



Warren County YMCA Blue Wolves Day Camp Registration Form



Child's Information:

Last Name: _____ First Name: _____ MI _____

Nickname: _____ Gender: Female Male Birth Date ___/___/___ Age _____

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

YMCA Member: Yes No

Parent(s)/Guardian(s) Information:

Parent/Guardian: _____ Relationship: _____

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

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Company Name: _____

Primary E-Mail: _____

Parent/Guardian: _____ Relationship: _____

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

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Company Name: _____

Primary E-Mail: _____

Person or agency having legal custody: _____

Address if different from above: _____

Emergency Contact Information: (Other than Parent(s)/Guardian(s) listed above)

First Emergency Contact: _____ Relationship: _____

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

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Company Name: _____

Second Emergency Contact: _____ Relationship: _____

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

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Company Name: _____

Pick Up Authorization:

Person authorized to PICK-UP your child: _____ Relationship: _____

Person authorized to PICK-UP your child: _____ Relationship: _____

Person authorized to PICK-UP your child: _____ Relationship: _____

Person authorized to PICK-UP your child: _____ Relationship: _____

Person authorized to PICK-UP your child: _____ Relationship: _____

Person **NOT** authorized to PICK-UP your child: _____ Relationship: _____

Person **NOT** authorized to PICK-UP your child: _____ Relationship: _____

Person **NOT** authorized to PICK-UP your child: _____ Relationship: _____

Person NOT authorized to PICK-UP your child: _____ Relationship: _____

Person NOT authorized to PICK-UP your child: _____ Relationship: _____

Parent/Guardian Signature: _____ Date: _____

No registration can be accepted if there is an outstanding balance due associated with this membership account.

IT IS AGREED THAT THE YMCA WILL NOTIFY THE PARENT(S)/GUARDIAN(S) OF ANY ILLNESS OF THE CHILD AND THAT THE CHILD WILL BE PICKED UP AS SOON AS POSSIBLE THEREAFTER.

Medical Information:

Allergies or intolerance to food, medication, etc: _____

If an allergic reaction occurs, please list steps to take to relieve reaction: _____

Is your child allergic to (Please Circle): Poison Ivy Poison Oak Sumac Other _____ N/A

Is your child allergic to bee stings? Yes No

If yes, what type of medical treatment is needed? _____

Chronic physical problems, pertinent developmental information, any special accommodations needed:

Health History (please circle if your child has/had any of the following):

Asthma Convulsions Diabetes Frequent Ear Trouble Fainting Spells

Frequent Heart Trouble Frequent Sore Throats Frequent Headaches

Does your child take medications or vitamins on doctor's orders? Yes No

If so, please specify: _____

If center is to administer medications, previous contact must be made for proper procedures (An authorization form is available upon request and is required with each medicine.)

Has your child had a tetanus shot within the last 5 years? Yes No

Date of shot: _____

Has your child in the past six months been under medical care? Yes No

If yes, please provide the details:

Child's Physician and Office Name: _____

Physician's Phone: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Medical Authorization:

I give the Warren County YMCA permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of the Warren County YMCA. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I authorize the Warren County YMCA to obtain immediate medical care and give consent to the hospitalization and performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement may cover only those situations which are true emergencies and only when he/she cannot be reached. I understand that the provider will take every effort to contact me and/or my designated emergency contacts.

I/we will be responsible for payment of medical expenses.

Medical treatment costs are covered by: _____

Insurance Company Name: Policy #: _____

Parent/Guardian Signature: _____ Date: _____

Parental Agreement:

1) The day camp agrees to notify the parent/guardians whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.

(2) The parent/guardian authorize the day camp to obtain immediate medical care if any emergency occurs when the parent /guardian cannot be located immediately.

(3) The parent/guardian agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, a defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Parent/Guardian Signature: _____ Date: _____

Permission Slips:

I hereby give my permission for the YMCA to take my child on supervised walking trips: Yes No

I hereby give my permission for the YMCA to take my child on field trips: Yes No

Parent/Guardian Signature: _____ Date: _____

Transportation Authorization/Rules:

Children must follow these basic safety rules while being transported. With the first infraction, a parent will be notified and asked to discuss proper behavior with his/her child. With the second infraction, transportation services may be denied for a minimum of two days, and the parent will be notified. With the third infraction, transportation services will be terminated.

- 1) No fighting, swearing or abusive behavior.
- 2) Must remain seated properly with seat belt on at all times.
- 3) Cannot have any part of his/her body out of the vehicle.
- 4) No eating or drinking on the vehicle.
- 5) May throw nothing out of the window.
- 6) Potentially dangerous actions will not be tolerated.
- 7) Must be respectful to and listen to the van driver.

My child has permission to be transported by a YMCA vehicle and participate in ALL YMCA program activities and related field trips.

Parent/Guardian Signature: _____ Date: _____

Swimming/Wading/Boating:

Rules of the Pool: Check child's swimming level: Beginner Intermediate Advance

- 1) All children must pass the swim test in order to participate in free swim.
- 2) No running, pushing or dunking.
- 3) No abusive language or rough play will be allowed
- 4) Lifeguard has the right to dismiss anyone who is careless or dangerous to others.
- 5) No diving in shallow water.
- 6) No food or drinks in pool area.
- 7) No unauthorized flotation devices.

My child has my permission to participate in swimming activities.

I HAVE READ AND UNDERSTAND THE POOL/WATER RULES.

