



Registration Guide

Parent/Guardian

- _____ Completed Registration Form
 - _____ Completed Draft Information and Signed Form
 - _____ Current Immunization Records
 - _____ Completed Emergency Information Card (Must re-submit for new program purposes)
 - _____ Deposit for the weeks' child will be in attendance
 - _____ Any additional applicable charges including Program Membership or Registration Fee
 - _____ Please fill in your email address and we will email you our Parent Handbook
- Email address: _____

Staff Only

- _____ Verify that child is current in both membership and payments before registering for the summer program
- _____ Completed Registration Form
Please verify that every line has been acknowledged, and completed in full.
Do not except paperwork any other way.
- _____ Completed Draft Form
- _____ Current Immunization Records
- _____ Completed Emergency Contact form "Blue Card" (Must re-submit for new program purposes)
Please verify that every line has been acknowledged, and completed in full
- _____ Signed Behavior Expectations

Staff Name (please print)

Date



Southwest Valley YMCA 2015 Summer Day Camp Registration

Child's name _____ Birth date _____ Grade (Aug 2015) _____ Age _____

Parent's name _____ Address _____

City _____ AZ Zip code _____ Parent's E-mail address _____

Home # _____ Work # _____ Cell# _____

(Circle one)

Traditional
Facility Member \$140/ Program Member \$163

Splash
Facility Member \$173/ Program Member \$199

Would you like a copy of the Statement of Services to be emailed to you? Please make sure that you have provided a current email address above. Initial _____

A \$25.00 deposit is due per week, per child. Deposits are non-refundable and non-transferable.

Please check the weeks you want reserved in each session. (Example: Camp fee is \$140 - \$25 deposit = \$115 your weekly amount due. Draft amount is the \$115 per # of weeks reserved in that session.) You must fill out the *Automatic Transfer System (ATS) Agreement* and submit with the registration form.

(√) Check	Week of	Draft Date	Draft Amount
<input type="checkbox"/> * May 26 – May 29 <input type="checkbox"/> Jun 01 – 05		No Draft	Payment is due at the time of registration
<input type="checkbox"/> Jun 08 – 12 <input type="checkbox"/> Jun 15 – 19		June 5 (Registration must be received by May 15)	\$ _____ x # of _____ weeks = \$ _____ drafted on June 5
<input type="checkbox"/> Jun 22 – 26 <input type="checkbox"/> * Jun 29– July 03		June 18 (Registration must be received by May 29)	\$ _____ x # of _____ weeks = \$ _____ drafted on June 18
<input type="checkbox"/> Jul 06 – 10 <input type="checkbox"/> Jul 13 – 17		July 5 (Registration must be received by June 12)	\$ _____ x # of _____ weeks = \$ _____ drafted on July 5
<input type="checkbox"/> Jul 20 – 24 <input type="checkbox"/> Jul 27 – 31		July 18 (Registration must be received by June 26)	\$ _____ x # of _____ weeks = \$ _____ drafted on July 18

* Closed May 25th

FEES DUE AT TIME OF REGISTRATION ALONG WITH ATS FORM & "VOIDED" CHECK OR CREDIT CARD COPY

\$ _____	Total of Prepaid Weeks
\$ _____	Total of all \$25 deposits for each week (\$25 x number of √'s)
\$35	Summer Day Camp Registration Fee (per family)
\$35	Program Membership (\$0 if Facility Member)
\$15 or 2 for	YMCA T-shirt (1 mandatory for field trips)
\$20	
\$ _____	Total due today

<i>For Office Use:</i>	
Starfund #	
Receipt #	
Staff Initials	
Date In:	

All payments are on the bank draft system attached to your debit or credit card account. Payments will be withdrawn on the 5th and 18th of June & July. Deposits are non-refundable and non-transferable. You are reserving a space for your child. This form contains the weeks you have reserved, your fees, and your payment due dates. There is no credit given for absent days. Your deposit and reserved space will be forfeited if the payment does not clear your account. If your payment is returned NSF for any reason, the items will be re-presented electronically and you will be charged a \$25 processing fee.

A new blue emergency card and immunization records must be submitted with this form (attached).

Any additional weeks added after the time of registration (Friday prior to the start of each week) will need to be **PAID IN FULL WITH AN ADDITIONAL \$10 LATE FEE** at the YMCA office.

I have read, understand, and agree to adhere to the YMCA child care program Statement of Services, payment policies, and give the YMCA permission to use photographs of my child, in a group setting, for YMCA promotional materials.

