

Y REGISTRATION

The YMCA is open for all.
Questions? Call (859) 356-3178

Camp Independence - Summer 2007

YMCA Membership # _____ Program Participant _____ Date of Enrollment ____/____/____ Shirt Size (Adult or Youth) _____

Camper's Name _____ Birth Date _____ Age _____ Gender _____

Street Address _____ City/State/Zip _____

Parent's/Guardian's Name (Please print)	Birthdate mm/dd/yyyy	Day Phone	Work/Other Phone
Mother -			
Father -			

Parent E-mail Address _____

Please indicate whether your child will be attending Pre Camp (6:30 to 9:00 a.m.) or Post Camp (4:00 to 6:30 p.m.).

My camper will be attending Pre or Post Camp. _____ (Initial) Please fill out one section below.

My camper will not be attending Pre or Post or Both. They will arrive no earlier than 8:50 and picked up by 4:00. _____ (Initial)

My camper will be attending pre, post or both camps at Boys and Girls Club, or Kenton County

(Please Circle)

Registration Fee: \$30.00 Deposit: \$10.00 per week

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

	Dates	Day Camp 40413	ACES 40513	Specialty 40428	Pre Camp 40414	Post Camp 40515	Pre & Post 40416	Deposit Amount
LISTED IN AS400 UNDER SPRING								
01*	May 29 - Jun 1							
LISTED IN AS400 UNDER SUMMER I								
02	Jun 4 - Jun 8							
03	Jun 11 - Jun 15							
04	Jun 18 - Jun 22							
05	Jun 25 - Jun 29							
06*	Jul 2 - Jul 6							
07	Jul 9 - Jul 13							
LISTED IN AS400 UNDER SUMMER II								
08	Jul 16 - Jul 20							
09	Jul 23 - Jul 27							
10	Jul 30 - Aug 3							
11	Aug 6 - Aug 10							
12	Aug 13 - Aug 17							

You must complete an enrollment packet and receive a parent handbook prior to attending the first day of the program.

Total \$ _____ Check # _____ Cash _____

Visa/MasterCard/American Express # _____ Expiration _____

Name On Card _____ Signature _____

I would like to donate to Y Kids To Camp _____

Credit/Debit Card information must be completed. This information will be used in the event of any past-due balances, non-payments or late fees. Past due balances will be applied to this card at 6 pm the first day of the program. (Camp fees are due the Monday prior to camp)

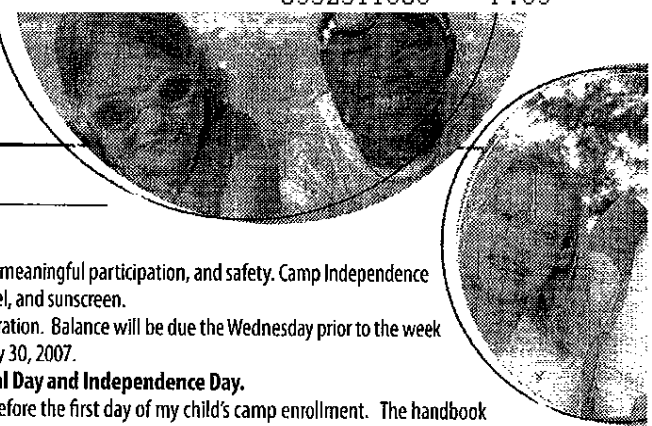
I understand that all registration fees and deposits are non-refundable and non-transferable and that the balance of the fee for each camp is due 7 days before the session begins (Monday by 6 pm). I understand that I must cancel on request credit at least 7 days before the session begins. Credits and 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 Programs.

Kenton County YMCA • P.O. Box 367 • 10987 Marshall Rd • Independence, KY 41051

ACCEPTANCE

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Camper Name _____

ACCEPTANCE

Camp Independence gives kids a positive, healthy summer experience through caring adults, meaningful participation, and safety. Camp Independence participants will swim for a short portion of their camp experience. Please provide swimsuit, towel, and sunscreen.

A non-refundable, non-transferable \$10.00 deposit per week of camp is due the day of registration. Balance will be due the Wednesday prior to the week attending. Camp Payment for the week of 6/4 - 6/8 of \$89.00 or \$99.00 is due on Wednesday, May 30, 2007.

Week 6 will be prorated because of Independence Day. Camp is closed on Memorial Day and Independence Day.

I understand that I will receive a copy of the 2007 Summer Camp Parent Handbook on or before the first day of my child's camp enrollment. The handbook is online at www.MyY.org.

_____ 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 If my child is over the age of 8 and the activity is offered by the day camp, I give my permission for my child to participate in the activity: **Archery**

_____ 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, deal 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 no 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 which 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.

YMCA CHILD BEHAVIOR CONTRACT: Disciplinary problems may require a 5-15 minute Time Out Period. Parents may be called to pick up a child who does not behave after 3 time outs. A Behavior Contract is the first formal step to help solve repeated rule violations. The contract involves parents, child and staff. It requires participation of all parties. A suspension may be necessary, at the Program Director's discretion. Upon continuous disciplinary problems, a child may be removed from the program indefinitely.

Are there any special circumstances in your family that may be a factor in your child's present behavior (divorce, separation, new baby, recent move, hospitalization, etc.)
Are there any concerns regarding restricted activities 1 special considerations?

