



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BEST SUMMER EVER

Day Camp 2017

YMCA of Steuben County
#BestSummerEver

*Sign up in April to get your
\$20 registration fee waived!*

- Registration Starts April 1, 2017
- \$115 Member / \$139 Non-Member Weekly
Full & Part-Time Rate Plans Available
- On-site registration at the YMCA of Steuben County

FOR MORE INFORMATION:

- Jon Lies or Danelle McDaniel
- 260.668.3607, jon@ymcasteuben.org



2017 Summer Day Camp Registration Form

YMCA of Steuben County

260.668.3607

www.ymcasteuben.org

1. CAMPER INFORMATION:

Type of Camp Experience

Full Time Part Time

Child's Information:

Name _____

Gender: M F Date of Birth _____

Address _____

City _____ State _____ ZIP _____

School: _____

Grade Fall '17: _____ Shirt Size: _____

Swim Ability: None Beginner Interm. Advanced

Parent/Guardian Name(s): _____

Address: _____

Home Phone _____ Cell #: _____

Work Place: _____ Work #: _____

Email _____

Child(ren) live with: _____

Best Number to be reached at during the time of 7am-5:30pm: _____

Is either Parent/Guardian a YMCA Staff Member? _____

Will you have more than one child enrolled in Summer Camp 2017? If yes, how many total enrolled for the summer? _____

Have you been referred by someone? If so, who? _____

Are you a YMCA Member? _____

2. EMERGENCY CONTACT & RELEASE (OTHER THAN PARENT/GUARDIAN):

Please list the full name, complete address, and phone number(s) of those whom the YMCA may release your child for pick up and emergency purposes. You must list at least 2 contacts. Include any friends who may be used in a carpool situation and babysitters/nannies who may pick up.

Name: _____

Address: _____

Home Phone #: _____

Cell Phone #: _____

Name: _____

Address: _____

Home Phone #: _____

Cell Phone #: _____

Name: _____

Address: _____

Home Phone #: _____

Cell Phone #: _____

Name: _____

Address: _____

Home Phone #: _____

Cell Phone #: _____

Name: _____

Address: _____

Home Phone #: _____

Cell Phone #: _____

Name: _____

Address: _____

Home Phone #: _____

Cell Phone #: _____

The following may **NOT** pick up my child(ren):

Name: _____

Relationship: _____

Address: _____

Name: _____

Relationship: _____

Address: _____

3. SESSION REGISTRATION (ALL RATES ARE MEMBER/NON-MEMBER):

TRADITIONAL DAY CAMP (Entering grades 1-6)

Registration Fee: \$20.00*

*One time, non refundable registration fee is due at registration.

If you register by May 1st, your registration fee will be waived! Participants with past-due balances and/or incomplete registration forms will not be eligible for this program. Child care will **not** be available at the Y for campers who choose to **not** participate in field trips. Field trip fees are **INCLUDED** in the weekly rates.

SESSION	DATES	CAMPER DAYS	RATE PLANS	FIELD TRIPS
		PART TIME SIGN UP You must sign up for a minimum of 3 days a week for the part time rate. Full time campers must attend a minimum of 4 days/week.	\$115/\$139 Full Time \$80/\$110 Part Time* *Must attend a minimum of 3 days/week	Additional Trips May be added <small>TIBBIT THEATER DATES WILL BE POSTED CLOSER TO START OF CAMP.</small> <small>*Field Trips subject to change</small>
<input type="checkbox"/> 1	June 5-9	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Friendship Park
<input type="checkbox"/> 2	June 12-16	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Ft Wayne Children's Zoo Thurs June 15th
<input type="checkbox"/> 3	June 19-23	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Field Trip TBD
<input type="checkbox"/> 4	June 26-30	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Pokagon Nature Center Thurs June 29th
<input type="checkbox"/> 5	July 3-7 CLOSED JULY 4TH	<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Yogi Bear Water Park Thurs July 6th
<input type="checkbox"/> 6	July 10-14	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Tin Caps Splash Day Mon July 10th
<input type="checkbox"/> 7	July 17-21	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Canlan Ice Arena Thurs July 20th
<input type="checkbox"/> 8	July 24-28	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Field Trip TBD
<input type="checkbox"/> 9	July 31-August 4	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Science Central Thurs August 3rd
<input type="checkbox"/> 10	August 7-11	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Pine Lake Water Park Tues August 8th

All dates registered for will be drafted weekly prior to camper participation. If you need to cancel a week from your registration, it **MUST** be done a **WEEK** in advance. No exceptions will be made other than family emergencies.

NEW! Multiple kid discount is only valid for FULL TIME CAMPERS. There are no daily rates available this summer.

Multiple Child Discount: First child \$115/week; Second child \$80/week; Third child \$45/week.

*(Example: if you have two children signed up for summer camp, a week of day camp would be \$195. Three kids would be \$240).

