

Summer Camp 2010 - Enrollment Forms

Registration fee 1st Child: \$35

Registration fee for 2nd, 3rd & 4th Child: \$10

Daily fee 1st Child: \$39

Daily fee for 2nd, 3rd & 4th Child: \$34

Weekly fee 1st Child: \$136

Weekly fee for 2nd, 3rd & 4th Child: \$116

First Child's Name: _____ DOB _____

Sex: MALE FEMALE Nicknames: _____

T Shirt: YS YM YL YXL AS AM AL AXL Grade Entering in Fall 2010: _____

Second Child's Name: _____ DOB _____

Sex: MALE FEMALE Nicknames: _____

T Shirt: YS YM YL YXL AS AM AL AXL Grade Entering in Fall 2010: _____

Third Child's Name: _____ DOB _____

Sex: MALE FEMALE Nicknames: _____

T Shirt: YS YM YL YXL AS AM AL AXL Grade Entering in Fall 2010: _____

Fourth Child's Name: _____ DOB _____

Sex: MALE FEMALE Nicknames: _____

T Shirt: YS YM YL YXL AS AM AL AXL Grade Entering in Fall 2010: _____

Parent's Information:

Name: _____

Relationship: _____

Occupation: _____

Work Number: _____

Cell Number: _____

Marital Status: Married Single Divorced Separated

Parent's Information:

Name: _____

Relationship: _____

Occupation: _____

Work Number: _____

Cell Number: _____

Marital Status: Married Single Divorced Separated

Emergency Contact Information:

Name: _____

Relationship: _____

#1 Number: _____

#2 Number: _____

Emergency Contact Information:

Name: _____

Relationship: _____

#1 Number: _____

#2 Number: _____

Emergency Contact Information:

Name: _____

Relationship: _____

#1 Number: _____

#2 Number: _____

Emergency Contact Information:

Name: _____

Relationship: _____

#1 Number: _____

#2 Number: _____

Late Pick Ups

I/ we understand that in the event of a late pick up the Fox Valley Family YMCA has the authorization to charge an additional \$1.00 per child, per minute past 6:05 pm. I also understand that this fee will be required to be paid at time of pick up.

X _____

Parent's Signature

_____ Date

Tuition

I/ we understand that I am responsible for paying the following amount for tuition. All payments must be paid no later than the Friday before the week of attendance to avoid a late fee. Any payment made after will be charged a \$10 late fee.

Daily Tuition For 1st Child:

\$39/M \$78/NM

Weekly Tuition For 1st Child:

\$136/M \$272/NM

Daily Tuition for 2nd, 3rd & 4th Child:

\$34/M \$68/NM

Weekly Tuition for 2nd, 3rd & 4th Child:

\$116/M \$232/NM

X _____

Parent's Signature

_____ Date

Parent and Participant Statement of Agreement

- I understand that I may not leave my child at the YMCA unless there is a YMCA staff member present.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Only adults with valid photo IDs can be authorized to pick up my child on time.
- I understand that the YMCA is mandated by Illinois Law to report any suspected cases of child abuse or neglect.
- I understand that it is my responsibility to read the parent handbook.
- I understand that my child may be removed for the YMCA for any of the following reasons:
 - 1) Failure to pay program fees by designated deadlines
 - 2) Inappropriate behavior of a child/parent that endangers anyone involved with the YMCA.
 - 3) Failure to observe any of the conditions listed in the Parent Handbook

I authorize my child to participate in the following activities while enrolled in YMCA Summer Camp:

_____ Swimming / Water Activities

_____ Travel on YMCA arranged Transportation

_____ Participate in Camp Activities - Including Field Trips

_____ Participate in Photos or Videos for YMCA Publications

X _____

Parent's Signature

_____ Date

Child's Name: _____ Grade Entering Fall 2010: _____

Child's Health Information

Allergies: _____ Yes ___ No ___ Please List: _____
Asthma: _____ Yes ___ No ___ Please List: _____
Blood Disorder: _____ Yes ___ No ___ Please List: _____
Diabetes: _____ Yes ___ No ___ Please List: _____
Heart Problems: _____ Yes ___ No ___ Please List: _____
Mental Health Concerns: _____ Yes ___ No ___ Please List: _____
Musculoskeletal Problems: _____ Yes ___ No ___ Please List: _____
Neurological Problems: _____ Yes ___ No ___ Please List: _____
Physical Restrictions: _____ Yes ___ No ___ Please List: _____
Seizures: _____ Yes ___ No ___ Please List: _____
Serious Illness: _____ Yes ___ No ___ Please List: _____
Surgery: _____ Yes ___ No ___ Please List: _____
Hospitalizations: _____ Yes ___ No ___ Please List: _____

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Medications:

Name: _____ Dosage: _____ Time Administered: _____ AM/PM
Name: _____ Dosage: _____ Time Administered: _____ AM/PM
Name: _____ Dosage: _____ Time Administered: _____ AM/PM

By signing this form you give permission for YMCA Camp Counselors to administer the medications listed above.

