

# 2009 DAY CAMP REGISTRATION CAMPBELL COUNTY

YMCA Member \_\_\_\_\_ Program Participant \_\_\_\_\_ Date of Enrollment \_\_\_\_/\_\_\_\_/\_\_\_\_ Shirt Size (Adult or Youth) \_\_\_\_\_

First Day of Attendance \_\_\_\_\_

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent DOB \_\_\_\_\_

Parent E-mail Address \_\_\_\_\_

<b>Registration Fee: \$25.00</b>	<b>Deposit: \$10.00/wk</b>	<b>Day Camp: \$106.00/wk member</b>	<b>\$135/wk non-member</b>
	<b>Pre OR Post: \$25.00/wk member</b>	<b>\$35.00/wk non-member</b>	
	<b>Pre AND Post: \$40.00/wk member</b>	<b>\$50.00/wk non</b>	
<b>Sports and Pre-School Camps: \$65/wk member</b>	<b>Specialty Camps: \$85/wk member</b>		
<b>\$85/wk non-member</b>	<b>\$100/wk non member</b>		

**Please place an X in the box.** \*Prorated due to Holiday

Week	Dates	Day Camp	Adventure	Specialty	Sports	Pre-School
01	Jun 1 Jun 5					
02	Jun 8- Jun 12					
03	Jun 15- Jun 19					
04	Jun 22-Jun 26					
05	Jun 29 – Jul 3					
06	Jul 06 – Jul 10					
07	July 13-July 17					
08	July 20-July 24					
09	July 27- July 31					
10	Aug 3-Aug 7					
11	Aug 10 – Aug 14					

**Please place an X in the box.**

Week	Dates	Pre Camp	Post Camp	Pre & Post
<b>LISTED IN AS400 UNDER SUMMER I</b>				
01	Jun 1 – Jun 5			
02	Jun 8 – Jun 12			
03	Jun 15 – Jun 19			
04	Jun 22 – Jun 26			
05*	Jun 29 – Jul 3			
06	Jul 6 – Jul 10			
<b>LISTED IN AS400 UNDER SUMMER II</b>				
07	Jul 13 – Jul 17			
08	Jul 20 – Jul 24			
09	Jul 27 – July 31			
10	Aug 3 – Aug 7			
11	Aug 10 – Aug 14			

## KENTUCKY DEPARTMENT OF JOB AND FAMILY SERVICES

Child Enrollment and Health Information – Page 1				First day at the center
Child's Name			Date form completed/updated	
Date of Birth	Home Address	City, State, Zip Code	Home Telephone Number	
Parent/Guardian Name	Relationship to Child	Parent/Guardian Name	Relationship to Child	
Home Address	Employer/School	Home Address	Employer/School	
City, State, Zip Code	Address & City	City, State, Zip Code	Address & City	
How can you be reached: Home telephone #: Cell Phone:	Work/School telephone #: Pager:	How can you be reached: Home telephone #: Cell Phone:	Work/School telephone #: Pager:	
Where can you be reached most of the time when your child is at this program:		Where can you be reached most of the time when your child is at this program:		
<b>Emergency Contacts:</b> List the names of <u>other local persons</u> who you want to be contacted in the event of an emergency of illness if the parent/ guardian cannot be reached. Persons listed should be able to assist in locating the parent/guardian and at least one person listed must be able to take responsibility for the child in cases where the parent/guardian can not be located.				
Name		Name		
City/ State		City/ State		
Telephone Number	Relationship to Child	Telephone Number	Relationship to Child	

### Emergency Transportation

1. Give Permission to Transport	2. Do not give Permission to Transport
I give (Center/Type A Home Name) _____ my permission to have my child _____ transported to (Hospital, Clinic) _____ for emergency medical care or to (Dentist- if applicable) _____ for emergency dental care, or to the nearest available source of assistance.	I <b>do not</b> give (Center/Type A Home Name) _____ my permission to have my child _____ transported for emergency medial or dental care. In the event of an illness or injury which requires emergency medial or dental treatment, I wish the following action be taken _____ _____ _____
Parent/Guardian's signature	Parent/Guardian's signature
Date	Date

Name of Physician or Clinic/Hospital (REQUIRED)		Name of Dentist (if applicable)	
Street Address		Street Address	
City, State	Telephone Number	City, State	Telephone Number

## Child Enrollment and Health Information – Page 2

Child's Name	Date form completed/updated
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### Health Information

Check if not  
Applicable

Allergies ( food, medication, & environmental) and precautions, reactions, and treatment	
Medications, food supplements, modified diet currently being administered: (IF YES, MUST FILL OUT SEPARATE MEDICATION FORM)	
Chronic Physical Problems:	
History of Hospitalization:	
History of diseases the child has had:	
Any additional health or enrollment information you feel we should know about your child.	