4. FINANCIAL INFORMATION :

Circle Desired Payment Cycle: WeeklyFull Summer

Credit/Debit Card:

Name On Card _____

Card Type _____

Card # _____

Expiration Date _____

Checking/Savings Account:

Name on Account _____

Financial Institution _____

Routing # _____

Account # _____

Authorization for Automatic Bank Draft

This authority is to remain in full force and effect until YMCA has WRITTEN notification from myself of its termination. Should any debt not be honored by said bank/credit card company when received, then it is understood that the payment is to be made by me (us) to the YMCA in the amount of said payment and a \$25.00 return fee. All weekly, Full time, and Part time, camp fees will be scheduled on the Friday prior to camper participation.

This Authorization remains in effect until the YMCA of Steuben County has received a **30 day written notice** from me indication my desire to discontinue my membership after a minimum of 12 months.

X

Signature _____ Date _____

5. LIABILITY FORM:

YMCA of Steuben County, Inc. PROGRAM PARTICIPATION

Please read carefully each of the following authorization and permission statements; initial & sign in the spaces below to indicate your acknowledgement and acceptance of the outlined terms and conditions.

 RELEASE AUTHORIZATION: I authorize the YMCA to release my child(ren) to the person(s) listed above. I also give consent to those listed above to act on my behalf in an emergency in the event that I cannot be reached. I understand that my child(ren) will not be allowed to leave the program with an unauthorized person. Additionally, any authorized person picking up my child(ren), including parents, must present a valid picture I.D. Should an authorized person arrive to pick up my child(ren) that appears to be under the influence of alcohol or drugs, the staff will report this person to the police. I understand that YMCA staff and volunteers are not allowed to babysit children at anytime outside of the YMCA Program or transport children in their own vehicles. The YMCA will take immediate disciplinary action toward staff and volunteers if a violation is discovered.

 PARENT AUTHORIZATION: I hereby do declare my child(ren) to be physically sound, having medical approval to participate in the activities of the YMCA. This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities except as noted. I further understand that neither the YMCA nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. I certify that my child(ren) is/are amenable to discipline and free from habits or attitudes, which would make him/her an undesirable participant. I have studied the brochure and registration information and understand the contents thereof.

 SPECIAL ACTIVITY AND TRANSPORTATION AUTHORIZATION: I hereby give permission for my child(ren) to participate in special activities and to travel by van with the YMCA Staff & Volunteers. I understand that only licensed and qualified personnel will operate any vehicle & that there will be at least one staff member present at all times. I agree to release the YMCA, its officers and directors, and the Y staff from any and all claims of damages, demands, or liabilities which may arise as a result of my child(ren)'s participation in special activities and bus trips.

 EMERGENCY AUTHORIZATION: I understand that YMCA Staff are trained in the basics of first aid and CPR and give consent to have my child receive first aid from YMCA Staff. I authorize the YMCA to secure emergency medical treatment for my child, if necessary, provided that every effort to reach me is made as the nature of the emergency permits. I hereby give permission to the medical personnel selected by the program director to order X-rays, routine tests and treatment for me or my child(ren), and, in the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for, and order injection(s) and/or anesthesia and/or surgery for me or my child(ren) as named above. I accept responsibility for any/all expenses incurred in securing emergency treatment for my child, even if not covered by insurance. I also agree to waive any claims against the YMCA, its members, staff, and volunteers for injuries or damages that may result from the conduct of other persons including participants in YMCA Programs. I understand the YMCA does not cover health and medical expenses and I agree to pay any that may occur.

 PARENT OR GUARDIAN PERMISSION: My signature below indicates that I have the legal authority to register the child(ren) named on this form and that to the best of my knowledge the information on this registration form is complete and accurate. I further understand that I must complete payment(s) by the deadlines of said program(s) as contained in the brochure and that, furthermore, all necessary health, security and waiver forms must be signed and on file with the Y prior to my child(ren) attending the program(s). Failure to comply with the above could result in the loss of the program space and/or late fee service charges.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PARENT STATEMENT OF UNDERSTANDING: I have read and understand the policies listed below:

I understand that, when my child(ren) arrives in the morning, I may not leave my child(ren) at the program site unless I have signed in with a YMCA Staff Person.

I grant permission for my child(ren) to participate in all planned program activities including, trips by motor vehicle, away from the YMCA program site.

I give permission to photocopy all forms.

I also give my permission to the YMCA to use all photos, videos, voice, and images taken of all the applicant for purposes, which the YMCA may deem appropriate.

 Initial here if you **do not** want your child's image used in promotional material.

I understand that I am responsible for following the policies and procedures outlined in the specific program guidelines including parent manuals when one exists. If I fail to meet my obligation to the program policies, the YMCA reserves the right to suspend my child(ren) participation in the program.

I understand YMCA Staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I understand the YMCA is not responsible for lost, damaged, or stolen articles.

I understand that the deposit is not refundable or transferable and that failure to pay all fees, including late fees, for services rendered may result in termination of services. In the case of divorce, the custodial parent is responsible for all payments.

I understand program fees are NOT refundable. Classes missed due to weather, holidays, acts of God, choices of party, or disruptive behavior may not be made up, credited, or refunded.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____