



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA OF THE COASTAL BEND 2025 SPRING BREAK CAMP ENROLLMENT FORM

### PARTICIPANT INFORMATION:

**Child (1) Name:** \_\_\_\_\_ **Sex:** [M] [F] (circle one) **Date of birth:** \_\_\_/\_\_\_/\_\_\_

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):  
\_\_\_\_\_

**Child (2) Name:** \_\_\_\_\_ **Sex:** [M] [F] (circle one) **Date of birth:** \_\_\_/\_\_\_/\_\_\_

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  
 2025 SPRING BREAK 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: \_\_\_\_\_ 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 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 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.

## YMCA OF THE COASTAL BEND 2025 SPRING BREAK CAMP FEES AND PAYMENT GUIDELINES

Child (1) Name: \_\_\_\_\_ Child (2) Name: \_\_\_\_\_

**CAMP FEES:**

**\$160/week- Non-Members    \$130/week- Members**

- Only paid campers are allowed to attend camp
- All camp fees must be paid in advance

**NSF PAYMENTS:**

A \$30.00 fee is charged for all non-sufficient funds and declined credit card charges. Children will not be allowed to attend camp unless payment for camp session has been received and recorded by the YMCA.

**CANCELLATIONS, REFUNDS and TRANSFERS:**

After initial enrollment, no refunds will be given for registration fees. All changes to a child’s enrollment or cancellations must be received by the YMCA in writing via email.

- **NO CHANGES can be made less than 3 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.**

**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](mailto:adumes@ymca-cc.org)

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: 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 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 o 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 #1)**

\_\_\_\_\_  
*Printed Name (First, Middle, Last, Suffix (Jr./Sr./II/III))*                      *Phone Number*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Signature of parent or guardian*

\_\_\_\_\_  
*Date*

**I HAVE READ THIS RELEASE (Parent and/or Guardian #2)**

\_\_\_\_\_  
*Printed Name (First, Middle, Last, Suffix (Jr./Sr./II/III))*                      *Phone Number*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Signature of parent or guardian*

\_\_\_\_\_  
*Date*