Parent's Signature _____ Date

Emergency Treatment Permission

I understand that a minor may not be treated, even in an emergency situation, except when, in the opinion of the attending physician, life is in the balance. Consent of the parent or legal guardian is necessary for unmarried minors (under 18) except in such cases. Written consent is required for all other treatment. Accordingly, as a parent and or legal guardian, I do herewith in authorize the treatment of the minor in the event of an emergency, including administration of first aid, as appropriate, and further agree that I will be responsible for payment of any and all medical services rendered. I agree that any person or entity, including any doctor, or healthcare provider, may rely on a photocopy of this document the same as if it were an original.

Please note we are in the Little Rock Fox Fire Protection District. In serious cases when an ambulance arrives many times they will not allow transportation to any hospital except Valley West Community Hospital, Sandwich, Illinois. At which point we have no further say.

Parent's Signature _____ Date

Verification of Receipt of Parent Handbook

This Information includes:

- » Emergency Numbers
- » Camp Hours
- » Sign In / Sign Out
- » What to Bring to Camp
- » What not to Bring to Camp
- » Updating Child's Records
- » Camp Fees
- » Payment Schedule
- » Third Party Payments
- » Late Pick Up Fees
- » Day Camp Cancellations, Transfers & Credits
- » Hot Lunch Menu
- » Picking Up Children
- » Healthy Policy
- » Injury Policy
- » Medication Policy
- » Behavior Management
- » Dismissal from Program
- » Release and Waiver of Liability and Indemnity Agreement

I/We, _____, acknowledge receipt of the YMCA child care parent handbook. I / We agree to be bound by all terms and conditions contained within the handbook. I/We agree to pay any tuition promptly and in conjunction with the guidelines set forth in the handbook. I/We agree that in the event that the Fox Valley Family YMCA is forced to pursue any legal action to collect any overdue tuition payments I/We will pay reasonable costs and attorney fees for the YMCA should they prevail in the action.

Child's Name : _____

X _____
Parent's Signature *Date*

I/We, understand that children are not to bring toys and/or electronics from home. In the case a child does the YMCA is not responsible for lost, stolen or damaged items.

X _____
Parent's Signature *Date*

Release and Waiver of Liability and Indemnity Agreement

(as listed in the YMCA membership form)

In consideration of being permitted to utilize the facilities, services, and programs of the YMCA for any purpose including but not limited, to observation or use of facilities or equipment, or participation in any off - site program affiliated with the YMCA, the undersigned hereby agrees to the following: I am an adult over 18 years of age and wish to participate in the Fox Valley Family YMCA activities. In addition, I give my children permission to participate in the Fox Valley Family YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for the YMCA allowing me to participate in YMCA activities, I understand and expressly acknowledge that I release the Fox Valley Family YMCA and its staff members, directors, volunteers, board members, guests and members from all liability for any injury, loss, or damage connected in any way whatsoever to my (or my children's) participation in the YMCA activities, whether on or off YMCA premises. I understand that this release includes any claim based on negligence, action or inaction of the Fox Valley Family YMCA, it's staff, directors, volunteers, board members, guests and members. This frees the YMCA and its agents from all liability to the undersigned or such children and/or other family members for any loss or damage, and any claim or demands on account of injury to the person, or property, or the result of death of the undersigned or such children and/or family members whether caused by negligence of the YMCA or its agents. This includes activities when the undersigned or such children are participating in YMCA programs, whether at the YMCA, offsite or in any way using any YMCA equipment or structures. This also releases the YMCA and its agents from all liability to the undersigned and such children for any loss or damage, claim or demands on account of injury or death to those using any part of the YMCA for basic membership use, whether at the YMCA or off site. I hereby assume fully responsibility for risk of bodily injury, death, or property damage to the undersigned or such children. I understand that the YMCA is not responsible for personal property lost or stolen while members and or program participants are using YMCA facilities or are on YMCA premises, either on site or off site. I also authorize the YMCA to perform any and all background checks on my self or my family as stated by the fair credit report. I have read and am voluntarily signing this waiver. I understand that Annual Memberships are non refundable. I give permission to the Fox Valley Family YMCA to use limitation and obligation, photographs, film footage, or tape recordings which may include my image or voice for purposes of promoting or interpreting YMCA programs or membership.

PLEASE NOTE THIS IS THE SAME Release and Waiver of Liability and Indemnity Agreement IN THE YMCA MEMBERSHIP APPLICATION.



**Thank you for your participation in our
2010 Summer Camp Program!
We are looking forward to getting to
acquainted with each and everyone of you!**

Acceptance: The undersigned further expressly agrees that the foregoing **RE-LEASE** and **WAIVER** and **IDEMNITY AGREEMENT** is intended to be as broad and inclusive as is permitted by the laws of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

X _____

Parent's Signature

Date