



GREATER JOLIET AREA YMCA

# 2020 FULL DAY SPORTS CAMP REGISTRATION FORM

Please bring your completed form and payment to the YMCA. To register online, please visit [www.jolietymca.org](http://www.jolietymca.org).

## CHILD'S INFORMATION Please print clearly with complete information.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Grade (Fall 2020) \_\_\_\_\_ School \_\_\_\_\_

## 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 \_\_\_\_\_

## AUTHORIZED PICK-UP AND EMERGENCY CONTACT INFORMATION

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 REGISTRATION** Please check the appropriate square(s).

Camper's Name: \_\_\_\_\_ Grade (Fall 2020): \_\_\_\_\_

<b>CAMP HOURS:</b> 9 a.m.-4:30 p.m.	<b>Basketball Camp</b> June 8-12 (Ages 9-14)	<b>All Sports Camp</b> June 22-26 (Ages 9-14)	<b>Cheerleading &amp; Football Camp</b> July 6-10 (Ages 9-14)	<b>Sporting Adventures</b> Sports Field Trip Camp July 20-24 (Ages 9-14)	<b>Dodgeball/Kickball Camp</b> August 3-7 (Ages 9-14)
C.W. Avery Family YMCA - Plainfield	\$195/\$220	\$195/\$220	\$195/\$220	\$235/\$295	\$190/\$220

Please select your child's t-shirt size:

**YOUTH:**  Small (6-8)  Medium (10-12)  Large (14-16) **ADULT:**  Small  Medium  Large  X-Large

**WE CAN DO SO MUCH MORE BECAUSE OF YOU**

At the YMCA, no one is turned away for the inability to pay. We maintain this commitment thanks to gifts from donors like you. Your tax-deductible gift to our YMCA helps teach children to swim, gives seniors a place to connect with others and build strength, provides families with a place to grow together, and allows children to experience stability and the joy of learning in our care.

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

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

**Payment Information:**

Check  Cash  
 Membership Payment method on file:  One-time  Monthly

For more information, please contact our Development Department at (815)782-0825 or visit [www.jolietymca.org/giving](http://www.jolietymca.org/giving).

**STAFF:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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