

SALINA FAMILY YMCA ENRICHMENT CAMP 2019 REGISTRATION FORM



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's Name: _____
T-Shirt Size: (Circle) YS YM YL S M L XL

Birthdate: _____
Outgoing Grade: _____

PARENT/GUARDIAN INFORMATION

Primary: _____
Cell Phone: _____
Email: _____
Is it OK to call at work? yes no

Guardian: _____
Cell Phone: _____
Email: _____
Is it OK to call at work? yes no

EMERGENCY CONTACT

In the case that either parent is not able to be reached, we will call the Emergency Contacts. You must have two emergency contacts listed on this form (other than the parents/guardians) that would be close enough to pick up the child if needed and available to pick up within one hour.

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

CHILD RELEASE FORM

Please list any additional people that are permitted to pick up your child (other than Parents/Guardians and Emergency Contacts listed above). Attach additional page if necessary.

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

WEEK(S) ATTENDING

PAYMENT INFORMATION

<input type="checkbox"/>	June 3-7	Fear Factor
<input type="checkbox"/>	June 10-14	Locked-In
<input type="checkbox"/>	June 17-21	Explore Salina
<input type="checkbox"/>	June 24-28	Boot Camp
<input type="checkbox"/>	July 8-12	Get Wired
<input type="checkbox"/>	July 15-19	Fake it 'til you Bake It
<input type="checkbox"/>	July 22-26	Kids Warrior
<input type="checkbox"/>	July 29-Aug 2	Sports Camp

- DIRECT PAYMENT TO THE YMCA** in person/online. Fees are due the **FRIDAY** of the week prior to attending. Failure to make payment will result in late fees and/or cancellation of my child's spot.
- AUTOMATIC WITHDRAWAL** (please complete form at Membership desk)

Parent Handout

I have read and agree to follow the policies set forth on the Parent Handout including, but not limited to, Drop Off and Pick up, Late Pick Up, Illness Policy, Field Trips, Medication Policy, Major and Minor Emergencies, Behavior Management Policy, Payment Options, Swim Testing, Special Needs, and Heat Policy.

Initial _____

Parent/Guardian Signature: _____

Date: _____

Date Received: _____

Emergency Medical Release

In case of an emergency, I understand every effort will be made to contact me or the emergency contact persons listed above. In the event that we cannot be reached, I hereby give permission to the physician listed on the form to hospitalize, secure proper treatment and to order anesthesia or surgery for my child.

Physician's Name: _____ Hospital Affiliation: _____

Address: _____ Phone: _____

Medical Insurance Provider: _____ Policy and/or Group #: _____

Allergies and Medications

Known Allergies: _____

If known, date of last Tetanus inoculation: _____

Does your child need to take medication(s) during camp (circle one)? Yes No

If your child requires medication, please specify:

The Permission to Administer Medication form must be completed and given to the Camp Coordinator on the first day of each camp session. Medications must be accompanied by the original physician's prescription with clearly written directions.

If your child has other special needs (language, learning disability, speech, hearing, food allergies, etc) please contact the Camp Coordinator.

Medical Release

I hereby authorize Salina YMCA Staff who are representatives of the Salina YMCA to give consent for any and all necessary emergency medical care for my child or youth _____
_____ (First and Last Name of Child or Youth) while said child or youth is in said facility's custody between the dates of June 3 2019-Aug 2nd, 2019

Informed Consent Agreement

I hereby certify that my child is in normal health and capable of safe participation in this Summer Day Camp Programs. I assume all risks and hazards incidental to the conduct of this program. I support the Summer Day Camp philosophy which is based on participation, fun, physical fitness, health, skill development, teamwork, fair play, family involvement, and volunteer leadership. I give permission to the Salina Family YMCA to use without limitation or obligation, photographs, film footage, or tape recordings which may include me or my children's image or voice for the purpose of promotion or interpreting YMCA programs. This agreement must be signed to participate in this program.

Parent/Guardian Signature: _____ Date: _____