



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

2019 SUMMER DAY CAMP REGISTRATION FORM

This registration form and payment are due 7 days prior to the first day of attendance.

PARTICIPANT INFORMATION

1. Child's first name _____ MI _____ Last name _____

2. Child's first name _____ MI _____ Last name _____

3. Child's first name _____ MI _____ Last name _____

1. Grade _____ Sex _____ Age _____ Date of Birth _____ (Month/Day/Year)

2. Grade _____ Sex _____ Age _____ Date of Birth _____ (Month/Day/Year)

3. Grade _____ Sex _____ Age _____ Date of Birth _____ (Month/Day/Year)

Youth t-shirt size 1. _____ 2. _____ 3. _____

Does your child qualify for free or reduced lunch in their district? Yes No

Please check the ethnic group the child identifies with:

- White Black or African American Hispanic/Latino Asian
 Native Hawaiian or other Pacific Islander American Indian or Alaska Native Two or More

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 Name _____ Work Phone _____

Cell Phone _____ Email _____

Address _____ City _____

State _____ Zip _____ Employer _____

Parent/Guardian #2 Name _____ Work Phone _____

Cell Phone _____ Email _____

Address (if different from above) _____ City _____

State _____ Zip _____ Employer _____

Party/ies responsible for payments _____

FAMILY MEMBERSHIP

Annual family membership fee (\$50/family)

- New Y family/Out-of-date membership Up-to-date membership

Please list all household members

Name	Sex	Age

ENROLLMENT

Please specify enrollment:

- Full Summer (15% discount applied).....\$1,955 (Full-Time) /\$1,530 (Part-Time)
- Monthly Registration (10% discount applied)
 - June 17th - 28th\$415 (Full -Time) / \$325 (Part-Time)
 - July 1st - 26th.....\$830 (Full-Time) / \$650 (Part-Time)
 - July 29th - August 23rd.....\$830 (Full-Time) / \$650 (Part-Time)
- Weekly Full Time\$230
 - Early Registration 10% Discount (Due by May 17th).....\$207
- Weekly Part Time: 3 days per week.....\$180
 - Early Registration 10% Discount (due by May 17th).....\$162
- Drop-In Rate\$75/day

Please specify your desired schedule in the table below, checking appropriate boxes, noting AM/PM, and noting part-time days of attendance if necessary

	June 17-21	June 24-28	July 1-5*	July 8-12	July 15-19	July 22-26	July 29- August 2	August 5-9	August 12-16	August 19-23
Full Time (mark X)										
Part Time (mark days)										
Extended Hours (write am/pm)										

*Closed Tuesday, July 4th for National Holiday



EMERGENCY INFORMATION

Persons other than parent/guardian who may pick up child:

Name _____ Phone _____

Name _____ Phone _____

In case of emergency, when unable to reach parent/guardian, call:

Name _____ Phone _____ Cell _____

Family Physician _____ Address _____ Phone _____

Date of last physical exam - Child 1. _____ Child 2. _____ Child 3. _____

Family Dentist _____ Address _____ Phone _____

Date of last dental exam - Child 1. _____ Child 2. _____ Child 3. _____

Insurance Company _____ Policy # _____

Medical information (such as allergies, current medications, illness, mental or psychological conditions that might need special attention) _____

Please share any additional information you would like the Y staff to have _____

SUMMER DAY CAMP PROGRAMMING INFORMATION

Summer Day Camp programming includes going to the Neill Public Library once a week. If you would like your child to check out books, they will need to have a library card or be authorized on a parent/guardian's card. Please list the authorized 14-digit Neill Public Library Card number below:

Summer Day Camp programming includes going to the pool twice per week. How would you rate your child's swimming ability?

Beginning swimmer Intermediate swimmer Advanced swimmer Non-swimmer

RELEASE AGREEMENT

1. I will be responsible for all fees accumulated as a result of my child's registration and participation in YMCA programs. I understand that all fees are to be paid in advance, agree to pay any applicable late fees, and understand that incomplete payment will result in disenrollment.
2. I will review the Parent Handbook in order to understand the program's policies and fees.
3. I give my permission for my child to go on supervised field trips with the YMCA's Programs.
4. I give permission for my child to participate in swimming activities supervised by YMCA staff and/or qualified lifeguards and in all other activities unless otherwise noted.

5. To the best of my knowledge, my child is in good health. I understand that the YMCA does not provide individual accident insurance; therefore, I will provide the necessary coverage in the event of an accident.
6. The YMCA cannot be held responsible for problems related to a child's failure to receive the required immunizations.
7. YMCA staff and volunteers will not transport a child in a private vehicle.
8. When leaving a child at the YMCA or program site, he/she must be signed in by parent/guardian and made sure that a program staff or volunteer is available to receive and supervise your child.
9. The YMCA will release children only to people authorized by the parent/guardian. If a parent/guardian desires to have a YMCA staff member check their child in or out of the program, they must first sign a disclaimer/waiver statement.
10. YMCA staff and volunteers are required by state law to report suspected child abuse. This will be handled confidentially through the Director of Programs.
11. If the person picking up a child appears to be under the influence of drugs or alcohol, for the child's safety, that person will be asked to allow someone else on the authorized list to pick up the child. If that person insists on taking the child, the YMCA will make a report to the police and Child Protective Services.
12. Parents/Guardians may drop in and visit with their children at any time.
13. Weapons, including but not limited to, knives and or firearms are not allowed and may result in suspension or termination from all YMCA of the Palouse programming.
14. **Required Permissions (please initial where indicated) – I give my permission for my child/children to:**
 - a. be transported in an authorized vehicle from the Y and attend all field trips. **Initial:** _____
 - b. use all play equipment and participate in all Y activities, including swimming. **Initial:** _____
 - c. be given emergency treatment by qualified YMCA staff. **Initial:** _____
 - d. be transported by ambulance or staff car to an emergency center for treatment. **Initial:** _____
 - e. In the event that I cannot be contacted, I further consent to the medical, surgical, hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. **Initial:** _____
15. **Optional Permissions (please initial where indicated) – I give my permission for my child/children to:**
 - a. check out books from the Neill Public Library. I will be held responsible for any damage to library books, including but not limited to: water damage, ripped pages, writing/coloring in pages, stolen, or missing books. **Initial:** _____
 - b. have a staff person help my child apply sunscreen and/or insect repellent. **Initial:** _____
 - c. use hand sanitizer when hand washing facilities are unavailable. **Initial:** _____
 - d. be involved in photography/media taken for publicity purposes. **Initial:** _____

Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____ **Date** _____

WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of the Palouse Summer Day Camp for any purpose, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities of the affiliated program and accepts same as being safe and reasonably suited for the purpose of use or participation.

THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA of the Palouse, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by ordinary negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to ordinary negligence of releasees or otherwise while about or upon the premises of the YMCA and/or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Washington and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Participant Name(s): _____

Signature of Parent/Guardian: _____ Date: _____



FOR OFFICE USE ONLY

Date Received: _____ Processed by: _____ Application Complete: Y N

Missing Information: _____

Certificate of Immunization Status Received: Y N Membership Due Date: _____

Payment Type: Online Cash Card Check (number _____)

Amount: _____ Date Received: _____

Allergies/Medical: _____

Notes: