



HIGHLAND FAMILY YMCA
Summer DAY CAMP 2011
Registration/Emergency Information Form
(ONE FORM PER CHILD) PLEASE PRINT CLEARLY

CAMPER'S NAME: _____ CONTACT NUMBER _____

M/F: _____ GRADE: _____ BIRTH DATE: _____ SCHOOL: _____ Track: A B C D Traditional Modified

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CUSTODIAL PARENT/GUARDIAN: _____
 OCCUPATION/EMPLOYER: _____
 CONTACT NUMBER DURING DAY CAMP HOURS: _____
 SECONDARY CONTACT NUMBER: _____

2ND CUSTODIAL PARENT/GUARDIAN: _____
 OCCUPATION/EMPLOYER: _____
 CONTACT NUMBER DURING DAY CAMP HOURS: _____
 SECONDARY CONTACT NUMBER: _____

Please indicate below the day camp choice for your child for each week of camp by checking the box next to the weekly selections. In order to receive Full Member rates, your child's membership needs to be current at time of registration. Payment in Full or a non-refundable deposit is required to reserve your spot, balances are due Thursday prior to camp starting or a \$10 late fee will be assessed. *All YMCA Financial Assistance requests must be submitted prior to start date.*

- Full Day Explorer Day Camp 8:30am-4:30pm daily
- Half Day Explorer Day Camp 8:30am-12:30 pm, or 12:30pm-4:30pm daily
- Extended Care is available 6:30-8:30am and or 4:30-6:30pm for NO additional cost *pre-registration required below.*

- June 6-10: Y Splash! Water Safety and Adventure
 June 13-17: Jungle Safari Adventure
 June 20-24: Get Muddy!-With Bugs and Reptiles
 June 27-July 1: Blast!-An Outer Space Adventure!
 July 4-8: Adventure Across America!

- July 11-15: Gone Fishin! A Bayou Adventure
 July 18-22: Pirates! Island Adventure!
 July 25-29: Walking with Dinosaurs
 August 1-5: Under the Sea!
 August 8-9: Y Sports!

My Camper will/will not be using AM Extended Care. (please circle one)
 My Camper will/will not be using PM Extended Care. (please circle one)

MARK ALL THAT APPLY... YMCA Financial Assistance
 YMCA Full Memberships (Monthly) – Youth One Parent Family Family Basic Membership (Annually) – Youth Family

YMCA CREDIT/REFUND POLICY: Payment in full or a non-refundable deposit must accompany each registration in order to hold your child's place. When you register your child for a camp with us, we assume the responsibility of scheduling leaders and buses for his/her camp in accordance with our child/staff ratios. Therefore, if you must cancel out of a camp, please do so one week before camp begins.
NO CREDITS OR REFUNDS WILL BE ISSUED AFTER THE MONDAY BEFORE CAMP BEGINS.
 Before that time, you may come into our office and fill out a credit/refund form to request one of the following:
 * **Transfer** to another YMCA camp.
 * **Credit** towards a future YMCA program.
 * **A Refund**, subject to a processing fee. **CAMP DEPOSITS ARE NON REFUNDABLE.**
LATE FEES: A \$10 late fee will be applied per child, for unpaid balances Friday prior to camp week.
LATE PICK-UP FEE: A \$1 per minute charge, per child will be assessed **after 6:30pm.**

By signing below you are indicating that you have read and understand these policies and agree to follow the policies explained above.

 Parent Signature Date

PAYMENT METHODS...

CASH _____
 CHECK # _____ DL# _____ - OR -
 PLEASE CHARGE \$ _____ TO MY CREDIT CARD
 (VISA, MASTERCARD, AMEX OR DISCOVER)
 CARD #: _____
 EXPIRATION DATE: _____
 SIGNATURE: _____

MEDICAL INFORMATION

FAMILY PHYSICIAN: _____ LOCATION: _____ PHONE NUMBER: _____

DENTIST: _____ LOCATION: _____ PHONE NUMBER: _____

HEALTH INSURANCE CO.: _____ POLICY NUMBER: _____ NAME OF INSURED: _____

Please list any medication your child is currently taking (including dosage and time taken), any injury or illness that may inhibit activity, any allergies, or any health information we should know of in order to provide a safe and healthy experience for your child at Day Camp:

