

YMCA of the Coastal Bend
Summer Camp 2017
Enrollment Form

PARTICIPANT INFORMATION:

Child (1) Name: _____ Sex: [M] [F] (circle one) Date of birth: ____/____/____

Camp Type/Location: **YMCA Day Camp** (Pre-K - 5th) Downtown YMCA

Current Medications, Allergies, Special Needs, Limitations or Medical Conditions (*In order to better meet the needs of your child, please list as much information as possible*):

School Attending in Fall 2017: _____

Household income:

Under \$15,000 \$15,000-34,999 \$35,000-54,999 \$55,000-74,999 \$75,000 Over \$100,000

How would you describe yourself ? White (only) Hispanic or Latino (only) Black/African American (only) Asian (only)
American Indian/Alaskan Native (only) Native Hawaiian/ other Pacific Islander (only)
Other race (only) Two or more races

Child (2) Name: _____ Sex: [M] [F] (circle one) Date of birth: ____/____/____

Camp Type/Location: **YMCA Day Camp** (Pre-K-5th Grade) Downtown YMCA

Current Medications, Allergies, Special Needs, Limitations or Medical Conditions (*In order to better meet the needs of your child; please list as much information as possible*):

School attending in fall 2017: _____

PARENT/GUARDIAN INFORMATION:

Primary Guardian [Mother] [Father] [Other: _____]

Name: _____ **Email:** _____ **Home Phone:** _____

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

Employer: _____ **Work Phone:** _____ **Cell Phone:** _____

Emergency Contact: [Yes] [No] **Authorized to Pick-up:** [Yes] [No*]

Secondary Guardian [Mother] [Father] [Other: _____]

Name: _____ **Email:** _____ **Home Phone:** _____

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

Employer: _____ **Work Phone:** _____ **Cell Phone:** _____

Emergency Contact: [Yes] [No] **Authorized to Pick-up:** [Yes] [No*]

* When a parent is NOT authorized to pick-up, we must have a copy of court documentation.

Please provide copies of court documentation with registration as needed.

EMERGENCY CONTACT/AUTHORIZED PICK-UPS (OTHER THAN PARENTS):

(Must list at least one additional emergency contact. No one under the age of 18 is permitted.)

1. **Name:** _____ **Work/Cell Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **Home Phone:** _____

2. **Name:** _____ **Work/Cell Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **Home Phone:** _____

YMCA OF THE COASTAL BEND
2017 YMCA SUMMER CAMP SESSION ENROLLMENT FORM

Please indicate with a check mark which week your child or children will be attending.

<u>Week</u>	<u>YMCA Camp Dates:</u>	<u>Child (1)</u>	<u>Child (2)</u>
1	May 30 – June 2	Child ()	Child ()
2	June 5 – June 9	Child ()	Child ()
3	June 12 – June 16	Child ()	Child ()
4	June 19 – June 23	Child ()	Child ()
5	June 26 – June 30	Child ()	Child ()
6	July 3 – July 7	Child ()	Child ()
7	July 10 – July 14	Child ()	Child ()
8	July 17 – July 21	Child ()	Child ()
9	July 24 - July 28	Child ()	Child ()
10	July 31 – August 4	Child ()	Child ()
11	August 7 – August 11	Child ()	Child ()
12	August 14 – August 18	Child ()	Child ()
13	August 21 – August 25	Child ()	Child ()

YMCA OF THE COASTAL BEND 2017 YMCA SUMMER DAY CAMP AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Child (1) Name: _____ Child (2) Name: _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I hereby authorize the YMCA of the Coastal Bend staff to take my child(ren) to:

Physician: _____

Address: _____

Hospital: _____

Address: _____

Insurance Company Name: _____

Phone Number: _____

No Preference. Please use closest available _____

Phone Number: _____

No Preference. Please use closest available _____

Policy #: _____

Parental Consent – Please circle yes or no for the following (if no selection is made, it is assumed that the answer is “yes”):

YES	NO	CONSENT FOR TREATMENT: I give consent for any and all necessary treatment when my child(ren) is in the care of this physician or hospital.
YES	NO	AUTHORIZATION: In case of sickness or accident, I hereby give my permission to the medical personnel selected by the YMCA to order and/or perform any medical attention deemed necessary, if I am unable to be contacted. I accept financial responsibility if such treatment is necessary. I further understand that neither the YMCA nor its workers can be held responsible in the event of accident or accidental death.
YES	NO	IMMUNIZATION: I can provide the immunization records and/or the records are on file at my child’s school. All required immunizations and/or tuberculosis test are current. <i>Name of child’s school:</i>

