



Office Use only
Date received: _____
Extra Hands? _____
(if so) Approval date: _____
Weekly/Monthly Fee _____
Entered into Daxko: _____

YMCA Teens in Action Summer Camp Enrollment Form 2018

Please check the weeks of camp your camper will be attending Teens in Action Day Camp

Camp Location: Downtown YMCA from 9am-4pm

June 4-8	June 11-15	June 18-22	June 25-29	July 2-6	July 9-13	July 16-20	July 23-27

- Cost per camper is \$125 non-member and \$106 member
- Before OR After Camp care at the Downtown YMCA (7am-9am; 4pm-5:30pm) **\$15/week** _____
- Before AND After Camp care at the Downtown YMCA (7am-9am and 4pm-5:30pm) **\$25/week** _____

Date: _____ Camper's T-Shirt Size (T-shirts are NOT fitted) S M L XL XXL

How did you hear about YMCA Summer Camp? ___ Flyer ___ Friend ___ YMCA member
 ___ Commercial ___ Other _____

Camper's Name: _____ Date of Birth: _____

Home address: _____ City: _____

State: _____ Zip Code: _____ School: _____

Current Grade: _____ M ___ F ___ Ethnicity: _____

Parent/Guardian #1 Name: _____ **Home/Cell phone:** _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Email:** _____

Place of Employment: _____ **Work Phone:** _____

Parent/Guardian #2 Name: _____ **Home/Cell phone:** _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Email:** _____

Place of Employment: _____ **Work Phone:** _____

Please list any siblings who are enrolled in our YMCA summer camps (please indicate which camp they attend):

Should an emergency occur, and we cannot contact the parents/guardians listed above, please list three other trusted adults (over the age of 18) who we may contact:

Emergency Contact #1 (Name) _____ **(Phone)** _____

Emergency Contact #2 (Name) _____ **(Phone)** _____

Emergency Contact #3 (Name) _____ **(Phone)** _____

Name of Pediatrician _____ **Phone #** _____

Address: _____

Name of Camper's Dentist: _____ **Phone #:** _____

Address: _____

Please sign ONE of the boxes below – NOT BOTH (thank-you)

The YMCA Teens in Action Camp **has permission** to secure emergency transportation for my child in the event of illness or injury that requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.

Parent/Guardian Print

Parent/Guardian Signature

Date

The YMCA Teens in Action Camp **does NOT have permission** to secure emergency transportation for my child in the event of illness or injury that requires emergency treatment. I wish for the following actions to be taken:

Parent/Guardian Print

Parent/Guardian Signature

Date

Date of the Last Health Exam: _____

Are all required school immunizations up to date? No yes Date of last tetanus booster: _____

(In the “Date” space, please provide the date of last occurrence when answering yes to each health event)

Asthma	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____	Heart Disease	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____
Behavior Problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____	Hay Fever	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____
Clotting Disorder	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____	ADD/ADHD	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____
Poison Ivy Allergy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____	Seizures	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____
Speech Problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____	Insect Sting Allergy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____
Bedwetting	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____	Hearing Problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____
Frequent Ear Infections	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____	Fears/Phobias	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____
Vision Problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____	Frequent Headaches	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____
Sleepwalking	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____	Hepatitis A	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____
Frequent Sore Throats	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____	Head Lice	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____
Hepatitis B	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____	Mononucleosis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____
Chicken Pox	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date _____	Other	_____		Date _____

Allergies (including dietary restrictions):

Operations/Serious Injuries:

Current Medications or Vitamin/Supplements: _____

Description of any other current health conditions requiring medication, treatment, or special restrictions or considerations while at camp: _____

Description of any religious convictions requiring special restrictions or considerations while at camp:



Statement of Understanding

Please initial on the line beside each statement, and then sign the line below the last statement.

- I have received the Parent Handbook and acknowledge that the YMCA has met its obligation to inform me of its policies and procedures by providing me with the handbook. _____
- I understand that my child may not be released to anyone without prior written documentation and presentation of valid photo identification. _____
- I understand that my child will not be permitted to walk home or ride the bus without prior written documentation. _____
- I understand that the YMCA cannot withhold a child from a biological parent without legal documentation (i.e. court orders, custody papers, etc.). _____
- I understand the YMCA fee policy. _____
- I understand that the YMCA does not allow its employees to provide care for a YMCA participant outside of a YMCA program. _____
- I understand that my child's enrollment is not considered complete until the enrollment packet has been entirely completed and reviewed by a YMCA staff member and I have paid the registration and deposit fee for the summer. _____

Signature of Parent/Guardian

Date

Attendance Policy

The YMCA Summer program policy is as follows: All campers must arrive **by 9:00 a.m.** in order to participate in that day's activities and events. In the case that there may be a previous scheduled appointment please advise the Site Director of this variation in your arrival or departure time. Please make sure you review the weekly schedule as we take field trips and participate in activities away from the site. We will not allow parent/guardians to drop off children at the location of the field trip.