Marital Status: Married _____ Divorced _____ Separated _____ Single _____ Parent e-mail address _____

ADULTS AUTHORIZED TO PICK UP MY CHILD (must be at least 18 years of age) PLEASE INCLUDE YOURSELF AND SPOUSE (if applicable). If child is a member and at least 9 years old, parent may list child below for Summer Camp purposes only. This gives the child permission to sign him/herself out of Camp each day.

NAME	RELATIONSHIP TO CHILD	PHONE NUMBER

I have read and fully understand the above policy and authorization, and do hereby give such authorization as indicated. I have read and filled out completely all the appropriate information. If there are any changes, I will give them to the YMCA Camp Director or Program Coordinator as soon as possible.

Signature _____ Date _____

We build strong kids, strong families, strong communities.

Y MEDICAL RELEASE

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Camp Independence

HEALTH INFORMATION AND EMERGENCY MEDICAL AUTHORIZATION REGISTRATION FORM

Child's Name: _____

First

Middle

Last

Child lives with: Both Parents _____ Mother Only _____ Father Only _____ Other _____

Parent or Guardian: _____

Parent or Guardian: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Business Address: _____

Business Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____ Work Phone: _____

Phone: _____ Work Phone: _____

E-mail: _____

E-mail: _____

If neither parent or guardian is available in an emergency, Please specify two emergency contacts:

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____ Work Phone: _____

Phone: _____ Work Phone: _____

E-mail: _____

E-mail: _____

HEALTH HISTORY

Current Medication: _____

Dietary Modifications: _____

Operations/Serious Injury: _____

Disability/Chronic/Recurring Illnesses/Allergies: _____

Immunization: My Child's immunization record is current and will be provided by the first week of camp. _____ (please initial)

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

EMERGENCY MEDICAL AUTHORIZATION

PART I TO GRANT CONSENT (PART I OR PART II MUST BE COMPLETED BY PARENT/GUARDIAN)

In the event reasonable attempts to contact me or second parent/guardian at the numbers listed above, have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment of physician or dentist listed above, or in the event the designated preferred physician is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Parent/Guardian Signature

Date

PART II REFUSAL TO GRANT CONSENT (DO NOT COMPLETE PART II IF YOU COMPLETED PART I)

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the YMCA to take no action or to:

Service Center Staff Initials:

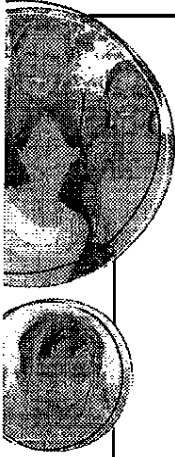
Parent/Guardian Signature

Date

YDAY CAMP™

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Swimming Permission Slip

I grant permission for my child _____

(Date of Birth) _____ 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 : 18 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 my child will be evaluated by YMCA program staff prior to swimming activity according to the YMCA of Greater Cincinnati Swim Testing Policy. 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 Day Camp

- I understand that I need to pack my child's lunch, snack and drinks daily and that there will be no refrigeration/ microwave/cooking provided. I understand that I need to pack my child a swimsuit, towel, sunscreen and insect repellent daily.
- I understand that under no circumstances will my child bring their own toys, which include, but are not limited to: portable radios, card games, video game devices, etc to camp. My child will be able to bring and use cell phone only for emergency purposes. If my child does so YMCA staff will store the item and return it to the parent at the end of the day.
- I understand that camp fees are due by 6:00 p.m. Wednesday prior to the week of attendance. My child cannot participate in camp if I fail to pay or make financial arrangements. A \$10 Late Fee may be included if camp invoices are not paid.
- I understand that my child must wear appropriate footwear to camp (i.e. gym shoes.) Sandals and dress shoes are not permitted. I understand that my child may get dirty throughout the day; therefore, they must wear appropriate clothes.
- I understand that the YMCA is not responsible for items that are lost or stolen. 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 each camp week will be donated.
- I understand that the deposit I paid for camp is NON-Refundable or NON-Transferable.
- I understand that the YMCA is not responsible for my child until the parent or guardian signs them in.
- I understand that if I no longer need a week of camp I need to notify the YMCA in writing at least one week prior to attendance. I also understand that I forfeit my \$10.00 deposit.
- I understand that camp activities are based outdoors and my child will be outside all day – weather permitting.
- I understand that there is a late fee of \$1 per minute/per child after 4:00 p.m. unless the child is enrolled in Post Camp and by 6:00 p.m. if in Post Camp. This payment should be in cash and paid to the staff person who remains after work hours with my child. A receipt will be issued.
- If my child is only enrolled in Camp, is 9 years old, and a member he/she can sign them selves out and go to the outdoor pool ONLY. If the weather is bad or raining, the child must stay in the Post Camp Program and be picked up by 6:00. The director has the authority to override this decision and keep the child in the post camp program, based on behavior and maturity of the child. You will be notified that your child is in post camp and will have to be picked up by 6:00.
- I understand that any medical expenses resulting from any illness or injury may incur while attending this YMCA program are my responsibility. I understand that they YMCA of Greater Cincinnati is not responsible for anything that may happen as a result of false information given by a parent or guardian.

Child's Name: _____

Parent/Guardian Signature: _____ Date: _____