



The Cleveland County Family YMCA

# **SUMMER DAY CAMP REGISTRATION PACKET**

Revised March 2023



# Summer Day Camp 2023 Registration Form

CLEVELAND COUNTY FAMILY YMCA

## A. PARTICIPANT INFORMATION

For office use only

Start Date:

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Child lives with:  Mother  Father  Both  Other: \_\_\_\_\_

Grade Child is Entering: \_\_\_\_\_

Participant T-Shirt Size:  YS  YM  YL  AS  AM  AL  AXL

Other siblings that may be enrolled in the program (First and Last Name):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian #1 (This person will be the first we try to contact when needed)**

First & Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Security Code:  
(password)

## B. SECONDARY/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 & Last Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Relationship to Child: \_\_\_\_\_

#2 First & Last Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Relationship to Child: \_\_\_\_\_

#3 First & Last Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Relationship to Child: \_\_\_\_\_

#4 First & Last Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Relationship to Child: \_\_\_\_\_

### C. SESSIONS & PROGRAMS

Check your membership status and the Camper Group your child is in.

- Norman Y Member
- Non-Member
- Base camp (Grades K-2)
- Explorer Camp (Grades 3-5)
- Adventure Camp (Grades 6-8)

### SUMMER 2023

Check the weeks your child will attend.

- All Summer
- Week 1: May 30 - June 2
- Week 2: June 5-9
- Week 3: June 12-16
- Week 4: June 19-23
- Week 5: June 26-30
- Week 6: July 3, 5-7 (Closed on July 4)
- Week 7: July 10-14
- Week 8: July 17-21
- Week 9: July 24-28
- Week 10: July 31 - August 4
- Week 11: August 7-11

ALL DRAFT DATES WILL BE THE WEDNESDAY PRIOR

### D. PARTICIPANT HEALTH HISTORY & INFORMATION

Child's Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_

#### Check any of the conditions that your child has 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, attach a statement from a medical professional. (REQUIRED)

My child carries an epi-pen, inhaler or other medication. (Additional medication is required)

Other condition(s) to note: \_\_\_\_\_

Please provide symptoms and/or special instructions for any condition marked above. (Additional form is required and notes may be attached): \_\_\_\_\_

BASE & EXPLORER CAMP

**ALL SUMMER PRICING\***

<b>\$140</b> PER WEEK Y MEMBERS	<b>\$200</b> PER WEEK NON MEMBERS
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**SUMMER SELECT PRICING**  
Select which weeks your child will attend

<b>\$150</b> PER WEEK Y MEMBERS	<b>\$210</b> PER WEEK NON MEMBERS
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A \$50 One-Time Supply Fee is required for each camper

ADVENTURE CAMP

**ALL SUMMER PRICING\***

<b>\$165</b> PER WEEK Y MEMBERS	<b>\$215</b> PER WEEK NON MEMBERS
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**SUMMER SELECT PRICING**  
Select which weeks your child will attend

<b>\$175</b> PER WEEK Y MEMBERS	<b>\$225</b> PER WEEK NON MEMBERS
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A \$50 One-Time Supply Fee is required for each camper

\*Each camper is allowed one week (5 consecutive days) of vacation which does not impact the price structure. Should a camper wish to miss camp for more than one week, the Summer Select Pricing will be used.

**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: \_\_\_\_\_

If your child is on an IEP, are you willing to provide us with a copy to allow us to better care for them?  YES  NO

**Please send IEP paperwork to HAGOS@YMCANORMAN.ORG at time of registration**

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

Is your child currently taking any medications?  YES  NO

If yes, please include medication name, dosage and diagnosis below (unless confidential by law):

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

**E. AUTHORIZATION**

**The CLEVELAND COUNTY FAMILY YMCA has my permission to:**

- Involve my child in swimming, field trips, and p.e. activities.
- 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 my child.
- Apply sunscreen to my child as needed. (50+ SPF, spray on sunscreen supplied by guardian)
- Apply bug repellent to my child as needed. (Supplied by guardian)

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

(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 prorated rates for Summer Day Camp. (3) I have received and agree to read the Parent Handbook that is appropriate to the program in which my child is enrolling. 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 Day Camp program. A 30-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: \_\_\_\_/\_\_\_\_/\_\_\_\_

## F. AGREEMENTS

### Statement of Understanding/Admissions Agreement

- 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).
- 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 out before leaving each day.
- I understand that hours of care are 7:00 AM to 6:00 PM and that I will be charged a \$5.00 late fee, plus an additional \$1.00 for every minute that I am late picking up my child after close of Summer Day Camp.
- 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 is prohibited from having outside contact with children in Y programs. This 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 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 or 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 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 handbook 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 handbook. 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.

### Payment & Accounting Policies

Payments must be made through Electronic Funds Transfer (EFT) or advance payment made in full. Weekly bank drafts will be made on Wednesday for the following week. Any change to your bank draft information must be received at least seven days prior to the date you wish the change to take effect. If your childcare payment is returned for non-sufficient funds (NSF), your payment amount along with an NSF service fee will be collected electronically. Registration and payment must be made by the Wednesday prior to the week your child will be attending. Acceptable payment forms are Electronic Funds Transfer (EFT) or advance payments made in full. Drafts will be made by the close of business on Wednesday for the following week of care. Drafts will be made each week unless a 10 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. The Y does not issue statements for individual tax purposes. Please keep any and all canceled checks, payment receipts or bank statements as documentation of childcare payments. 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. If you have selected the All Summer discount and cancel your registration partway through the summer, you will be charged the normal Summer Select rate for the weeks you attended and the remainder balance will be drafted. Refunds are typically not given. A Refund Request Form may be obtained from the Member Information Center and are at the discretion of the Branch Executive Director. If your payment is returned for insufficient funds (NSF), your payment along with an NSF service fee of \$25.00 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. A late pick up fee of \$1.00 per minute will be assessed for each minute after 6:00pm 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.

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 part to whom I am responsible.

Print Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## G. PAYMENT INFORMATION

**CHECK ONE:**

- I will make advance payment in full at the Y Member Information Center at the time of registration
- I will be paying through Electronic Funds Transfer. Information below is required along with a voided check.

**OPTION I.**

Bank Name: \_\_\_\_\_ 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.

**OPTION II.**

**Credit/Debit Card Information:**

- Visa  Mastercard  American Express  Discover

Name (as printed on card): \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PAYMENT SCHEDULE**

Week 1	May 30 - June 2
Week 2	June 5-9
Week 3	June 12-16
Week 4	June 19-23
Week 5	June 26-30
Week 6	July 3, 5-7 (Closed on July 4)
Week 7	July 10-14
Week 8	July 17-21
Week 9	July 24-28
Week 10	July 31 - August 4
Week 11	August 7-11

**PAYMENT DUE**

Due at Registration
May 31
June 7
June 14
June 21
June 28
July 5
July 12
July 19
July 26
August 2

I 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 once payment has been made. 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 10-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: \_\_\_\_\_

Print Name of Joint Account Holder: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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 draft:

- \$2  \$5  \$10  \$20  Other: \$ \_\_\_\_\_

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

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# 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.

## 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 Name (Print Clearly)

\_\_\_\_\_  
Parent/Guardian Signature