YMCA Teens in Action Summer Camp Enrollment Form 2020

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

Camp Location: TBD Downtown Dayton from 9am-4pm

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<tr>
<td>June 8-12</td>
<td>June 15-19</td>
<td>June 22-26</td>
<td>June 29 - July 3</td>
<td>July 6-10</td>
<td>July 13-17</td>
<td>July 20-24</td>
<td>July 27-31</td>
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➢ Cost per camper is $130/week for non-Y members and $110/week for Y members.

➢ Before OR After Camp care at the Downtown camp location (7am-9am; 4pm-5:30pm) $15/week

➢ Before AND After Camp care at the downtown camp location (7am-9am and 4pm-5:30pm) $30/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)

<table>
<thead>
<tr>
<th>Condition</th>
<th>☐ No</th>
<th>☐ Yes</th>
<th>Date</th>
<th>Condition</th>
<th>☐ No</th>
<th>☐ Yes</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
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<td>Heart Disease</td>
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<td>Behavior Problems</td>
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<td></td>
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<td>Hay Fever</td>
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<tr>
<td>Clotting Disorder</td>
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<td>ADD/ADHD</td>
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<tr>
<td>Poison Ivy Allergy</td>
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<td>Seizures</td>
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<td>Speech Problems</td>
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<td>Insect Sting Allergy</td>
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<td>Bedwetting</td>
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<td>Hearing Problems</td>
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<td>Frequent Ear Infections</td>
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<td>Fears/Phobias</td>
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<td>Vision Problems</td>
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<td>Frequent Headaches</td>
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<tr>
<td>Sleepwalking</td>
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<td></td>
<td>Hepatitis A</td>
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<tr>
<td>Frequent Sore Throats</td>
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<td>Head Lice</td>
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<td>Hepatitis B</td>
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<td>Mononucleosis</td>
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<td>Chicken Pox</td>
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<td>Other</td>
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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 DATYON 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 repellant 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 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 ___________________________
YMCA OF GREATER DAYTON PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by YMCA of Greater Dayton, I hereby give my permission and consent, now and for all time, to YMCA of Greater Dayton, the National Council of Young Men’s Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with YMCA of Greater Dayton and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of Greater Dayton, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:
- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at YMCA of Greater Dayton, I authorize, according to this Release, shall belong to YMCA of Greater Dayton, YMCA of the USA and third parties collaborating with YMCA of Greater Dayton and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience YMCA of Greater Dayton;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience YMCA of Greater Dayton will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of Greater Dayton, YMCA of the USA and third parties collaborating with YMCA of Greater Dayton and/or YMCA of the USA;
- YMCA of Greater Dayton, YMCA of the USA and third parties collaborating with YMCA of Greater Dayton and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of Greater Dayton; and
- YMCA of Greater Dayton, YMCA of the USA and third parties collaborating with YMCA of Greater Dayton and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of Greater Dayton for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of Greater Dayton, YMCA of the USA and third parties collaborating with YMCA of Greater Dayton and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience YMCA of Greater Dayton as described herein.

Signature: ________________________________ Printed Name: _____________________________
Age: _________ Address: ______________________________________________

I am the Mother/Father/Legal Guardian of _______________________________ (child’s name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: ______________________________
Date: __________________