



Putnam County Day Camp 2017 Registration Form



Child's First name: _____ Last Name: _____

YMCA Member: Yes No Siblings Attending Camp: _____

DOB: _____ Sex: _____ Age: _____ Grade child just completed: _____

Shirt Size: YS YM YL S M L XL School child will attend: _____

Is the child currently a member? Yes No Do you receive scholarship? No 50% 75%

Parent/Guardian Information

Primary Contact Name: _____ Relationship: _____

DOB: _____ Phone: _____ Alternate Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Second Contact Name: _____ Relationship: _____

DOB: _____ Phone: _____ Alternate Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Pickup Information

Parent/Guardian(s) listed above are authorized to pick up child, unless otherwise noted. You may also authorize the people below to pick up your child. You MUST notify staff if there are custody concerns involving the children.

Your child will not be released to anyone who is not on the form, or does not have their current state issued I.D. with them. All authorized persons must be 16 years of age or older. Parent Initial: _____

1. Name: _____ Relationship: _____ Contact Number: _____

2. Name: _____ Relationship: _____ Contact Number: _____

3. Name: _____ Relationship: _____ Contact Number: _____

Promotional Agreement

Please initial below to signify that the YMCAs of the Wabash Valley Inc. has permission to use photographs or videos of your child for promotional purposes.

Initial: _____ Child's Name: _____

Health Information

Family Physician: _____ Phone: _____ Date of last physical exam: _____

Insurance Carrier: _____ Policy #: _____

Camper is up to date on all immunizations needed for enrollment in school. (Initial) _____

Allergies and Health Concerns:

Special Needs:

At the YMCA, we strive to put Christian principles into practice that build healthy mind, body, and spirit for ALL, including kids with physical and/or developmental special needs. Many children with special needs can be included and benefit from recreation participation with typical kids, as long as we work with the child's caregivers BEFORE THE 1st DAY of CAMP to provide appropriate support and staffing, and have a solid understanding and awareness of your child's personality, behaviors, and needs.

To better serve your child, please HONESTLY answer the following questions. We will maintain confidentiality and only share information about your child with staff or volunteers that need to know to care for your child. If you answer yes to any of the questions below, our staff will call you before the 1st day of the program to learn more about your child's needs, as well as to invite you for a site visit and facility tour to identify and address any concerns you may have about your child's participation. Also, our staff will invite you and your child back for a 2nd visit before the 1st day of the program to get your child acquainted with our facilities, as well as the program leaders that will work directly with your child during camp.

- Does your child have any physical disabilities that need accommodation? Yes or No. If yes, please describe _____
- Does your child have any developmental disabilities, intellectual/cognitive delays, neurological issues, learning disabilities, emotional disorders, or mental health diagnose? Yes or No. If yes, please describe _____
- All things considered, how many leaders will it take at a time to keep your child physically and emotionally safe and comfortable, as well as to ensure your child has fun and benefits from camp? (Circle One) 1 2 3 4

Tutoring Info:

List academic strengths of camper: _____

List academic areas where camper needs improvement: _____

Swimming Ability – Please note, the swimming classification is up to the YMCA Camp Staff for approval. Children will not be moved up if Y staff does not feel confident in the campers swimming ability.

Please circle the swimming ability of your child:

- Non-swimmer: No experience in water must be with a staff member nearby and stay where he/she can touch. I DO NOT approve use of slide or diving board. (RED BAND)**
- Beginner: Has experience in water, needs staff nearby. I DO NOT approve use of slide or diving board. (ORANGE BAND)**
- Intermediate: Needs to be watched more closely if using slide/diving board (BLUE BAND)
____ I approve use of slide ____ I approve use of diving board**
- Swimmer: Is an intermediate swimmer and knows his/her limitations. He/she typically swims only under lifeguard supervision. (GREEN BAND)
____ I APPROVE use of slide and diving board**