<p><b>PARENT'S: PLEASE BE SURE TO ATTACH AN UPDATED COPY OF YOUR CHILD'S IMMUNIZATION FORM WITH THIS REGISTRATION FORM!</b></p>
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We build strong kids, strong families, strong communities.

**AUTHORIZATION TO PARTICIPATE:**      \_\_\_ Yes                      \_\_\_ No

- \_\_\_ Yes    \_\_\_ No I give my permission for my child to participate in any trips or excursions away from the program site. I understand that transportation for these trip or excursions may be by YMCA van, public transportation, walking or leased bus.
- \_\_\_ Yes    \_\_\_ No I give my permission for my child to use all of the equipment and participate in all activities of the program.
- \_\_\_ Yes    \_\_\_ No I give my permission for my child to be included in evaluations, pictures, newsletters, and marketing pieces associated with the program.
- \_\_\_ Yes    \_\_\_ No I give my permission for the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment.
- \_\_\_ Yes    \_\_\_ No I have received, read, and understand the Summer Programs Parent Handbook.

I understand that the YMCA of Greater Cincinnati assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any athletic events, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge, on behalf of myself and my heirs that I assume the risk for any injuries or illnesses, which may result from these activities. I hereby release and discharge the YMCA of Greater Cincinnati, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage, which I may suffer as a result of my participation in these activities. I understand that the YMCA of Greater Cincinnati is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities on YMCA premises. I give my permission to the YMCA of Greater Cincinnati to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings that may include my image or voice for purpose of promoting or interpreting YMCA programs. I acknowledge the waiver set forth above.

**POLICIES:** I agree to sign my child in and out of camp each day. I understand that the YMCA of Greater Cincinnati and the program will not assume responsibility for a child who has not been signed in when he/she arrives for the day. I understand that only those people designated by me on this form may pick up my child from camp, and that I, or the person picking up my child, must sign my child out each afternoon. I further attest that I have read and understand all camp refund / credit and registration policies. I understand that the YMCA is not able to provide duplicate receipts for tax purposes and agree to keep my original receipt and/or returned checks for this purpose.

<b>ADULTS AUTHORIZED TO PICK UP MY CHILD</b> (must be at least 18 years of age) PLEASE INCLUDE YOURSELF AND SPOUSE (should spouse apply).		
<u>NAME</u>	<u>RELATIONSHIP TO CHILD</u>	<u>PHONE NUMBER</u>

I have read and fully understand the above policies and authorization, and do hereby give such authorization as indicated.

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Signature
Date



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# Campbell County YMCA 2009 Sunscreen Permission Form

Child's name: \_\_\_\_\_ Date: \_\_\_\_\_

To YMCA Summer Camp Staff:

You have my permission to allow my child to apply sunscreen. The sunscreen used will be the only sunscreen that I provide for my child. If a different sunscreen is to be used, it will be used only after my permission is granted either in person with a signature, or verbally with a telephone call. I understand that I may revoke this permission at any time in writing.

I will send my child with the following brand of sunscreen:

\_\_\_\_\_

I want the camp staff to keep my child's sunscreen onsite during the summer. \_\_\_\_\_

My child will keep his or her sunscreen with them. \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

\_\_\_\_\_

**YMCA of Greater Cincinnati**

**Swimming Permission Slip**

I grant permission for my child \_\_\_\_\_ to go swimming or otherwise participate in water activities in bodies of water two or more feet in depth at the YMCA.

My child is a \_\_\_\_ non-swimmer \_\_\_\_ swimmer

During any scheduled swimming activity a certified lifeguard or water instructor will be on duty at all times. A child staff ratio maximum of 1:15 for school-age children and 1:12 for preschool children will be maintained at all times.