Parent/Guardian's signature _____

Date _____

Financial Assistance is available upon request. You must fill out a Financial Assistance Form and provide proof of income. Applications are being accepted from **April 1 thru May 09** Any applications received after **May 09** may be put on a waiting list. DES participants must attach the Certificate of Authorization listing correct location to this form.



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Father or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of injury or sudden illness, I request that this individual be called first:

Does your child have insurance coverage? No Yes Name of Insurance Company:

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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YMCA WAIVER

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

VALLEY OF THE SUN YMCA

The [Valley of the Sun] YMCA ("YMCA") is a charitable, nonprofit entity that strives to support programs that build healthy spirit, mind and body for all. To continue to be able to offer our services to all who need them, regardless of ability to pay, all members and participants assume their own risk of injury while at the YMCA or participating in YMCA programs, and agree to sign the release and waiver of legal liability below. If you have any questions or concerns about this form, our policy, or any of the YMCA's programs or services, please contact 602-404-9622.

CONFIDENTIALITY, RELEASE, WAIVER, and INDEMNITY AGREEMENT

IN CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM BY OR AFFILIATED WITH THE YMCA, AT ANY LOCATION, I PERSONALLY, AND ON BEHALF OF MY MINOR CHILD NAMED AS A PARTICIPANT BELOW, HEREBY AGREE TO THE FOLLOWING:

- 1) I agree that prior to participating, each participant will inspect the facilities and equipment to be used, and if I or the participant believes anything is unsafe, I will immediately advise YMCA staff of such condition(s) and refuse to participate.
- 2) I acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious personal injury, including permanent disability and death and severe social and economic losses which may or may not result from the participant's own actions, inactions, or negligence or from the participation in any of the YMCA's programs or use of any of the YMCA's facilities or equipment. Further, I understand that there may be other risks not known to the YMCA or not reasonably foreseeable.
- 3) I personally, and on behalf of my minor child, assume all the foregoing risks and accept personal responsibility for any and all claims, demands, causes of actions, suits, losses, costs, damages or expenses (including reasonable attorney fees) following any such personal injury, disability, death, and social and economic loss, including for any pain and suffering, loss of wages, loss of consortium, or damage to person or property.
- 4) I personally, and on behalf of my minor child, RELEASE, WAIVE, FOREVER DISCHARGE AND COVENANT NOT TO SUE the YMCA, their affiliates, assignees, directors, officers, employees, agents, representatives, volunteers and insurance carriers (hereinafter referred to as "releasees") from any and all claims, demands, causes of actions, suits, losses, costs, damages or expenses (including reasonable attorney fees) for any and all personal injuries, pain and suffering, loss of wages, loss of consortium, death or damage to person or property, RESULTING FROM PARTICIPATION IN THE YMCA'S PROGRAMS, INCLUDING BUT NOT LIMITED TO ANY PERSONAL TRAINING SESSION/ASSESSMENT BY FITNESS STAFF OF THE YMCA, USE OF THE YMCA'S FACILITIES OR EQUIPMENT, AT ANY LOCATION, AND THE USE OF ANY PERSONAL INFORMATION (DEFINED HEREIN) AS PROVIDED HEREIN.
- 5) I personally, and on behalf of my minor child, agree that if I or a participant has any concerns about a participant's health or ability to participate in the YMCA's programs or use of the YMCA's facilities or equipment, at any location, I will discuss my or the participant's concerns with the participant's physician before deciding or allowing a participant to participate in the YMCA's programs or use the YMCA's facilities or equipment and further agree to follow the participant's physician's recommendation regarding physical activity including participation in the YMCA's programs or use of the YMCA's facilities or equipment at any location.

- 6) I acknowledge and agree that the YMCA and its releasees reserve the right to decline to accept any participant or to require any participant to withdraw from its programs or use of the its facilities or equipment at any time, when such action is determined by the YMCA or its releasees to be in the best interests of the health, safety, and general welfare of the other participants of the YMCA or of the individual participant.