Signature of Parent/Guardian

Date

YMCA of Greater Dayton Child Care Permission Form

I approve this enrollment application and certify that my child/ren is capable of the day camp experience. I grant permission for the applicant to participate in all planned camp activities, including but not limited to, various types of sports, hiking, rowing, or swimming. The YMCA is not responsible for lost, stolen or damaged personal items. I agree to waive any claims against the YMCA and its members, staff and volunteers for injuries or damages that may result from the conduct of third parties other than the YMCA OF GREATER DAYTON and its members, staff, and volunteers, but including participants in YMCA programs. All waivers and agreements provided herein are being given as additional consideration for Camper's attendance at, and participation in the activities of, YMCA OF GREATER DAYTON'S Teens in Action Day Camp.

My campers is a (please check one) Swimmer Non Swimmer

I hereby grant permission for my child to leave the YMCA under the supervision of a staff member for a walk to the Downtown YMCA, a walk on the bike trail/Riverscape, to the library, or for a field trip as noted on a permission form. Note some of these places, such as Riverscape, do have bodies of water located in them.

I give my permission for my child to be transported by YMCA bus, YMCA van, or public transportation for camp activities throughout the summer and supervised by YMCA staff. I further understand that neither the YMCA nor any of its paid or volunteer workers can be held responsible in the event of injury or accidental death.

I hereby grant permission for the Director or Acting Director to take whatever steps are necessary to obtain emergency medical care, if warranted, as stated on the emergency form. I understand that expenses incurred in obtaining medical treatment are my responsibility.

I understand that the YMCA of Greater Dayton is not responsible for anything that might happen as a result of false information given by parent or guardian at the time of enrollment.

I give permission to YMCA of GREATER DAYTON staff to apply bug repellent and sun screen to my child if they need assistance in doing so. (Please mark any bug repellent and sun screen supplied from home with campers first and last name). YES NO

I hereby grant permission for my child/ren to be photographed for any and all promotional material related to the YMCA of Greater Dayton.

Yes No

I agree to indemnify and to hold forever harmless the YMCA of Greater Dayton, The First Tee of Greater Miami Valley, the City of Dayton, Reds Rookie Success League, the House of Bread, and the YMCA staff from any and all claims arising from my own or my child's participation in the YMCA Teens in Action Day Camp.

Name(s) of Campers: _____

Parent/Guardian Signature: _____ Date: _____



YMCA of Greater Dayton Payment Practices and Policies

YMCA of Greater Dayton strives to provide quality programs at affordable rates. In an effort to maximize the quality of day camp, it is essential that we enforce payment practices and policies. The guidelines which follow have been established as a foundation from which we can develop fee payment schedules which best accommodate the family.

Self-pay: Fees are due and payable on the Friday before the week of service. Payments received later than Wednesday of the week of service are considered late and will be assessed a late fee of \$5.00 per day until paid. Delinquency of fees will result in a suspension of services after 2 weeks of non-payment.

YMCA of Greater Dayton provides a variety of payment options. Methods of payment include: cash, check, money order, bank and credit card, as well as Electronic Fund Transfer (EFT). Participants electing to enroll in EFT will receive a 50% reduction in registration fees (reinstated upon cancellation of EFT payment).

Any questions may be directed to the Program Director

Parent/Guardian Print & Signature _____

Date _____



Electronic Funds Transfer Authorization

Camper's Name (s) _____

Name on Account: _____

Bank Name

Account Number

Route/Transaction #

A voided check is required with all bank draft applications.

For Credit/Bank Cards:

_____ Visa

_____ MasterCard

_____ Discover

Account Number

Expiration Date

I would like my payments to repeat:

_____ Weekly

_____ Every 2 Weeks

_____ Twice a Month

_____ Monthly

On

Mon

Tues

Wed

Thurs

Fri

These withdrawals in the amount of \$ _____ are authorized to begin on: _____.

I authorize my bank to honor pre-authorized drafts drawn by the YMCA on my account for child care payments. It is understood that my day camp draft will be continuous until 30 days after written notification has been received by the YMCA. When the bank honors the draft by charging my account, such drafts constitute my receipt for the payment. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made by me in the amount of said payment plus a service charge. **If at any time there is to be a change, deletion or cancellation of services, it is to be submitted in writing to the YMCA.**

Account Holder Signature _____ Date _____