Parent/ Guarding Authorization & Signature

PARENT AUTHORIZATION AND RELEASE: My child has the medical approval to participate in the activities of the YMCAs of the Wabash Valley, and in my judgement my child is in good health and physical condition and able to safely participate in the activities of the YMCA. My child has my permission to engage in all activities offered by the YMCA except as noted by me in writing. 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 promise and agree on behalf of myself, my spouse or partner or other family members not to sue and agree to waive, release, discharge, and hold harmless and indemnify the YMCA, its agents, employees, members and volunteers from all claims, demands, rights and causes of action of any kind, whether arising from my own acts, the acts of my child, or those of the YMCA. I hereby waive all claims of injury or damage, suffered by my child, myself, my spouse, my partner, or other family member in connection with or arising out of the participation of my child in YMCA activities. I certify that my child is amenable to discipline and free from habits or attitudes, which would make him/her an undesirable participant. **CAMP ACTIVITY AND TRANSPORTATION AUTHORIZATION:** I hereby give permission for my child to participate in camp activities and to travel by bus with the YMCA Day Camp staff. I understand that only licenses and qualified personnel will operate any vehicle during Day Camp, and that there will be at least one YMCA Day Camp staff member present at all times. I agree to release the YMCA, and its officers, directors, and the YMCA Day Camp staff from any and all claims of damages or liabilities which may arise as a result of my child's participation in camp activities and bus trips.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the YMCA camp director or designated YMCA staff to order X-rays, routine tests and treatment for me or my child, and, in the event that I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director or designated YMCA staff to hospitalize, secure proper treatment for, and order injection(s) and/or anesthesia and/or surgery for me or my child as named prior. I will be fully responsible for any costs of such treatment, even if not covered by my insurance. **PARENT OR GUARDIAN PERMISSION:** My signature below indicates that I have the legal authority to sign up the child named on this form and that to the best of my knowledge the information on this application form is complete and accurate. I further understand that this application and the named child's participation is contingent upon space being available in the program in which I want the child to participate. I also understand that once my registration is confirmed, I must complete payment(s) by the deadlines of said program as outlined prior and that, furthermore, all necessary health, security, and waiver forms must be signed and on file with the Y prior to my child attending the program.

Signature of Parent or Legal Guardian **Date**

YMCA Member	Full Time (3-5 Days)	Part Time (1-2 days)
Full Pay First Child	\$677.00	\$407.00
Full Pay Additional Child	\$580.00	\$346.00
Weekly Pay First Child	\$90.00	\$54.00
Weekly Pay Additional Child	\$77.00	\$46.00

Non-Member	Full Time (3-5 Days)	Part Time (1-2 days)
Full Pay First Child	\$790.00	\$474.00
Full Pay Additional Child	\$677.00	\$407.00
Weekly Pay First Child	\$105.00	\$62.00
Weekly Pay Additional Child	\$90.00	\$54.00

Camp Dates

Please indicate which weeks your child will be attending. These are the weeks for which you will be billed.

The following weeks of camp will be at Ridpath Primary School:

May 30 – June 2 _____	June 26 – June 30 _____
June 5 – June 9 _____	July 3 – July 7 _____ (CLOSED JULY 4 th)
June 12 – June 16 _____	July 10 – July 14 _____
June 19 – June 23 _____	July 17- July 21 _____

Camp Payment Agreement for (child's name): _____

Attendance Plan

- Full Time (3-5 days)
 Part Time (1-2 days)
- First Child (Child attending most often)
 Additional Child (In the same household)

Required Registration Fee (non-refundable)

- \$25.00 Individual (1 child)
 \$50.00 Household (2+ children)

Payment Plan

(All payments for camp must be paid through EFT or Credit Card Drafts)

- One-time payment made before May 24th, 2017
- Weekly Payments made each Friday prior to week of camp

Would you like to make a donation to help another camper attend camp? Yes No

Amount: \$ _____

Payment information

I am aware and understand that the YMCA has financial assistance for those who qualify. I authorize the YMCA to debit this account the Friday prior to each week of camp my child is attending as indicated on page two. I (we) understand that if our account draft is unpaid, it will be collected with an additional \$20 fee when funds become available.

Child's Name: _____

Siblings attending camp: _____

Visa MasterCard

Card#: _____ Exp. Date: _____ Security Code: _____

Name on Card (print): _____

Signature: _____ Date _____

Routing # _____ Account # _____

Bank Name _____ Checking _____ Savings _____

Amount to draft: _____

Would you like us to draft the registration fee at time of registration?

_____ YES If yes, please specify the date for the draft: _____

_____ No, I have paid on site.

Signature: _____ Date _____