



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 2017 SUMMER DAY CAMP REGISTRATION FORM

This registration form and payment are due 7 days prior to the first day of attendance.

### PARTICIPANT INFORMATION

1. Child's first name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_

2. Child's first name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_

3. 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)

3. Grade \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ (Month/Day/Year)

Youth t-shirt size 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

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/Guardian #1 Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Employer \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Employer \_\_\_\_\_

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- New Y family/Out-of-date membership  Up-to-date membership  Unsure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 Summer (15% discount applied).....\$1530
- Monthly Full Time Registration (10% discount applied)
  - June 19<sup>th</sup> - 30<sup>th</sup> .....\$324
  - July 3<sup>rd</sup> - 28<sup>th</sup>.....\$648
  - July 31<sup>st</sup> - August 25<sup>th</sup>.....\$648
- Weekly Full Time (without discount).....\$180
  - Early Registration 10% Discount (Due by May 19<sup>th</sup>).....\$162
- Weekly Half Days: AM (8 AM - 12:30 PM) or PM (12:30 - 5 PM).....\$130
  - Early Registration 10% Discount (due by May 19<sup>th</sup>).....\$117
- Weekly Part Time: 3 days per week.....\$130
  - Early Registration 10% Discount (due by May 19<sup>th</sup>).....\$117
- Extended Hours 7 am - 8 am.....\$20/week
- Extended Hours 5 pm - 6 pm.....\$20/week

Please specify your desired schedule in the table below, checking appropriate boxes, noting AM/PM, and noting part-time days of attendance if necessary

	June 19-23	June 26-30	July 3-7*	July 10-14	July 17-21	July 24-28	July 31-August 4	August 7-11	August 14-18	August 21-25
Full Time (mark X)										
Half Day (mark AM/PM)										
Part Time (mark days)										

\*Closed Tuesday, July 4<sup>th</sup> for National Holiday



## EMERGENCY INFORMATION

### Persons other than parent/guardian who may pick up child:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Family Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of last physical exam 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Family Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of last dental exam 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

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 \_\_\_\_\_  
\_\_\_\_\_

## SUMMER DAY CAMP PROGRAMMING INFORMATION

Summer Day Camp programming includes going to the Neill Public Library once a week. If you would like your child to check out books, they will need to have a library card or be authorized on a parent/guardian's card. Please list the authorized 14-digit Neill Public Library Card number below:

Summer Day Camp programming includes going to the pool twice per week. How would you rate your child's swimming ability?

- Beginning swimmer       Intermediate swimmer       Advanced swimmer       Non-swimmer

## RELEASE AGREEMENT

1. 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, agree to pay any applicable late fees, and understand that incomplete payment will result in disenrollment.
2. I have received a Parent Handbook and understand the program's policies and fees.
3. I give my permission for my child to go on supervised field trips with the YMCA's Programs.
4. 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.

5. To the best of my knowledge, my child is in good health. I understand that the YMCA does not provide individual accident insurance; therefore, I will provide the necessary coverage in the event of an accident.
6. The YMCA cannot be held responsible for problems related to a child's failure to receive the required immunizations.
7. YMCA staff and volunteers will not transport a child in a private vehicle without the parent/guardian's specific permission
8. 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.
9. 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.
10. YMCA staff and volunteers are required by state law to report suspected child abuse. This will be handled confidentially through the Director of Programs.
11. 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.
12. Parents/Guardians may drop in and visit with their children at any time.
13. 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.
14. **Required 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. be transported by ambulance or staff car to an emergency center for treatment. **Initial:** \_\_\_\_\_
  - e. 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:** \_\_\_\_\_
15. **Optional Permissions (please initial where indicated) – I give my permission for my child/children to:**
  - a. check out books from the Neill Public Library. I will be held responsible for any damage to library books, including but not limited to: water damage, ripped pages, writing/coloring in pages, stolen, or missing books. **Initial:** \_\_\_\_\_
  - b. have a staff person help my child apply sunscreen and/or insect repellent. **Initial:** \_\_\_\_\_
  - c. use hand sanitizer when hand washing facilities are unavailable. **Initial:** \_\_\_\_\_
  - d. be involved in photography/media taken for publicity purposes. **Initial:** \_\_\_\_\_

**Print Name of Parent/Guardian** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of the Palouse Summer Day Camp for any purpose, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities of the affiliated program and accepts same as being safe and reasonably suited for the purpose of use or participation.

**THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:**

- 1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA of the Palouse, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
- 2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by ordinary negligence of the releasees or otherwise.
- 3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to ordinary negligence of releasees or otherwise while about or upon the premises of the YMCA and/or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Washington and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

**I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE**

Participant Name(s): \_\_\_\_\_

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: