



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA USE ONLY

Registration taken by _____ Payment \$ _____

CK CASH CHG Entered in by: _____

2024 SPRING BREAK CAMP ENROLLMENT FORM

YMCA OF THE COASTAL BEND

(To comply with State Licensing Laws, all sections of this form must be completed in full before we can accept any child for care.)

PARTICIPANT INFORMATION:

PARTICIPANT'S NAME (1) _____ M _____ F _____ DOB _____ / _____ / _____ AGE _____

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 (the next school year): _____

PARTICIPANT'S NAME (2) _____ M _____ F _____ DOB _____ / _____ / _____ AGE _____

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 (the next school year): _____

PARENT / GUARDIAN INFORMATION:

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

Name: _____ Email: _____ Home Phone: _____ Cell Phone: _____

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

Employer: _____ Work Phone: _____ Emergency Contact: [Yes] [No] Authorized to Pick-up: [Yes] [No*]

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

Name: _____ Email: _____ Home Phone: _____ Cell Phone: _____

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

Employer: _____ Work 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: _____ Relationship to child: _____ Work/Cell Phone: _____

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

2. Name: _____ Relationship to child: _____ Work/Cell Phone: _____

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

YMCA OF THE COASTAL BEND

417 S Upper Broadway Street Corpus Christi, Texas 78401
P 361.882.1741 adumes@ymca-cc.org www.ymca-cc.org

IMPORTANT: PLEASE EMAIL COMPLETED REGISTRATION FORM TO
adumes@ymca-cc.org



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AUTHORIZATION FOR EMERGENCY MEDICAL CARE

YMCA OF THE COASTAL BEND

(To comply with State Licensing Laws, all sections of this form must be completed in full before we can accept any child for care.)

PARTICIPANT INFORMATION:

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: _____ Phone Number: _____ Address: _____

No Preference. Please use closest available _____

Hospital: _____ Phone Number: _____ Address: _____

No Preference. Please use closest available _____

Insurance Company Name: _____ 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 an 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 tests are current. Name of child's school: _____

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 babysit, 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 Parent Handbook.
- I authorize my child(ren) to participate in the following activities while enrolled in YMCA Programs:
 - Swimming / Water Activities – Travel on YMCA arranged transportation – Participate in camp activities
 - Field trips – View a PG-rated film – Participate in photos or videos for YMCA publications

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(ren), and staff. It requires the 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.

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PAYMENT GUIDELINES AND RELEASE FORM

YMCA OF THE COASTAL BEND

FEES AND PAYMENT GUIDELINES

CAMP FEES:

- Only paid campers are allowed to attend camp
- All camp fees must be paid in advance
- Must be paid in FULL at the time of Registration

PLEASE REGISTER MY CHILD FOR THE FOLLOWING DAYS:		March 8 (\$35/\$50)	March 11 - 15 (\$130/\$160)
_____	\$35 for YMCA Member	_____	\$50 Non-member
_____	\$130 for YMCA Member	_____	\$160 Non-member
<ul style="list-style-type: none">• Only paid campers are allowed to attend camp• All camp fees must be paid in advance			

NSF PAYMENTS:

A \$29.00 fee is charged for all non-sufficient funds and declined credit card charges. Children will not be allowed to attend camp unless payment for the camp session has been received and recorded by the YMCA.

CANCELLATIONS, REFUNDS, and TRANSFERS:

After initial enrollment, **no refunds** will be given for camp deposits. All changes to a child's enrollment or cancellations must be received by the YMCA in writing via the cancellation form with 7 days notice prior to the start of camp week. It can be dropped off at the downtown YMCA or emailed at adumes@ymca-cc.org NO CHANGES can be made less than 7 days prior to the first day of the camp session. You will be held responsible for the full amount of camp fees, regardless of whether or not your child attends camp.

PAYMENT METHODS:

Payment may be made by check, money order, cash, or credit card (MasterCard, Visa, Discover, and American Express). All camp fees must be paid prior to dropping off your camper.

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

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 the YMCA programs 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: Child (1) First, Middle and Last	Age	Birth Date
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Name of participant: Child (2) First, Middle and Last	Age	Birth Date
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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 its 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.

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 PAYMENT AND RELEASE FORM

Printed Name – Parent and/or Guardian #1 (First, Middle, Last, Suffix (Jr./Sr./II/III))

Phone Number	Date of Birth
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Signature of parent or guardian	Email	Date
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Printed Name – Parent and/or Guardian #2 (First, Middle, Last, Suffix (Jr./Sr./II/III))

Phone Number	Date of Birth
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Signature of parent or guardian	Email	Date
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