



SMITH FAMILY YMCA AT FAIRMONT ELEMENTARY 2019 SUMMER DAY CAMP REGISTRATION FORM

Day Camp Counselor in Training (CIT) - Application process required

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CHILD'S INFORMATION

Please print clearly with complete information.

Name _____ Date of Birth _____ Age _____ Male Female

Address _____ City _____ State _____ Zip _____

Home Telephone _____ Grade (Fall 2019) _____ School _____

Will your child be attending Summer School at Fairmont. Yes No Start Date: _____ End Date: _____

PARENT/GUARDIAN INFORMATION

Parent /Guardian 1 Name _____ Male Female Preferred Method of Contact _____

E-mail Address _____ Cell Phone _____ Work Phone _____

Parent /Guardian 2 Name _____ Male Female Preferred Method of Contact _____

E-mail Address _____ Cell Phone _____ Work Phone _____

Child resides with: Both Parents Parent 1 Parent 2 Guardian Other _____

EMERGENCY CONTACTS & RELEASE

Name(s) and Phone Number(s) of person(s) OTHER THAN PARENTS, 16 years of age or older, allowed to pick up your child.
(Please note: only individuals listed on this form may pick up your child from Camp.)

Name _____ Cell _____ Relationship _____

Name _____ Cell _____ Relationship _____

Name _____ Cell _____ Relationship _____

Name _____ Cell _____ Relationship _____

ADDITIONAL CAMPER INFORMATION

Please print clearly with complete information.

SWIMMING ABILITY:

Please rank your child's swimming ability.

Non-Swimmer Beginner (Independently swim 30 ft.)

Intermediate (Independently swim 75 ft.) Advanced (Independently swim 150 ft.)

SPECIAL ACCOMMODATIONS:

Does your child have any special needs or require special accommodations that you would like to discuss with the Camp Director? Yes No

If yes, please complete an Accommodation Request Form. A member of our Camp Leadership Team will contact you within 2 business days, from the date the form is received, to discuss your concerns.

Camper Name: _____

MEDICAL INFORMATION Please print clearly with complete information.

The YMCA takes your child's safety very seriously. All medical information must be completed and no line is to be left blank.

Please let us know of any important medical information that will allow us to better serve your child.

Does your child require an Epi-pen? Yes No
If yes, you must provide the Y with an Epi-pen to be kept at camp during your child's enrollment. The Epi-pen must be accompanied by a current prescription and a doctor's note.

Does your child require an inhaler? Yes No
If yes, you must provide the Y with an inhaler to be kept at camp during your child's enrollment. The inhaler must be accompanied by a current prescription and a doctor's note.

Restrictions: Specific activities that are restricted for health reasons. Please put N/A if your child does not have any restrictions.

Will your child need to take any prescription medications while at Camp? Yes No

Allergies: Does your child have any allergies? Yes No
Please put N/A if your child does not have any allergies.

Food/Medication/Other _____

If you answered yes to any questions in this section, please complete a Medical Authorization Form. Please return the completed form and medication in its original prescribed container with your child's name on it on the first day that he/she attends Camp.

PARENT STATEMENT OF UNDERSTANDING

I, _____, have read & understand the policies listed below:

I certify the applicant is capable of participating in this program. I understand that YMCA Staff are trained in the basics of first aid and CPR and give consent to have my child receive first aid from YMCA Staff. I authorize the Greater Joliet Area YMCA to secure emergency medical treatment for my child, if necessary, provided that an effort to reach me is made as the nature of the emergency permits. I accept responsibility for any/all expenses incurred in securing emergency treatment for my child. I also agree to waive any claims against the YMCA, its members, staff and volunteers for injuries or damages that may result from the conduct from other persons including participants in YMCA Programs. I understand the YMCA does not cover health and medical expenses and I agree to pay any that may occur.

I authorize the Greater Joliet Area YMCA to release my child(ren) to the person(s) listed above. I also give consent to those listed above to act on my behalf in an emergency in the event that I cannot be reached. I understand that my child(ren) will not be allowed to leave the program with an unauthorized person. Additionally, any authorized person picking up my child(ren), including parents, must present a valid picture I.D. Should an authorized person arrive to pick up my child(ren) that appears to be under the influence of alcohol or drugs, the staff will report this person to the police. I understand that YMCA staff and volunteers are not allowed to babysit children at any time outside of the YMCA Program or transport children in their own vehicles. The YMCA will take immediate disciplinary action toward staff and volunteers if a violation is discovered.

- I have received a copy of the Parent Handbook, and I agree to all the terms and conditions.
- I understand that when my child(ren) arrives in the morning, I may not leave my child(ren) at the program site unless I have signed in with a YMCA Staff Person.
- I grant permission for my child(ren) to participate in all planned program activities, including trips by motor vehicle away from the YMCA program site.
- I give permission to photocopy all forms.
- I also give my permission to the YMCA to use all photos, videos, voice and images taken of the applicant for purposes, which the YMCA may deem appropriate.
- I understand that I am responsible for following the policies and procedures outlined in the specific program guidelines, including parent manuals when one exists. If I fail to meet my obligation to the program policies, the YMCA reserves the right to suspend my child(ren)'s participation in the program.
- I understand YMCA Staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand the YMCA is not responsible for lost, damaged or stolen articles. I understand that the deposit is not refundable or transferable and that failure to pay all fees, including late fees, for services rendered may result in termination of services. In the case of divorce, the custodial parent is responsible for all payments.
- I understand program fees are NOT refundable. Classes missed due to weather, holidays, acts of God, choice of party or disruptive behavior cannot be made up, credited or refunded. (See the program brochure for the complete refund policy.)

Parent/Guardian Signature _____ **Date** _____

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Camper Name: _____

CAMPER REGISTRATION Please check the appropriate square(s). (Grade as of Fall 2019)

CAMP HOURS: 7 a.m.-6 p.m. *No camp July 4 (this week is prorated)	All Weeks June 3 - August 2	Week 1 June 3-7	Week 2 June 10-14	Week 3 June 17-21	Week 4 June 24-28	Week 5* July 1-5	Week 6 July 8-12	Week 7 July 15-19	Week 8 July 22-26	Week 9 July 29- Aug. 2
Grades K-4										
Grades 5-6										
Grades 7-8										
Please select your child's t-shirt size: YOUTH <input type="radio"/> Small (6-8) <input type="radio"/> Medium (10-12) <input type="radio"/> Large (14-16) ADULT <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large <input type="radio"/> X-Large										

Children attending camp at Fairmont Elementary will be bussed to the Smith Family YMCA once a week for swimming. Transportation provided by the Y.

CHANGE THEIR FUTURE

One in four children are able to attend summer camp at the YMCA because of the support of donors like you. Tax-deductible gifts to the YMCA Scholarship Fund help ensure that every child has a chance to learn, grow and thrive at the YMCA. A day of summer camp costs approximately \$30.

- I wish to make a gift of _____ days of camp x \$30, for a total gift of \$_____.
- I wish to help send a kid to camp with a contribution at a different level. Please accept my gift of \$_____.
- I will make this contribution today by:
 - Payment method on file
 - Check payable to the Greater Joliet Area YMCA
 - Cash
- I am unable to make a gift at this time.

PAYMENT OPTIONS

Weekly Camp Rates

Facility Member: \$190
 Community Member: \$215
 Registration Fee: \$45 (per family)

Balance due will be scheduled to draft on the Friday prior to the week of camp purchased.

- Include your DHS approval with this form. Co-payment amount \$ ___ + \$45 Registration Fee (Due at registration)

Special Payment Instructions: _____