IMMUNIZATION HISTORY

PLEASE GIVE ALL DATES OF IMMUNIZATION FOR VACCINE: **REQUIRED TO PROCESS REGISTRATION**

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria/ Pertusis(Whooping Cough)/Tetanus DPT		
Tetanus Diphtheria/Tetanus (TD)		
Oral Polio		
Injectable Polio		
Measles (Hard Measles, Red Measles, Rubeola)		
Mumps		
Rubella (German Measles, 3-day Measles)		
Other		
Tuberculin test give _____ (most recent)		
Haemophilus influenza B (HB)		
Hepatitis B		

HEALTH HISTORY

Check all that apply:

DISEASES

ALLERGIES

- | | | | | |
|--|---|---|--|--------------------------------------|
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Other Drugs |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Measles | <input type="checkbox"/> Ivy Poisoning, etc. | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> ADHD | <input type="checkbox"/> German Measles | <input type="checkbox"/> Insect Sting | OTHER (specific) _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Mumps | <input type="checkbox"/> Penicillin | |

PLEASE READ CAREFULLY

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in the YMCA program described above. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor being permitted to enter any branch of YMCA of the East Valley ("YMCA") for observation, use of facilities and/or equipment, or participation of the above or any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby: (1) Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonable suited for the purposes intended and (iv) I voluntarily sign this document. (2) Release YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch. (3) I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA branch; whether caused by the negligence of Releasees. (4) I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise. (5) I do hereby authorize the YMCA as agent for the undersigned to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California, if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

DATED: _____ SIGNATURE OF PARENT/GUARDIAN: _____

I DO/DO NOT give the Highland Family YMCA and YMCA of the East Valley permission to photograph my child for the purposes of both arts and crafts activities AND promotional and educational programing materials. (please circle one option) _____ Parent Signature



HIGHLAND FAMILY YMCA
Summer DAY CAMP 2011
Rules and Guidelines/Parent Pick Up Form

Rules and Guidelines

In order to make Day Camp safe and enjoyable for all, the following rules must be clearly understood by participants and parents. These rules apply before, during, and after the program. **Please read them with your child and then sign and return this letter.**

Guidelines:

- Always follow the YMCA Four Core Values: Honesty, Responsibility, Respect, Caring.
- Respect and obey all Camp Counselors and Staff.
- Remain with the group in the designated areas at all times. Permission must be given from a counselor in order to leave the designated area.
- Treat of all YMCA property, equipment, and craft supplies with respect.
- Use common sense. If you think that there is a chance that you or someone else might get hurt, **Don't Do It!**
- Stay in sight of staff, if you can't see us we can't see you.

Specific Rules:

- No fighting, in play or for real. This includes: pulling, shoving, pushing, wrestling, piling on, dunking under water, or paint fights.
- No throwing rocks, sand, or other unsafe items.
- No profanity, derogatory remarks or gestures, or name calling. Treat all campers with caring and respect!
- No knives or toys that do not contribute to safe play.
- No leaving assigned group activities or designated areas of play without the permission of a camp staff member.

Remember These Guidelines:

Talk it over.

Walk away if it sounds like trouble.

Say "I'm sorry."

Use only kind words towards others.

If you make a mess clean it up so that the next person won't get stuck with it.

The Following Procedure Will Be Used for Severe Behavior

Problems:

First Occurrence: Written notice to parents -possible suspension.

Second Occurrence: Suspension from program for one day.

Third Occurrence: Suspension for remainder of camp session. (Without Refund)

Fourth Occurrence: Complete suspension from Day Camp for the summer. (Without Refund)

Please keep in mind that written notices to parents are the last resort in the discipline process. Staff members are trained in dealing with conflict resolution and offer many positive alternatives and solutions before issuing a written discipline notice.

Parents, please note that the program closes at 6:30 p.m.. Any late pick-up or early drop-off will be charged \$1 per minute late fee.

We have read and understand the program rules and guidelines:

Camper

Parent/Guardian

Parent Pick Up

Child's Name: _____

In order to avoid any problems, the following people are allowed to pick up my child(ren) from Day Camp. The following people will also be used as contacts in the event of an emergency if either parents can not be reached.

I understand that the Day Camp staff will not allow my child(ren) to leave the premises with anyone not on this list. I also understand that all persons signing out my child(ren) *must* show photo I.D.

Any changes must be reported and submitted in writing to the Camp Director prior to the pick-up time by the responsible parent.

Name	Relationship	Phone #

The following people are UNAUTHORIZED to pick up my child:

Please note:

A responsible adult must sign in/out the participant daily. Any variation to this requirement must be received in writing prior to the start of the camp day.

This form will be kept on file for the remainder of the camp sessions