Parent/Guardian Signature: _____ Date: _____

Photography Release:

I hereby irrevocably consent to and authorize the use and reproduction by the Warren County YMCA or anyone authorized by the Warren County YMCA of any and all photographs and videos which might be or have been taken during the program of my child, for any purpose whatsoever without compensation to me for future promotional purposes.

Parent/Guardian Signature: _____ Date: _____

Parent Statement of Understanding:

- I understand the YMCA Staff and Volunteers are prohibited from babysitting or transporting children in their personal vehicles at any time outside of the YMCA program(s).
- I understand that I am not to leave my child at the Warren County YMCA or program site unless a YMCA Staff is there to receive and supervise my child.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick-up my child must either be listed with the Warren County YMCA or other arrangements must be made by calling the YMCA office to inform them of a change.
- Failure to up-date personal information may result in withdrawal from the program. For safety reasons, it is extremely important to be able to reach the parent(s)/guardian(s) or emergency contact(s) for a child in our program.
- I understand that should a person arrive to pick-up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

I understand that the Warren County YMCA and its employees are mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

Parent/Guardian Signature: _____ Date: _____

Disciplinary and Behavior Management Policy:

The Warren County YMCA will not tolerate unacceptable behavior and the consequences will be explained to our campers.

1) Participation in an activity will be denied for repeated poor behavior and the child will be directed to an alternate activity.

(2) The parent(s)/guardian(s) will be informed by phone, in writing and through parent/guardian conferences, if the child continues to display poor behavior. Physical discipline will not be used nor will food be denied as a punishment.

(3) If the unacceptable behavior endangers another's safety or the child's safety, immediate suspension/termination may result. The parent/guardian of the child will be notified and the child MUST be picked-up WITHIN ONE HOUR after notification.

If you are unable to pick-up your child immediately, please make other arrangements for someone to pick-up your child immediately. Failure to pick-up your child within ONE HOUR after notification may result in withdrawal from the program.

Failure to comply with the following rules may result in an unacceptable behavior notification:

- Repeatedly engaging in fighting (physical aggression) as a way to solve an issue.
- Stealing or defacing YMCA or other's property.
- Refusing to follow basic safety rules.
- Repeated disrespect for staff or rude and discourteous behavior toward other children.
- Repeatedly displaying an inability to follow established guidelines.
- Any act(s) that is(are) deemed unsafe or unacceptable as determined by the staff.

The YMCA requires the support of the parent(s)/guardian(s) in encouraging appropriate behavior of their child. The YMCA staff will strive to provide a safe and fun environment for all day camp participants; however, the YMCA will not allow children who continually display disruptive behavior to hinder the safety or enjoyment of others.

We encourage parents' comments. Please do not hesitate to discuss any concerns you may have with the Program Director.

Thank you for your cooperation.

Parent/Guardian Signature: _____ Date: _____

Parent Handbook:

I have received the parent handbook and it is my responsibility to read and understand/be aware of ALL policies in the parent hand-book. If you have any questions, please contact the Program Director at 309-734-3183.

Parent/Guardian Signature: _____ Date: _____

Release From Liability:

Recognizing that the Warren County YMCA will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in activities and from transportation to and from

the program. I agree to assume these risks. By signing below, I release the Warren County YMCA, its employees, volunteers, independent contractors, directors and agents from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child from participation in the program.

Parent/Guardian Signature: _____ Date: _____

Financial Assistance:

The Warren County YMCA wants to provide services for everyone and does not want to turn anyone away due to his/her inability to pay for programs. It is the Warren County YMCA policy to provide services for any youth who desires to participate in a YMCA program. Through the generosity of the Warren County YMCA annual giving campaign we are able to offer a limited number of financial assistance spaces. For additional information, please contact the Membership Director.

Camp Fees:

Y-Member

\$75/week or \$38/week for half days
\$72/4 days or \$36/4 half days
\$65/3 days or \$33/3 half days
\$50/2 days or \$25/2 half days
\$30/1 day or \$15/1 half day

Non-Member

\$85/week or \$43/week for half days
\$82/4 days or \$41/4 half days
\$75/3 days or \$38/3 half days
\$60/2 days or \$30/2 half days
\$40/1 day or \$20/1 half day

Pay for 10 full weeks of camp the 11th week is FREE.
No refunds will be issued.

15% discount for each additional child

- A \$30.00/member or \$40/non-member registration fee per child is required on the first day of every week your child will be attending camp. This amount will be applied to the end of the week's fee.
- Opening counselor will be given an updated roster every morning.
- If your child is not registered you will be asked to do so before you drop off your child at camp.

Parent/Guardian Signature: _____ Date: _____

DAY CAMP MEDICATION AUTHORIZATION FORM:

***Please come to camp with sunscreen/bug spray already on. Sunscreen and bug spray will be reapplied after swimming.**

Medication (except sunscreen/insect repellent) can only be administered 10 days unless a doctor's signature is received

One medication per form

Please ask for more forms in needed

Administration of non-prescription drugs will not exceed medication directions without a note from the doctor.

Prescribed drugs shall be given to a child only in accordance with the signed doctor's order or authentic prescription and with the parent or guardian's written consent for each separate occurrence.

Child's Name: _____ Date: _____

Warren County YMCA Day Camp Staff has my permission to administer the following medication:

Medication: _____

Dosage: _____ mg = _____ Tablets

Time to be given: _____

Special Instructions (if any): _____

I, _____, the parent/guardian of _____ request that camp staff administer the medication prescribed above to my child during camp hours. I also agree to furnish the above stated medication in the container supplied by the drug store with the label intact (or if non-prescription in its original container). Medication that is not picked up after duration of the above times will be discarded.

Parent's Signature: _____ Date: _____

