



YMCA of the Capital Area
 2017 Summer Day Camp Registration Form
 Southside YMCA
 225-766-2991

Member Registration Fee: \$20.00 per child Program Member Registration Fee: \$30 per child
 - Late Fee for Members & Program Members: \$20.00 (Applied after May 12th)

Traditional summer day camp - Ages: 4 – 12 (All children must be 4 by January 1st, 2017.)

Member Weekly Fee: \$110 per week

Program Participants Weekly Fee: \$150 per week

Teen summer day camp - Ages: 13 – 16

Member Weekly Fee: \$110 per week

Program Participants Weekly Fee: \$150 per week

You will need a copy of your child's immunization records when you register for camp.

All information on this form is required by the YMCA to ensure the safety of your child. Please thoroughly fill out all information so that it is legible and accurate. Only completed registrations will be accepted.

Participant Information:

Child's Name _____

Birth date: _____ Age: _____ Gender: [Male] [Female]

Address: _____

City: _____ State: _____ Postal Code: _____

School: _____ Grade: _____

Mother's Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father's Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

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.

Child's Shirt Size (choose one) *additional shirts may be purchased for \$7 (per shirt)

Youth XSm(2-4) Youth Sm(6-8) Youth Med(10-12) Youth Lg(14-16) Ad Sm Ad Med Ad Lg Ad XL

Camp Dates (please check the week your child will attend)

*There is a \$10 deposit for each week that you wish to reserve your child's spot. Please check only the weeks your child will be attending. Deposits are non-refundable. The \$10.00 deposit fee counts towards the remaining balance of the week. Payments for each week must be made on the Wednesday before 6pm prior to the week of attendance. A \$10 late fee will be applied to payments made from Wednesday at 6pm—Sunday at 6pm. A \$20 late fee will be applied to payments made after Sunday at 6pm.

- | | |
|---|---|
| <input type="checkbox"/> Pre-camp - Thursday, May 25 th
(\$20/\$30 daily member/non-member) | <input type="checkbox"/> Week 6 - July 3 – July 7 (No camp on July 4 th) |
| <input type="checkbox"/> Pre-camp - Friday, May 26 th
(\$20/\$30 daily member/non-member) | <input type="checkbox"/> Week 7 - July 10 – July 14 |
| <input type="checkbox"/> Week 1 - May 29 – June 2 | <input type="checkbox"/> Week 8 - July 17 – July 21 |
| <input type="checkbox"/> Week 2 - June 5 – June 9 | <input type="checkbox"/> Week 9 - July 24 – July 28 |
| <input type="checkbox"/> Week 3 - June 12 – June 16 | <input type="checkbox"/> Week 10 - July 31 – August 4 |
| <input type="checkbox"/> Week 4 - June 19 – June 23 | <input type="checkbox"/> Post-camp - Monday, August 7
(\$20/\$30 daily member/non-member) |
| <input type="checkbox"/> Week 5 - June 26 – June 30 | <input type="checkbox"/> Post-camp - Tuesday, August 8
(\$20/\$30 daily member/non-member) |

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

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

People authorized to pick up my child are:

Child's General Health: _____

Allergies _____

Childhood Diseases: _____

Specify any past or present significant illnesses _____

Prescribed Medications/drugs that the day camp staff will have to handle _____

I recognize that participation in YMCA sponsored activities may expose my child to risk of injury. I agree to hold the YMCA (and the school system offering the program if applicable) harmless from any claims that may occur through participation in any activity at the YMCA, or in its programs. In cases of emergency or accident and I am unable to be contacted, I hereby grant the YMCA director or his/her agent to secure proper medical treatment and transportation for my child to an appropriate facility for treatment.

CONFIDENTIAL CAMPER INFORMATION FORM

This form is designed to improve communication between the camp and the families we serve. Please take time now to complete it carefully. A follow-up form will be completed by your child's counselor and mailed to you following camp. We would then ask you to complete an evaluation form and return it to us so that we may have your feedback.

Camper's Name _____ Nickname _____ Age _____

School Grade in fall _____ Home Phone _____ Date of Birth _____

With whom does the child live? _____

What does she/he like to do best? _____

Special talents or abilities _____

Hobbies and/or special interests _____

Is there an activity your child particularly wants to do in this program? _____

How does your child get along with others of the same age? _____

Does your child have any serious fears? If so, please tell us about them _____

Are there any problems that may confront your child while at camp? (Anxiety, moodiness, allergies, etc) _____

Please list three objectives you have for your child at day camp in order of importance

1. _____
2. _____
3. _____

Please provide any other information you feel may put us in a better position to understand your child and his/her needs _____

If there is one child of the same age and grade whom your child would like to be grouped with, please write his/her name _____

Please note, camp policy does not guarantee any specific group assignments

Fieldtrip & Transportation Permission

My child may be transported by the YMCA in a passenger van or school bus to and from fieldtrips while he/she is enrolled in this program.

Media Promotional Materials

In further consideration of my child being allowed to participate in YMCA activities, I hereby grant permission for my child's name, voice, picture and basic personal information to be used in any YMCA marketing publication or related materials. I also grant permission for my child to appear on television as a participant in YMCA activities. As a YMCA participant, I authorize the YMCA to use any images taken of my child for promotional purposes of the YMCA.

*The YMCA does not provide accidental/medical insurance for program participants.

*There is a \$25.00 charge on all returned checks.

*A \$10.00 processing fee is charged on all refunds.

Parent's signature _____

Date _____