PARENT AND PARTICIPANT STATEMENT OF AGREEMENT

- I understand that I may not leave my child at the camp location unless there is a YMCA staff member present.
- I understand that my child will not be allowed to leave the program with an unauthorized person or staff member. Only adults with valid photo IDs and who are over the age of 18 can be authorized to pick up the child.
- I understand that the YMCA is mandated by Texas Law to report any suspected cases of child abuse or neglect.
- I understand that the YMCA staff may not baby-sit, transport, or care for children other than during YMCA program hours.
- I understand that my child may be removed from a YMCA program for any of the following reasons:
 1. Failure to pay program fees by designated deadlines.
 2. Inappropriate behavior of a child/parent that endangers anyone involved with the YMCA.
 3. Failure to observe any of the conditions listed in the seasonal Parent Handbook.
- I authorize for my child(ren) to participate in the following activities while enrolled in YMCA Programs:
 - Swimming / Water Activities
 - Participate in camp activities – including field trips
 - Participate in photos or videos for YMCA publications
 - Travel on YMCA arranged transportation
 - View a PG rated film

YMCA CHILD BEHAVIOR CONTRACT: Disciplinary problems may require a 5-15 minute time-out period. Time-out may be given up to three times per day. Parents may be called to pick-up any child who does not behave after three time-outs. A Behavior Contract is the first formal step to help solve repeated rule violations. The contract involves parents, child and staff. It requires participation of all parties. A suspension may be necessary, at the Program Director’s discretion. Upon continuous disciplinary problems, a child may be removed from the program indefinitely.

STATEMENT OF RESPONSIBILITY: I understand and acknowledge that the YMCA of the Coastal Bend does not offer any medical insurance to protect against injuries, makes no claim to do so, and has no responsibility for any medical expenses incurred. I understand that each participant must assume the risk and any related financial responsibility that could result from participation in any of these activities. I agree to assume such risks and such financial responsibility.

LARGE GROUP FORMAT: I understand that, due to the large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis. Such instances include: injuries, immediate disciplinary issues, and certain personal care needs customarily provided to other children.

I UNDERSTAND THAT I WILL RECEIVE A WRITTEN COPY OF THE YMCA PARENT HANDBOOK ON OR BEFORE THE FIRST DAY OF MY CHILD’S ENROLLMENT. THIS INFORMATION IS ALSO AVAILABLE AT www.ymca-cc.org.

NOTE: Failure to sign this parent agreement does not nullify this agreement.

X _____
Signature of Parent/Guardian

Date

**YMCA OF THE COASTAL BEND
2017 YMCA SUMMER DAY CAMP
FEES AND PAYMENT GUIDELINES / SESSION ENROLLMENT FORM**

Child (1) Name: _____ Child (2) Name: _____

CAMP DEPOSIT – Non-refundable

A Camp Deposit of \$10.00, per week, per child is required for all camp sessions. (i.e.: If you are registering for three camp sessions, a \$30.00 deposit will be required to hold your spot for those sessions of camp. These fees will be deducted from your total weekly camp cost. However, in the case that you cancel those weeks of camp, \$10.00/week is non-refundable).

CAMP FEES

If you are registering for multiple sessions, you must complete the Payment Method Authorization Form authorizing payment for the balance of sessions. Automatic drafts will occur on the Friday, prior to the beginning of each session.

- Only paid campers are allowed to attend camp.
- All camps must be paid in advance. A \$10 late fee will be charged if the payment is made on the week of camp.

CANCELLATIONS, REFUNDS and TRANSFERS

After initial enrollment, **no refunds** will be given for registration fee and camp deposit(s). All changes to a child's enrollment or cancellations must be received by the YMCA in writing via the cancellation form. It can be dropped off at the downtown YMCA, emailed or fax.

- **Changes made 14 days or more, prior to first day of camp session:** If transferring, a \$10 transfer fee will be assessed for all requests to transfer weeks or locations; if canceling, no cancellation fee will be charged.
- **Changes made 7-13 days prior to first day of camp session:** If transferring, a \$10 transfer fee will be assessed for all requests to transfer weeks or locations; if canceling your deposit will be forfeited.
- **NO CHANGES can be made less than 7 days, prior to the first day of camp session. You will be held responsible for the full amount of camp fees, regardless of whether or not your child attends camp.**
- **There will be a \$5.00 dollar cancellation fee for each child/children for processing the refund.**

YMCA Summer Day Camp:

YMCA of the Coastal Bend

417 S. Upper Broadway, Corpus Christi, TX 78401

Camp Hours: 7:30 a.m. – 6:00 p.m. Monday –Friday

Field trips on Wednesdays (No field trip August 23rd).

Dates: May 30, 2017 – August 25, 2017 Ages: 4 – 12 years old

Fees: Member \$90 per week per camper

Non- Member \$120 per week per camper

A 10.00 late fee will be charged if picked up after 6pm.

