



GREATER JOLIET AREA YMCA 2019 SPORTS CAMP REGISTRATION FORM

Please bring your completed form and payment to the YMCA. To register online, please visit www.jolietymca.org.

Camper Information: Please print clearly with complete information

Camper's Name: _____ Date of Birth: _____ Age: _____ Male Female

Home Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Grade (Fall 2019): _____ School: _____

Parent Information:

Parent 1 Name: _____ Male Female

E-mail Address: _____ Cell Phone: _____ Work Phone: _____

Parent 2 Name: _____ Male Female

E-mail Address: _____ Cell Phone: _____ Work Phone: _____

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

Shirt Size: Youth: Small Medium Large Adult: Small Medium Large X-Large

Please check all camps you wish to register for below:

June 10-14					
9 a.m.-Noon	Mon./Tue./Thu./Fri.	All Sports Camp (8-13 yrs.)	Galo	\$45/\$90	
10 a.m.-Noon	Mon./Tue./Thu./Fri.	Kickball Camp (7-13 yrs.)	Smi	\$35/\$70	
June 17-21					
10 a.m.-Noon	Mon./Tue./Thu./Fri.	Sports, Speed, & Agility (9-14 yrs.)	Galo	\$35/\$70	
10 a.m.-Noon	Mon./Tue./Thu./Fri.	Basketball Camp (6-9 yrs.)	Smi	\$35/\$70	
1-4 p.m.	Mon./Tue./Thu./Fri.	Basketball Camp (10-14 yrs.)	Smi	\$45/\$90	
June 24-28					
9 a.m.-Noon	Mon./Tue./Thu./Fri.	Soccer Camp (6-13 yrs.)	Galo	\$45/\$90	
9 a.m.-Noon	Mon./Tue./Thu./Fri.	Baseball Camp (6-13 yrs.)	Smi	\$45/\$90	
July 1-3					
10 a.m.-Noon	Mon./Tue./Wed.	Preschool Sports Camp (3-5 yrs.)	Galo	\$30/\$60	
1-3 p.m.	Mon./Tue./Wed./Fri.	Running Camp (8-14 yrs.)	Galo	\$35/\$70	

July 8-12					
10 a.m.-Noon	Mon./Tue./Thu./Fri.	Basketball Camp (6-9 yrs.)	Galo	\$35/\$70	
1-4 p.m.	Mon./Tue./Thu./Fri.	Basketball Camp (10-14 yrs.)	Galo	\$45/\$90	
10 a.m.-Noon	Mon./Tue./Thu./Fri.	Sports, Speed, & Agility (9-14 yrs.)	Smi	\$35/\$70	
July 15-19					
9 a.m.-Noon	Mon./Tue./Thu./Fri.	Baseball Camp (7-14 yrs.)	Galo	\$45/\$90	
9 a.m.-Noon	Mon./Tue./Thu./Fri.	Soccer Camp (6-13 yrs.)	Smi	\$45/\$90	
July 22-26					
9 a.m.-Noon	Mon./Tue./Thu./Fri.	All Sports Camp (8-13 yrs.)	Smi	\$45/\$90	
July 29-August 2					
9 a.m.-Noon	Mon./Tue./Thu./Fri.	Football Camp (7-13 yrs.)	Galo	\$45/\$90	
9 a.m.-Noon	Mon./Tue./Thu./Fri.	Football Camp (7-13 yrs.)	Smi	\$45/\$90	
August 5-9					
10 a.m.-Noon	Mon./Tue./Thu./Fri.	Kickball Camp (8-14 yrs.)	Galo	\$35/\$70	

FOR OFFICE USE ONLY

Staff Initials: _____ Date: _____

Comments: _____

Emergency Contacts & Release:

Camper's Name: _____

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

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

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:

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

If yes, please request a Medical Authorization Form. Please return the form and medication in its original prescribed container with your child's name on it on the first day that they attend camp.

Allergies:

Please put N/A if your child does not have any allergies

Food/Medication/Other: _____

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 with a current prescription and a doctor's note.

Specific activities that are restricted for health reasons: _____

WE CAN DO SO MUCH MORE BECAUSE OF YOU

Every kid deserves a chance to play. Help ensure that all children have access to our sports programs.

YES! I/We want to support the YMCA Scholarship Fund with a tax-deductible gift of:

\$25 \$50 \$100 \$200 \$500 Other Amount _____

To learn about other ways to give, contact our Development Department at (815) 729-9638 or visit www.jolietymca.org.

- Cash
- Credit
- Payment on file
 - One time Monthly

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 every 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 also give my permission to the 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 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:** _____