

CAMP REGISTRATION FORM

Complete and Return to your local YMCA

Branch: _____

YMCA Member # _____

Security Word (ex. Banana, pink, computer): _____

Child's Name _____ Birthday _____ Age _____ Sex _____

Grade Completed _____ School _____

Mother's Name _____ Cell Phone _____

Address _____ City, State, Zip _____

Place of Employment _____ Phone _____

E-mail Address _____

Father's Name _____ Cell Phone: _____

Address (If Different) _____ Cell Phone: _____

Place of Employment _____ Phone _____

E-mail Address _____

Child's Living Arrangements: Mother Only Father Only Both Other Guardian

Child's Legal Guardian: Mother Only Father Only Both Other Guardian

IF an alternate custody arrangement exists and individuals other than those listed above have an ability to pick up your child, please complete the following section. If such arrangement exists, please provide documentation.

With whom does the child live? _____

Stepparent Name _____ Cell: _____

Stepparent Name _____ Cell: _____

Both Stepparent's are authorized to pick up my child.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

The following adults are authorized to pick up my child in addition to those listed above:

Name _____ Phone # _____

Relationship to Child _____

Name _____ Phone # _____

Relationship to Child _____

By signing below, I am acknowledging that all information completed is accurate and will inform the YMCA if any changes occur.

Printed name of Parent/Guardian: _____ Signature of Parent/Guardian: _____

Date: _____

The YMCA as a not-for-profit organization receives funding from the United Way and other foundations that require statistical information on our membership.

The following information is confidential and is collected only for this purpose. Please check one in each category.

Ethnicity: African-American Asian Pacific Hispanic American Indian/Alaskan Caucasian Other

Annual Income: Under \$10k \$10k-\$20k \$20k-\$50k \$50k and above

Number of individuals in Household: 1 2 3 4 5 6 7 8 9 or more

EMERGENCY MEDICAL INFORMATION

Child's Doctor/Clinic Name _____ Phone _____

Insurance Provider _____ Policy Number _____

Hospital of Choice _____

Emergency Contact (other than parent) _____

Phone Number _____ Relationship to Child _____

Emergency Contact (other than parent) _____

Phone Number _____ Relationship to Child _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following existing illness, allergies or special medical concerns:

The following accommodations may be required to most effectively meet my child's needs while in camp:

My child has the following special needs:

If your child has an allergy or special need listed above, a meeting with the Camp Director is required before the child attends camp.

By signing below, I am acknowledging that all information completed is accurate and that I will inform the YMCA if any changes need to be made.

Parent or Guardian Signature _____ Date _____

USE OF PHOTOGRAPH RELEASE

Models Name: _____ Date: _____

YMCA Name: _____

I hereby give the YMCA of Coastal GA, Inc. (YMCA) the absolute and irrevocable right and permission, with respect to the photographs that have been taken of me or in which I may be included with others:

1. To copyright the same in YMCA's name or any other name that YMCA may choose,
2. To use, re-use, publish, and re-publish the same, in whole or part, individually, or in conjunction with other photographs, in any medium and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion and advertising and trade, television and multimedia, and
3. To use my name in conjunction therewith if the YMCA chooses.

I hereby release and discharge the YMCA from any and all claims and demands arising out of or in connection with the use of the photographs, including all claims for libel. This authorization and release shall also ensure the benefit of the legal representatives, licenses, and assigns of the YMCA.

IF THE PERSON IS UNDER 18:

I hereby certify that I am the parent or guardian of the person named above. I do ___ or do not ___ give consent according to the terms listed above without reservations to the foregoing on behalf of him, her, or them.

Printed name of Parent/Guardian

Signature of Parent/Guardian

Date

DEMOGRAPHIC SURVEY

The YMCA is required by the GA Dept. of Human Services (DHS) and the United Way to gather client information. Please complete the questionnaire. **Note: Information is confidential and you will not be denied services.**

PART ONE

Are you a Georgia Resident? _____ YES _____ NO
Are you a U.S. Citizen? _____ YES _____ NO
***If not**, are you an alien who is legally allowed to work in the U.S.? _____ YES _____ NO
Do you have at least one minor child; under age 18 living with you? _____ YES _____ NO
Does your child (ren) receive **FREE** or **REDUCED** lunch? _____ YES _____ NO
(*If your answer to this question is NO, please skip PART TWO and complete PART THREE)

PART TWO

Are you currently receiving Food Stamps, TANF, Medicaid or SSI? _____ YES _____ NO
***If your answer to this question is YES, Skip Part THREE.**
***If your answer to this question is NO, then complete PART THREE.**
You must sign the certification below to complete this questionnaire.

PART THREE

How many people live with you at this address? _____
What is the total household income? \$_____ (Total household means you, your spouse, children and any other person who lives with you at this address.)

CERTIFICATION

I, the undersigned certify that the information shown above is true and accurate to the best of my knowledge.

Parent, Guardian Signature

Date

PARENT'S MANUAL AGREEMENT

I have read the camp manual policies and have received a copy for my files. I understand the policies and agree to abide by them as set forth by the Islands Family YMCA and the YMCA of Coastal Georgia.

I understand that if my child or I do not comply with these policies, it can result in dismissal from the program.

Below are the lists of topics that are explained in the Parent's Manual. By initialing them, I am agreeing to their terms. I also understand that all topics must be initialed, signed at the bottom, and returned before my child can attend camp.

____ Goals & Objectives of YMCA Day Camp
____ Camp Staff
____ What Goes on at Camp, a Typical Day
____ Weekly Themes
____ Special Activities & Field Trips
____ Swimming
____ Items Needed for Camp
____ Lunches
____ Medication/Medical Concerns & Illness/Health
____ Medical Treatment Standards & Guidelines
____ Bullying & ADA
____ Payment Procedures
____ Drop Off/Pick Up Expectations & Fees
____ Security Password

Parent Signature

Date

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to enter the YMCA for any purpose, including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned, for himself or herself and any personal representatives, heirs and next of kin, hereby acknowledge, agrees and represents that he or she has, or immediately upon entering will, inspect such premises and facilities. It is further warranted that such entry into the YMCA for observation, participation or use of any facilities or equipment constitutes an acknowledgement that such premises and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for the purposes of such observation or use.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION, USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY WAY, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING.

- 1) THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees and agents (herein after referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment herein; and undersigned is in, or about the premises or any facilities or equipment therein; and
- 2) THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases 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 whether caused by the negligence of the release or otherwise; and
- 3) THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of the releases or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment hereon.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASES, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as in permitted by the laws of the State of Georgia and that if any portion hereof 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 THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representatives, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND ACCEPT THIS RELEASE

Signature of Applicant/Parent/Guardian (if under 18)

Date

ADDITIONAL WAIVERS AND ACKNOWLEDGEMENTS

- The YMCA does not provide Accident/Medical Insurance for program participants.
- I authorize the YMCA to provide emergency treatment in the event that I cannot be contacted.
- I recognize that participation in YMCA activities may expose my child to some risk of injury. I agree to hold harmless from any claims for damage to any property or persons which may occur through participation in any activity at the YMCA, or in its programs.
- I give my child permission to attend and be transported on all field trips scheduled during this YMCA program.
- I have read and understand the above information. My child has permission to participate in this YMCA program in accordance with the policies and procedures set for by the YMCA of Coastal Georgia, Inc. I understand that failure to sign all necessary documentation an agreements will result in not being able to participate in this program.
- I acknowledge that I have been informed that the YMCA Day Camp program is **NOT** a licensed child care program. Day Camp is exempt from licensure by the Georgia Department of Early Care and Learning based on Rule 591-1-1-.46(1)(a) of the BFTS Child Care Rules and Regulations Manual.

Parent Signature

Date

Day Camp Director's Signature

Date

YMCA OF COASTAL GEORGIA

Day Camp Behavior Contract

Camper's Name _____ Age _____

Address _____ City, State _____ Zip _____

Parent/Guardian Name _____ Emergency Phone _____

Home Phone _____ Work Phone _____ Cell Phone _____

I _____ (camper) agree to follow the rules of conduct while attending Day Camp. I further understand that if my behavior is not appropriate, participation in Day Camp will be subject to a review by the Childcare Director and Branch Director, with possible termination from the program for a short or long period of time if warranted.

Inappropriate Behavior:

1. No cursing or using profanity, name calling, teasing or bullying
2. No fighting or roughhousing
3. No misusing or damaging of day camp equipment, facilities or vehicles
4. No trashing facilities
5. No stealing or touching personal property of another person unless permission is given.
6. No leaving the group without permission from the counselor
7. No inappropriate touching or violating another camper or staffs personal space
8. No leaving the designated camping area unless signed out
9. No drugs, alcohol, tobacco, weapons or firearms permitted
10. Campers must follow camp and leader rules at all times. Flagrant disrespect will not be tolerated.
Show respect for fellow campers, staff and volunteer.

Outcomes (could include any of the following depending on the severity of the offense):

- Verbal Warning
- Time out
- Parent Notification
- Meeting with Childcare Director
- Suspension from the program

Please Note: Zero Tolerance policy with weapons (ex: knives/guns) and/or threats. Any behavior that is deemed malicious or violent or results in property or equipment damage and/or injury will result in immediate suspension and or dismissal from the program. The number of days of suspension will be determined by the severity of the act. The parent will be responsible for payment for any damaged and/or destroyed. The Summer Camp Staff and Day Camp Director reserve the

Please note that if your child is dismissed from the program they are terminated from every YMCA of Coastal Georgia Summer Day Camp.

I/We understand this Behavior Contract and will abide by its rules and policies, which have been established for the safety and enjoyment of all participants. I also understand that the YMCA will make every effort to work with each child. However, if the child does not want to behave and be part of his/her group, steps will be taken to insure that the total is not affected by the few.

Parent/Guardian Signature _____ Camper's Name _____

Date _____