



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2017 SPRING BREAK DAY CAMP REGISTRATION FORM

This registration form and payment are due April 1st, 2017.

PARTICIPANT INFORMATION

1. Child's first name _____ MI _____ Last name _____

2. Child's first name _____ MI _____ Last name _____

1. Grade _____ Sex _____ Age _____ Date of Birth _____ (Month/Day/Year)

2. Grade _____ Sex _____ Age _____ Date of Birth _____ (Month/Day/Year)

Does your child qualify for free or reduced lunch? Yes No

Please check the ethnic group the child identifies with:

- White Black or African American Hispanic/Latino Asian
- Native Hawaiian or other Pacific Islander American Indian or Alaska Native Two or More

PARENT/GUARDIAN INFORMATION

Parent's Name _____ Parent's Name _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Employer _____ Email _____

Party/ies responsible for payments _____

FAMILY MEMBERSHIP

Annual family membership fee (\$50/family)

- New Y family/Out-of-date membership Up-to-date membership Unsure

Please list all household members

Name	Sex	Age



ENROLLMENT

Please specify enrollment:

- Full time (4-5 days)\$200
- Part time (3 days or less, check specific dates of attendance below).....\$150
- Drop in (check specific dates of attendance below).....\$60/day
- Extended Hours 7 am - 8 am.....\$15/week
- Extended Hours 5 pm - 6 pm.....\$15/week

April 3rd - 7th, 2017: Monday Tuesday Wednesday Thursday Friday

EMERGENCY INFORMATION

Persons other than parents who may pick up child:

Name _____ Phone _____

Name _____ Phone _____

In case of emergency, when unable to reach parent, call:

Name _____ Phone _____ Cell _____

Family Physician _____ Address _____ Phone _____

Date of last physical exam 1. _____ 2. _____

Family Dentist _____ Address _____ Phone _____

Date of last dental exam 1. _____ 2. _____

Insurance Company _____ Policy # _____

Medical information (such as allergies, current medications, illness, mental or psychological conditions that might need special attention) _____

Please share any additional information you would like the Y staff to have _____

RELEASE AGREEMENT

1. Permissions (please initial where indicated) – I give my permission for my child/children to:

- a. be transported in an authorized vehicle from the Y and attend all field trips. **Initial:** _____
- b. use all play equipment and participate in all Y activities, including swimming. **Initial:** _____
- c. be given emergency treatment by qualified YMCA staff. **Initial:** _____
- d. use hand sanitizer when hand washing facilities are unavailable. **Initial:** _____
- e. have a staff person help my child apply sunscreen and/or insect repellent. **Initial:** _____
- f. be involved in photography/media taken for publicity purposes. **Initial:** _____
- g. be transported by ambulance or staff car to an emergency center for treatment. **Initial:** _____

2. In the event that I cannot be contacted, I further consent to the medical, surgical, hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child’s health. **Initial: _____**



3. I will be responsible for all fees accumulated as a result of my child's registration and participation in YMCA programs. I understand that all fees are payable in advance and that program participation will be denied if payments are past due.
4. I have received a Parent Handbook and understand the program's policies and fees.
5. I give my permission for my child to go on supervised field trips with the YMCA's Programs.
6. I give permission for my child to participate in swimming activities supervised by YMCA staff or qualified lifeguards and in all other activities unless otherwise noted.
7. To the best of my knowledge, my child is in good health. I understand that the YMCA has safety standards in its programs and that all activities will be properly supervised. The YMCA does not provide individual accident insurance; therefore, I will provide the necessary coverage in the event of an accident.
8. The YMCA cannot be held responsible for problems related to a child's failure to receive the required immunizations.
9. When leaving a child at the YMCA or program site, he/she must be signed in and made sure that a program staff or volunteer is available to receive and supervise your child.
10. The YMCA will release children only to people authorized by the parent/guardian. If a parent/guardian desires to have a YMCA staff member check their child in or out of the program, they must first sign a disclaimer/waiver statement.
11. YMCA staff and volunteers are required by state law to report suspected child abuse. This will be handled confidentially through the Director of Programs.
12. If the person picking up a child appears to be under the influence of drugs or alcohol, for the child's safety, that person will be asked to allow someone else on the authorized list to pick up the child. If that person insists on taking the child, the YMCA will make a report to the police and Child Protective Services.
13. Parents/Guardians may drop in and visit with their children at any time.
14. Weapons, including but not limited to, knives and or firearms are not allowed and may result in suspension or termination from all YMCA of the Palouse programming.

Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

FOR OFFICE USE ONLY

Date Received: _____ Processed by: _____ Application Complete: Y N

Missing Information: _____

Certificate of Immunization Status Received: Y N Membership Due Date: _____

Payment Type: Online Cash Card Check (number _____)

Amount: _____ Date Received: _____

Allergies/Medical: _____

Notes: