



Summer Day Camp Registration 2019

Child's Name: _____ Male/Female: _____ DOB: _____

T-shirt Size (circle one): YXS YS YM YL AS AM AL AXL

Name of School child attends: _____

Grade level completed by the start of Summer Day Camp: _____

Mother's Name: _____ DOB: _____

Address: _____ City : _____ Zip: _____

Home Number: _____

Employer: _____ Work Number: _____

Emergency Contact: Yes or No Authorized to Pick-up: Yes or No

Email: _____

Father's Name: _____ DOB: _____

Address: _____ City : _____ Zip: _____

Home Number: _____

Employer: _____ Work Number: _____

Emergency Contact: Yes or No Authorized to Pick-up: Yes or No

Email: _____

Emergency Contacts and/or authorized pick-ups (other than parents):

Name: _____ DOB: _____ Phone Number: _____

Address: _____ Driver's License #: _____

Emergency Contact: Yes or No Authorized Pick-up: Yes or No

Name: _____ DOB: _____ Phone Number: _____

Address: _____ Driver's License #: _____

Emergency Contact: Yes or No Authorized Pick-up: Yes or No

2019 Summer Day Camp Session Enrollment Form

Camp Registration Fee: \$45.00

Camp Weekly Fee: YMCA Members: \$105.00 Non-YMCA Members: \$140.00

Registration Fee is due at time of registration. All session fees are due the Thursday before each session begins. A late fee of \$10 will be added to any payment made after Thursday before the session start date.

2019 Weekly Session Summer Fun (Please check all weeks you are enrolling child in)

___ May 28 th	MOVE & GROOVE	Payment Due May 23 rd
___ June 3 rd	SAFETY ALL AROUND	Payment Due May 30 th
___ June 10 th	PEDAL INTO SUMMER	Payment Due June 6 th
___ June 17 th	FEAR FACTOR	Payment Due June 13 th
___ June 24 th	CHALLENGE WEEK	Payment Due June 20 th
___ July 1 st	IMAGINATION	Payment Due June 27 th
___ July 8 th	CONSTRUCTION	Payment Due July 5 th
___ July 15 th	AMAZING RACE	Payment Due July 11 th
___ July 22 nd	WHAT DO YOU KNOW?	Payment Due July 18 th
___ July 29 th	MAD SCIENCE	Payment Due July 25 th
___ August 5 th	GERM SMART	Payment Due August 1 st
___ August 12 th	FIESTA	Payment Due August 8 th

Cancellation Policy: The office must receive a written cancellation 7 days prior to the start of a session for a credit. A \$15 transfer fee will be charged for any request received within 7 days of the beginning of a camp session. There are **NO REFUNDS** on camp fees.

Payment Authorization

I authorize my financial institution to honor drafts drawn by the YMCA on my account below. Drafts from my account will be taken out on or after the due date above. The amount drafted will be the amount due for enrollment each week. **It is understood that my bank draft will continue for the above checked sessions unless written notification is received at the YMCA 7 days before the amount is due.** Should any draft not be honored by my financial institution, I understand that it is still my responsibility to make payments for all fees due, including any fees not covered by the bank. The YMCA has the right to redraft any account that had non-sufficient funds. The YMCA reserves the right to charge a \$20 processing fee for non-sufficient bank drafts and/or credit card declines. The YMCA will not be responsible for any charges resulting from above erroneous debit. I understand that there are no refunds given. It is my responsibility to check my monthly statements and report any corrections within 90 days to the YMCA.

Credit/Debit Card Payment (CHECK ONE) Visa MasterCard Discover American Express

Name as it appears on card: _____

Card Number: _____ Expiration Date: _____

I have read and understand the above payment authorization, cancellation and refund policy.

Payee Signature: _____

Date: ____/____/____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Child's name: _____

- **IMMUNIZATION:** I will provide my child's immunization records. All required immunizations and/or tuberculosis test are current.

- **AUTHORIZATION:** In case of sickness or accident, I hereby give my permission to the medical personnel selected by the YMCA to order and/or perform any medical attention deemed necessary, if I am unable to be contacted. I accept financial responsibility if such treatment is necessary. I further understand that neither the YMCA nor its works can be held responsible in the event of accident or accidental death.

- **RESPONSIBILITY:** I understand and acknowledge that the Magic Valley YMCA does not offer any medical insurance to protect against injuries, makes no claim to do so, and has no responsibility for any medical expenses incurred. I understand that each participant must assume the risk and any related financial responsibility that could result from participation in any of these activities. I agree to assume such risks and such financial responsibility.

Physician: _____ Phone Number: _____

Address: _____

Currently do not have a doctor, use closest available _____

Dentist: _____ Phone Number: _____

Address: _____

Currently do not have a dentist, use closest available _____

Current Medications: _____

Dietary Modifications: _____

Operations/Serious Injuries: _____

Disability/Chronic/Recurring Illnesses/Allergies: _____

X _____

Signature of Parent/Guardian

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 or staff member. Only adults with valid photo IDs and who are over the age of 18 can be authorized to pick up the child.
- I understand that the YMCA is mandated by Idaho Law to report any suspected cases of child abuse or neglect.
- I understand that I will be charged a late fee if I fail to pick up my child on time.
- I understand that YMCA staff may not baby-sit, transport, or care for children other than during YMCA program hours.
- I understand that my child may be removed from YMCA for any of the following reasons:
 - Failure to pay program fees by designated deadlines.
 - Inappropriate behavior of a child/parent that endangers anyone involved with the YMCA.
 - Failure to observe any of the conditions listed in the Summer Day Camp Handbook.

X _____

Signature of Parent/Guardian

Date

YMCA CHILD BEHAVIOR CONTRACT

A **Behavior Contract** is the first formal step to help solve repeated rule violations. The contract involves parent child and staff. It requires participation of all parties. A sample contract is available at the Program Director’s office. A suspension may be necessary, at the Program Director’s discretion. Upon continuous disciplinary problems, a child may be removed from the program indefinitely.

Participation and Sunscreen Authorization:

I authorize YMCA staff to administer Sunscreen on my child when required.

I authorize YMCA staff to administer Insect Repellent on my child when required.

I authorize my child to participate in the following activities while enrolled in YMCA programs.

- Swimming/Water activities
- View a PG rated film
- Travel on YMCA arranged transportation
- Participate in Camp activities—including field trips
- Participate in photos or videos for YMCA publications.

X _____

Signature of Parent/Guardian

Date

MAGIC VALLEY YMCA FINANCIAL ASSISTANCE POLICY

The Magic Valley YMCA is practical – it helps those who cannot pay full price.

Each year through our Annual Campaign we are able to provide financial assistance to pay for memberships, child care and summer camp programs.

It is part of the Y's mission to reach out and serve people in need. We want them to be involved in the programs and services of the YMCA and nurture the spirit, mind and body.

How do people get assistance?

Stop by the YMCA or go to www.ymcatf.com and view our financial aid application. Bring information on current income, preferably two current and consecutive pay stubs of all parties who contribute to the household income or the previous year's tax return so that the amount of assistance can be determined.

YMCA fees are based on the cost of providing each program. While participants are expected to pay their fair share the YMCA will assist any individual or family that wants to participate but cannot afford the full fee.

This organization is an equal opportunity provider.