



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Y DAY CAMP ENROLLMENT & HEALTH FORM**  
*This enrollment packet must be completed in full before any child may attend camp program.*  
**2015**

Child's Name		Gender	Age	Nickname	Birthdate (MM/DD/YYYY) / /
Child's Primary Home Address (Street, City, State, Zip)		Home Telephone ( )		Guardian with whom child primarily resides	
<b>Family Password:</b>			Grade Entering in Fall:		
Mother's or Guardian's Name		Home Telephone ( )			
Home Address (if different) (Street, City, State, Zip)		Mother's driver's license number (required) - last 4 digits			
Employed by (or School Attended)	Hours of Employment From to	Business Address (Street, City, State, Zip)			
Business Phone with extension ( )	Cell Phone ( )	E-mail address			
Father's or Guardian's Name		Home Telephone ( )			
Home Address (if different) (Street, City, State, Zip)		Father's driver's license number (required) - last 4 digits			
Employed by (or School Attending)	Hours of Employment From to	Business Address (Street, City, State, Zip)			
Business Phone with extension ( )	Cell Phone _____ ( )	E-mail Address			

Does your child have a Custodial Agreement/Parenting Plan \_\_\_\_\_ YES \_\_\_\_\_ NO  
**(Copy of Court Order-Legal Parenting Plan Must Be Attached)**

**AUTHORIZED PICK UP**

List at least two contacts (not including parents or doctors) authorized to be contacted or to pick up your child if you cannot be reached in an emergency situation or if your child is left at the program beyond program hours.

Name of Contact	Relationship To Child	Address (Street, City, State, Zip)	Phone # (during program hours)
1.			
2.			
3.			

We strongly encourage that all authorized individuals carry a photo ID each time the child is picked up from the program due to substitute staff situations. All individuals picking up a child from the site must present a current photo ID and provide the Family Password until staff is comfortable with recognizing them.

## HEALTH REPORT AND HISTORY

Check any or all that may apply:

Does your child have an Individual Education Plan (IEP)? \_\_\_\_\_ YES\* \_\_\_\_\_ NO

Does your child have a Behavior Management Plan? \_\_\_\_\_ YES\* \_\_\_\_\_ NO

Does your child have a 504 Student Accommodation Form? \_\_\_\_\_ YES\* \_\_\_\_\_ NO

**\*A copy of a current IEP/BMP/504 Student Accommodation Plan must be turned in with the Registration form and you must complete the Inclusion Information packet before program participation is authorized. Enrollment will NOT be considered final until all required processes have been met and reviewed. Although every effort is made to provide reasonable accommodations, there may be instances where a child's needs may exceed the parameters of the scope of our program.**

Has your child been diagnosed with the following:

\_\_\_\_\_ ADD \_\_\_\_\_ ID \_\_\_\_\_ Autism \_\_\_\_\_ Down Syndrome  
\_\_\_\_\_ ADHD \_\_\_\_\_ ED \_\_\_\_\_ Asperger's \_\_\_\_\_ Cerebral Palsy  
\_\_\_\_\_ DD \_\_\_\_\_ ODD \_\_\_\_\_ OCD \_\_\_\_\_ Chronic Health Condition  
\_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_ Not applicable

**Additional Forms are required for enrollment of children with chronic/severe health conditions and children with an Individual Education Plan (IEP), Behavior Management Plan (BMP) and/or 504 Student Accommodation Form. Please contact your Child Care Program Director at the YMCA for these forms and procedures.**

Use the space below to note any habits, language or special conditions staff should be aware of:

\_\_\_\_\_

List any allergies; special medical or physical conditions or problems the YMCA should be aware of, including chronic health problems:

\_\_\_\_\_

List any special medications for chronic problems and/or restrictions for child's care below:

\_\_\_\_\_

**Medication: Only prescription medication (no over the counter medication) will be administered. If your child will need to take medication during program hours, a Medication Authorization form must be completed and returned to the staff along with the medication. Medication must be in the original container and labeled with your child's name, instructions (including times and amounts for dosage) and the physicians name.**

## IMMUNIZATION RECORD

I/We certify that our child has received and is current on their immunization records. \_\_\_\_\_ YES \_\_\_\_\_ NO

(if no, a copy of the Missouri Immunization Exemption Form must be attached to complete required paper work prior to camp attendance. **Preschool-Age children MUST have a separate form completed by their physician on file if attend Preschool Summer Adventure Program.**

## EMERGENCY CARE AND TRANSPORTATION

I understand that every effort will be made to contact me in the case of illness or accident to my child. At that time I will make arrangements for medical care of my child with the physician or hospital of my choice.