Additional staff is provided above the licensing ratio standards. All children will swim on location. I understand YMCA program staff prior to any swimming activity according to the YMCA of Greater Cincinnati Swim Testing Policy will evaluate my child. Depending on the swim skills demonstrated, my child will:

- Be required to swim in shallow water only and wear a Coast Guard approved flotation device while participating in the aquatic portion of the program. (Note: The YMCA will provide this equipment)
- Be required to swim in shallow water only or
- Able to swim in deep water. (Child must be able to jump feet first into water, tread for 10 seconds and continue to swim for 1 length of the pool)

I understand that the YMCA reserves the right to re-evaluate all deep-water swimmers and may move them to shallow water if deemed necessary.

I would like my child to swim in shallow water only. \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Parent Statement of Understanding Camp

I have received and reviewed the Parent Guide Policies and Procedures Handbook and understand its contents.

I understand that I need to pack my child's lunch, snack, and 100% juice / water / or milk daily and there will be no refrigeration/microwave/cooking provided. I understand that I need to pack my child a swimsuit, towel, sunscreen, and water bottle and that my child needs to wear closed-toed shoes each day.

I understand that Day camp children should arrive to camp prepared to play outside, with sunscreen already applied.

I understand that under no circumstances will my child bring their own toys, which include but are not limited to: personal electronic devices, card games, other personal items. If my child does so, the staff will confiscate the item and return it to the parent at the end of the day.

**I understand that camp fees are due by 6:00 pm the Friday prior to the week of attendance.** If my payment is not received by then I will be responsible for a \$10.00 late fee to be added to the prior week payment. Failure to pay camp payment and late fee by the Monday of the week attending, will result in removal of my child from the camp program and the space will be given to another child on the waiting list.

**I understand that there is a late fee of \$1.00 per minute/per child after 6:00.** This payment will be made in cash and paid to the staff person who remains after work hours with my child.

I understand that the YMCA is not responsible for lost or stolen items. My child is responsible for his/her belongings. I understand that lost and found is every Friday and that any items left over at the end of summer camp will be sent to Goodwill.

I understand that camp activities are based outdoors and my child will be outside all day, weather permitting.

**I understand that if I no longer need a week of camp I need to notify the YMCA in writing at least 1 week prior to attendance.** I also understand that I forfeit my \$10 deposit. I understand that the deposit I paid is NON - refundable and NON- transferable.

I understand that if my child is 11 years old and a member of the YMCA, they can sign themselves out ONLY if the proper permission form is signed ahead of time. A written note does not constitute permission to sign out.

I understand that the YMCA is not responsible for my child until the parent/guardian signs them into the program.

I understand that any medical expenses resulting from any illness or injury incurred while at camp or attending any YMCA program is my responsibility. I understand that the YMCA of Greater

Cincinnati is not responsible for anything that occurs as a result of false information given by a parent or guardian.

I understand that if my child is NOT enrolled in Post camp, I will pick them up by 4:00 pm.

I understand that I will have the opportunity to attend the Parent Orientation to learn more about my child's summer.

I understand that I MUST provide a certified copy of my child's immunization form with this registration form.

I understand that if my child will be absent from camp, I need to call the morning of and let the staff know prior to camp starting.

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Service Center Initials after completion \_\_\_\_\_

ANNUAL CAMPAIGN: Did you know we provided more than \$50,000 in Financial Assistance in 2008 so that no child was turned away from the Campbell County YMCA? Are you willing to help give another child the experience of YMCA Day Camp?  
Amount: \$ \_\_\_\_\_

Program Fee: \_\_\_\_\_  
Credit Applied: - \_\_\_\_\_  
Reg. Fee: + \_\_\_\_\_  
Annual Support Donation:  
+ \_\_\_\_\_  
Total Amt Paid: \_\_\_\_\_

Method of Payment  
Cash  
Check: # \_\_\_\_\_  
Charge

Staff initials: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that all registration fees and deposits are non-refundable and non-transferable. I also understand that weekly camp fee's are due no later than 6:00PM the Friday before I send my child to camp. Credits and refunds are subject to approval. I understand that credits or refunds will not be issued for missed days of camp.

**Thank you for registering for YMCA Summer Day Camp!**