

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:								
	pecial Needs, Limitations, or Medica							— ormatior
School Attending in Fall 2024::								
Current Medications, Allergies, Spas possible):	pecial Needs, Limitations, or Medica	al Conditions (Ir	n order to better mee	et the need	s of your (	child, please li	st as much inf	ormation
PARENT / GUARDIAN INFORM	ATION:							
Primary Guardian [Mother] [Fa	ther] [Other:]							
Name:	Email:		Home Phone:		(	Cell Phone:		
Address:			City:			State:	Zip:	
Employer:	Work Phone:		Emergency Cont	act: [Yes]	[No] Au	thorized to Pi	ck-up: [Yes]	[No*]
Secondary Guardian [Mother] [Fa	ther] [Other:]							
Name:	Email:		Home Phone:		(	Cell Phone:		
Address:			City:			State:	Zip:	
Employer:	Work Phone:		Emergency Cont	act: [Yes] [۱	No] Autho	rized to Pick-	up: [Yes] [No*]	
	* When a parent is NOT authorize Please provide copies of c	d to pick up, we ourt documer	e must have a copy cotation with registi	of court doc ration as n	umentatio	on.		
EMERGENCY CONTACT/AUTHO (Must list at least one additional e	DRIZED PICK-UPS (OTHER THAN emergency contact. No one under t	N PARENTS): he age of 18 is <sub>l</sub>	permitted.)					
1. Name:	DOB:	Rela	ationship to child:		Pho	one:		
Address:	City:	State:	Zip:	Email: _				
2. Name:	DOB:	Rel	ationship to child:		Ph	one:		
Address:	City:	Stato.	7in:	Email:				



# **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.)

PARTI	CIPAN	T INFORMATIO	N:					
Child (1	) Name:				(	Child (2) Name: _		
In the e		at I cannot be re	eached to make a	rrangements for er	mergency med	ical attention, I h	nereby authorize the YMCA of the Coastal Be	end staff to take m
Physici	an:			Phone	e Number:		Address:	
No Pre	ference	e. Please use clo	sest available					
Hospit	al:			Phone	Number:		Address:	
No Pre	ference	e. Please use clo	sest available					
Insurar	nce Con	npany Name:				Policy #:		
Parent	al Cons	ent – Please ciro	le yes or no for t	he following (if no s	election is mad	de, it is assumed	that the answer is "yes"):	
YES	NO	CONSENT FOR	R TREATMENT: I g	ive consent for any	and all necess	sary treatment w	hen my child(ren) is in the care of this physi	cian or hospital.
YES	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 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 de					atment is		
YES	NO	tuberculosis t	ests are current.	Name of child's sch	nool:		on file at my child's school. All required imm	
<ul> <li>I und</li> <li>I und</li> <li>pick</li> <li>I und</li> <li>I und</li> <li>I und</li> <li>1. F</li> <li>2. Ir</li> <li>3. F</li> <li>I aut</li> <li>- S</li> </ul>	derstand t derstand t up the ch derstand t derstand t derstand t ailure to c horize my	that I may not leave re that my child will not ild. that the YMCA is man that the YMCA staff re that my child may be pay program fees by ate behavior of a chi pbserve any of the co	be allowed to leave the dated by Texas Law to hay not babysit, transpremoved from a YMCA designated deadlines ld/parent that endanged onditions listed in the loate in the following and the fol	e program with an unaut o report any suspected c oort, or care for children of program for any of the lers anyone involved with Parent Handbook. ctivities while enrolled in anged transportation	chorized person or lases of child abuse other than during Y following reasons: h the YMCA. YMCA Programs: – Participate in o	staff member. Only a e or neglect. YMCA program hours		3 can be authorized to
not beha	ve after th	nree time-outs. A Be	havior Contract is the	first formal step to help s	solve repeated rule	violations. The contr	n up to three times per day. Parents may be called to pic ract involves parents, child(ren), and staff. It requires the d may be removed from the program indefinitely.	
responsi	bility for a	ny medical expense		nd that each participant r		,	cal insurance to protect against injuries, makes no claim nancial responsibility that could result from participatior	
				group format of our prog care needs customarily p			one care for any child except on an intermittent basis. S	uch instances include:
NOTE: Fa	ilure to si	gn this parental agre	eement does not nullif	y this agreement.				
X			<del></del>		_			
Signatur	e of Parer	nt/Guardian	Date					



# 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:	<del>-</del>
Child (2) Name:	
Name of Card/Account Holder	Work/Cell Phone
Is this the primary contact for all billing concern	ıs/questions? [Yes] [No]
Other contact:	
OPTION 2	
CREDIT/DEBIT CARD:	
Card Number: Select One [Visa] [Discover] [American Express] [Ma	Exp. Date/
Coastal Bend to debit the above credit card/debit carmy 2024 Summer Day Camp payments. I understand payment plan as described above and agree to any a service. Should any debt not be honored by my bank I understand that I am still responsible for the p card that is being drafted for any camp fee does	that I am being enrolled in the automatic and all fees that may incur from use of this account for any reason, ayment, plus a service charge if the
XSignature of Account Holder	 Date
OPTION 3	
CHECK/CASH PAYMENTS:	
The YMCA of the Coastal Bend will accept check/cash the front desk only. Check/cash payments must also payment deadlines as indicated on the registration for your child not being able to participate in the prograi your child attends camp. If payments are made on Millate fee added to your account.	follow the 2024 Summer Day Camp orm. Failure to pay camp fees will result in m. All payments are due the Friday before
I will be paying my 2024 Summer Day Camp Fees the fees and due dates will be followed.	s by Check/Cash and understand that
X	

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	10 July 29 – Aug 2		
11	Aug 5 - Aug 9		

Signature of Account Holder



# PAYMENT GUIDELINES AND RELEASE FORM YMCA OF THE COASTAL BEND

## **FEES AND PAYMENT GUIDELINES**

### CAMP DEPOSIT - Non-refundable

Non-refundable Deposit of \$30.00 per week, per child is required for all camp sessions. i.e.: If you are registering for three camp sessions/weeks, a \$90.00 deposit will be required to hold your childs spot for those sessions of camp and is non-refundable.

### **CAMP FEES:**

Please complete the Payment Method Authorization Form authorizing payment for the enrollment of sessions. Automatic drafts will occur on the Friday, prior to the beginning of each session/week

- · 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 camp deposit(s). 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 start of camp week. It can be dropped off at the YMCA or emailed to adumes@ymca-cc.org.

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.

#### **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.

### **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.

#### FINANCIAL ASSISTANCE.

The YMCA of the Coastal Bend has a limited amount of financial assistance available for qualifying families. If you would like more information on the YMCA's scholarship program, please contact Audrey Dumes at the YMCA at (361) 882-1741 or email adumes@ymca-cc.org

## 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 quardian(s) of:

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

- 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 the 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
- 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
- 3. IHE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to the 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
- 4. THE UNDERSIGNED HEREBY PERMITS THE YMCA, KRIS, KIII, KZTV, KORO, the Caller Times, the Corpus Christi Daily, and other media outlets make and use a 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, any forms of the 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 INDEMNITYAGREEMENT, 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 Guardia	n #1 (First, Middle, Last,	Suffix (Jr./Sr./II/III)
Phone Number	Date of Birth	
Signature of parent or guardian	Email	Date
Printed Name - Parent and/or Guardia	n #2 (First, Middle, Last,	, Suffix (Jr./Sr./II/III)
Phone Number	Date of Birth	
Signature of parent or guardian	Email	Date