My signature verifies that I have read and received a copy of the Fees and Payments Guidelines and agree to all program fees as described above.

X _____
Signature of Parent/Guardian

Date

MEMBERSHIP, TRANSPORTATION, PROGRAM PARTICIPATION, PHOTO AND INFORMATION RELEASE FORM

Parent or guardian: This form must be completed entirely as a necessary prerequisite for participation in transportation services.

The YMCA of the Coastal Bend (referred to as the "Association") is funded by public support and operated by the YMCA. The participant listed is participating in a YMCA program operated by the Association. The participant listed is requesting transportation to and from programs and to participate in YMCA program and activities. Transportation may be provided by a private provider; a YMCA owned and operated vehicle and/or public transportation systems in the area. We the undersigned parent(s) and/or guardian(s) of:

Name of participant: First, Middle and Last

Age

Birth Date

Name of participant: First, Middle and Last

Age

Birth Date

Address, City, State, Zip Code

I understand and authorize the Association, to allow my child to participate and to transport my child to and from activities offered by the Association. The signing of this permission slip releases and indemnifies the "Association" and it's agents and/or employees from all liabilities, damages and any claims made by the child or on behalf of the child, including medical expenses incurred, should serious injury, loss of property, damages or death occur as a result of his/her participation in the participation and transportation in any program. We fully understand the nature of child care, sports, recreation and transportation services and the risk of serious injury, loss of property, damages or death associated with these services.

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the "Association", its directors, officers, employees, and agents (hereinafter 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 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 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 Association premises or in any way observing or using any facilities or equipment of the Association or participating in any program affiliated with the Association whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA Association and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Association.
4. THE UNDERSIGNED HEREBY PERMITS THE YMCA, KRIS, KIII, KZTV, KORO, the Caller Times, the Corpus Christi Daily and other media outlets to make and use photographic likeness of myself, in a still or video commercial, to be exhibited by television broadcasting/and/or the internet at the said media stations. The material will be used for news and/or YMCA purposes. It will also be utilized in YMCA print materials, and any forms of media release, and or video produced to help the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State 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 THIS RELEASE (Parent and/or Guardian)

Printed Name (First, Middle, Last, Suffix (Jr./Sr./II/III))

Phone Number

Date of Signature

Signature of parent or guardian

YMCA OF THE COASTAL BEND

2017 SUMMER DAY CAMP
PAYMENT METHOD AUTHORIZATION

OFFICE USE ONLY

Child (1) Name: _____

Deposit (Y/N) YMCA (1)(2)(3)(4)(5)(6)(7)(8)(9)(10)(11)(12)(13)

Child (2) Name: _____

Deposit (Y/N) YMCA (1)(2)(3)(4)(5)(6)(7)(8)(9)(10)(11)(12)(13)

Name of Card/Account Holder: _____ Work/Cell Phone: _____

Is this the primary contact for all billing concerns/questions? [Yes] [No] Other contact: _____

AUTOMATIC PAYMENT PLAN: The YMCA of the Coastal Bend offer an automatic payment plan. There is no additional cost for this program.

Credit / Debit Draft Agreement:

I hereby authorize the YMCA of the Coastal Bend to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error, to my account indicated below at the depository financial institution named below, and to debit and/or credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. law.

CREDIT/DEBIT CARD:

Card Number: _____ Exp. Date ____/____ (Select One)[Visa] [Discover] [American Express] [MasterCard]

This authorization is to remain in full force no longer than August 25, 2017 or until the YMCA has received written notification from me of its termination in such time and in such manner as to afford the YMCA a reasonable opportunity to act on it. I hereby authorize the YMCA of the Coastal Bend to debit the above credit card/debit card, bank draft/EFT on the dates indicated for my 2017 Summer Day Camp payments. I understand that I am being enrolled in the automatic payment plan as described above and agree to any and all fees that may incur from use of this service. Should any debt not be honored by my bank account for any reason, I understand that I am still responsible for the payment, plus a service charge of \$29.00.

X _____
Signature of Account Holder

Date

OPTION 3: CHECK/CASH PAYMENTS:

The YMCA of the Coastal Bend will accept check/cash payments for 2017 summer camp fees at the front desk only. Check/cash payments must also follow the 2017 Summer Day Camp payment deadlines as indicated on the registration form. Failure to pay camp fees will result in your child not being able to participate in the program. All payments are due the Friday before your child attends camp. If payments are made on Monday(the week of camp) there will be a \$10 late fee added to your account.

I will be paying my 2017 Summer Day Camp Fees by Check/Cash and understand that the fees and due dates will be followed.

X _____
Signature of Parent/Guardian

Date