YMCA to draft, where applicable, my bank account or credit card for payment of the YMCA summer camp program. A 7 day notice is required for draft cancellations. I understand that it is my responsibility to make necessary changes to my account by contacting the YMCA staff.

Print Name _____ Authorized Signature _____ Date _____

GIVE

SUMMER DAY CAMP

In addition to our program fees, we would like to help send another child to Summer Day Camp. Please add the following amount to our weekly Day Camp draft:

\$2 \$5 \$10 \$20 other \$ _____

A one-time donation can also be made at the Member Information Center.

Authorized Signature _____ Date _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MINOR PARTICIPANT WAIVER, RELEASE, INDEMNIFICATION OF ALL CLAIMS & COVENANT NOT TO SUE

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in CLEVELAND COUNTY FAMILY YMCA programs or activities, now or any time in the future.

ACKNOWLEDGMENT OF RISK

INITIAL

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in any activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with any activity or program participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with any activity or program participation and that said list in no way limits the operation of this Agreement.

CORONAVIRUS / COVID-19 WARNING & DISCLAIMER

INITIAL

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in CLEVELAND COUNTY FAMILY YMCA programs or accessing CLEVELAND COUNTY FAMILY YMCA facilities could increase the risk of contracting COVID-19. CLEVELAND COUNTY FAMILY YMCA in no way warrants that COVID-19 infection will not occur through participation in CLEVELAND COUNTY FAMILY YMCA programs of accessing CLEVELAND COUNTY FAMILY YMCA facilities.

WAIVER, RELEASE, INDEMNIFICATION & COVENANT NOT TO SUE

INITIAL

In consideration of _____'s participation in CLEVELAND COUNTY FAMILY YMCA activities and programs, I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE CLEVELAND COUNTY FAMILY YMCA, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against CLEVELAND COUNTY FAMILY YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of CLEVELAND COUNTY FAMILY YMCA facilities/equipment or participation in CLEVELAND COUNTY FAMILY YMCA programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in activities and programs, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's activity and program participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in any activity and program participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in any activities and programs and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in any activities and programs.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Participant Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)