



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA USE ONLY
Registration taken by _____ Payment \$ _____
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2024 SUMMER CAMP REGISTRATION FORM

YMCA OF THE COASTAL BEND

CAMP DATES: MAY 28 TH – AUGUST 9 TH , FOR AGES: 4 – 12

(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 (4-12) _____
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 2024: _____

PARTICIPANT'S NAME (2) _____ M _____ F _____ DOB ____/____/____ AGE (4-12) _____
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 2024: _____

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: _____ DOB: _____ Relationship to child: _____ Phone: _____

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

2. Name: _____ DOB: _____ Relationship to child: _____ Phone: _____

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



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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.

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

X _____
Signature of Parent/Guardian Date

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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2024 SUMMER DAY CAMP PAYMENT METHOD AUTHORIZATION

YMCA OF THE COASTAL BEND

OPTION 1

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.

Child (1) Name: _____

Child (2) Name: _____

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

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

Other contact: _____

OPTION 2

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 9th, 2024 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 2024 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 if the card that is being drafted for any camp fee does not clear.

X _____
Signature of Account Holder Date

OPTION 3

CHECK/CASH PAYMENTS:

The YMCA of the Coastal Bend will accept check/cash payments for 2024 summer camp fees at the front desk only. Check/cash payments must also follow the 2024 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 2024 Summer Day Camp Fees by Check/Cash and understand that the fees and due dates will be followed.

X _____
Signature of Account Holder Date

YMCA Summer Day Camp Location:

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.
Dates: May 28 – Aug, 9, 2024
Ages: 4 – 12

Rate

MEMBER - \$130 week plus \$30 non-refundable deposit week
NON – MEMBER - \$160 week plus \$30 non-refundable deposit week

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

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

WEEK	CAMP DATE	CHILD 1	CHILD 2
1	May 28 – May 31		
2	June 3 – 7		
3	June 10 – 14		
4	June 17 – 21		
5	June 24 – 28		
6	July 1 – 5		
7	July 8 – 12		
8	July 15 – 19		
9	July 22 – 26		
10	July 29 – Aug 2		
11	Aug 5 – Aug 9		

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