- 7) I acknowledge that I have been informed that personal, health, family, enrollment, usage and program participation information of a participant (the "Personal Information") obtained during the YMCA's programs, the use of the YMCA's facilities or equipment, or personal training session/assessment by fitness staff of the YMCA will be treated as private and confidential and, except as expressly provided herein, will not be released or revealed to any person outside the YMCA fitness staff without my express written consent. Personal Information will not be shared with third parties for purposes of solicitation. I consent to the use of Personal Information for research and statistical purposes so long as the ultimate results of such research and statistical analysis does not identify me or provide facts that could lead to my identification. The Personal Information and any other non-Personal Information may be used by the YMCA fitness staff in the course of establishing a program of healthy living (including fitness training) for me or the participant and evaluating my or the participant's progress in the program.
 I further expressly agree that this CONFIDENTIALITY, RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and all inclusive as is permitted by the law of the State of Arizona and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

- 8) I personally, and on behalf of my minor child, agree that any picture taken of me or my minor child may be used for YMCA publicity purposes.

I HAVE READ AND UNDERSTAND THIS CONFIDENTIALITY, RELEASE, WAIVER, AND INDEMNIFICATION AGREEMENT, INCLUDING THE FACT THAT I AM RELEASING AND WAIVING CERTAIN OF MY POTENTIAL RIGHTS AND THE POTENTIAL RIGHTS OF MY MINOR CHILDREN, AND VOLUNTARILY AND FREELY AGREE TO THE TERMS AND CONDITIONS SET FORTH HEREIN.

Participant Name _____

If under 18 years old, parents or legal guardians must sign below, individually and on behalf of the participant.

Participant/Parent Signature _____

Date _____

Participant/Parent Signature _____

Date _____

**VALLEY OF THE SUN YMCA
CHILD CARE AGREEMENT**
Automatic Transfer System (ATS)

I understand that the information below will be used to transfer payment from my account.

CHILD'S FULL NAME (Please Print)	
ADDRESS	
CITY, STATE, ZIP & ZIP	
PHONE NUMBERS	(HOME)
	(WORK)
	(CELL)
MEMBER #	
DRAFT DAY/BEGIN DATE	
DRAFT DESCRIPTION	Program code:
ACCOUNT TYPE: (circle one)	Checking Savings MC VISA AmEx Discover
ACCOUNT NUMBER:	EXP DATE:
CARD HOLDER'S NAME:	

1. I understand that this transfer will occur monthly on the **fifth (5) and eighteenth (18)** of each month for checking/savings and credit card drafts.
2. I understand that should I choose to terminate or change Bank Accounts, Banks, Account Types, or Child Care Plan in any way, I must provide the YMCA with **at least a thirty (30) day** written notice prior to my transfer date.
3. I understand that the YMCA may, upon thirty (30) days written notice, adjust child care rates, which would result in a change in my monthly transfer rate.
4. I understand that if my payment is returned as NSF for any reason, the item(s) will be re-presented electronically and I understand I will be charged a processing fee. I am also responsible for all other recovery costs.

Authorized Bank Account Signature

Date

Daycamp Behavior Expectations

Be Respectful – follow the golden rule and respect staff, other campers, yourself and environment

Be Responsible – do what is right. Be responsible for my own words, actions, and belongings.

Be Honest – in what you say and do.

Be Caring – for myself and those around me.

- I will follow direction and instructions from staff.
- I will respect all camp facilities, equipment and property.
- I will participate in activities and cooperate with staff.
- I will be safe and stay with a staff member and my group.
- I will not bully/tease another camper.
- I will not leave without permission.
- I will not disrupt the program.
- I will HAVE FUN!

Discipline Guidelines

To ensure parents and staff work as a team, we have outlined how we will ensure children in our program make positive choices.

1. Staff will approach the child in a positive manner.
2. Child will be reminded of the rule.
3. If the child fails to make appropriate choices, he/she will be redirected from the activity.
4. If the child continues making inappropriate choices, he/she will be removed from activity to reflect and think. Staff will continue to interact with child to ensure there is an understanding of the inappropriate behavior.
5. When the child is ready, he/she will be encouraged to re-join the group.
6. Physical violence will not be tolerated.
7. If there are repeated instances, parent and/or guardian will be contacted verbally and/or in writing.
8. If he/she continues to make inappropriate choices, child may be terminated from the program.
* For serious instances, child may be terminated from program immediately.

I have read all of the above statements. I understand that YMCA staff will review this information with my child and my child will be held to these expectations.

Child's Name and Signature

Parent/Guardian Signature

Date



What you need for summer camp!

- * A nutritious morning snack!
- * A nutritious lunch!
- * Close-toed shoes!
- * Sunscreen!
- * Bathing Suit!
- * Beach Towel!
- * Water Bottle!
- * A backpack to hold my stuff!
- * A positive attitude!
- * A smile!