If, at any time, due to such circumstances as an injury or sudden illness or other unforeseen emergency, and medical treatment is necessary, I authorize the YMCA of Greater St. Louis to take whatever emergency measures they deem necessary for the protection of my child while in their care.

I understand that a natural or deliberate disaster or emergency may result in the need for my child to be transported to another location for safety.

I understand that this is may involve contacting a doctor, interpreting and carrying out his or her instructions, and transporting my child to a hospital or doctor's office, including the possible use of an ambulance.

If possible, the hospital I prefer my child to be transported to is \_\_\_\_\_, located at \_\_\_\_\_, phone number \_\_\_\_\_ or the doctor contacted will be Dr. \_\_\_\_\_, phone number \_\_\_\_\_ located at \_\_\_\_\_. I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

I understand that if 911 is called and my child is sent to the hospital, the Camp Director will notify me.

Insurance Name	Group #	Policy #
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**The YMCA does not provide accident insurance for your child. This will be the responsibility of the parent.**

## INDEMNITY AGREEMENT

I hereby waive any claim of liability and will hold harmless the Young Men's Christian Association of Greater St. Louis, its officers, directors, trustees, agents, and employees for any bodily injury to me incurred while I am practicing for, or participating in, any contest or exhibition of an athletic nature sponsored by the YMCA. In addition, I understand that the YMCA is not responsible for my personal property nor is my YMCA membership transferable.

It is understood and agreed that the YMCA of Greater St. Louis reserves the right to take and utilize pictures, likenesses, videos and testimonials of participants for promotional purposes including, but not limited to reports, publications, brochures, emails, our website and other instances of online presence.

I grant the YMCA of Greater St. Louis, its agents and the news media the right to photograph me and/or my family including children and to use the photograph for news and publicity purposes. I agree to my child participating in YMCA programs and that he/she will comply with all rules and regulations. I further agree that I will not hold the YMCA, its directors, officials, agents, employees and volunteers responsible in case of accident or injury. I understand that no accident insurance is provided. I also agree to abide by the YMCA of Greater St. Louis standards and guidelines.

I acknowledge that I am over the age of eighteen (18) years. I acknowledge that I have carefully and completely read and understand the terms contained in this release and waiver legal liability and voluntarily accept and agree to all such terms.

### ACKNOWLEDGMENT:

I verify to the best of my knowledge that everything on the enrollment and health form is correct and the child herein is in good health. He/She has no physical ailments that will prevent normal participation unless specified on this form. He/She has my permission to participate in YMCA summer camp activities. I recognize failure to disclose, falsification or deliberate omission of information will result in termination of services.

**Parent or Legal Guardian Signature:**

**Date:**

CHILD'S NAME: \_\_\_\_\_

Please read carefully and sign below.

- I understand that I am committing my child to participation in the Y camp programs.
- I understand that I am financially responsible for the Y camp services.
- I understand that all camp fees will be paid in full by close of business Wednesday, prior to camp attending. I understand that if balance is not paid, including late fee, by NOON Friday the YMCA reserves the right to discontinue service and place off the waiting list another camper in my child's spot.
- I understand that a deposit per session, per camper will be due at the time of registration. I understand that this deposit is nonrefundable and cannot be transferred to another camp.
- I understand that a \$20 change fee will be charged for camp changes. (These changes are subject to camp availability). A change form MUST be completed and turned into the registrar for change to happen.
- I understand that if my child is not picked up *on time at the end of their camp day*. I will be charged a late fee until my child is picked up and paid in full before returning to camp.
- I understand that when my child is ill it is understood and agreed that he/she may not be accepted to camp.
- I understand that my child will not be released to any person(s) not listed on the camp enrollment form.
- I understand that my child will not be released to any person(s) who seem to be under the influence of drugs or alcohol.
- I understand that my child must be signed in & out daily by myself or my designee.
- I understand it is my child's responsibility to bring and apply his/her own sunscreen.
- If my child is experiencing problems in the program, you may be required to pick up child for the day. Pick up must be within one hour of call.
- I understand should my child be suspended/dismissed from camp due to behavioral issues, the YMCA will NOT prorate the weekly camp balance and I will be responsible for the full amount.
- I understand the YMCA Behavior Management Guidelines will be followed and enforced.
- The YMCA reserves the right to terminate services if it is determined that the placement is unsatisfactory.
- The YMCA is an inclusive, family-friendly organization. We expect all our members, program participants and guests to model our four values - - caring, honesty, respect, responsibility - - in their conduct and language. The YMCA has the right to deny applications for individual or family memberships or participation in programs and to terminate or suspend existing individual or family memberships or participation in all YMCA programs or activities at our sole discretion if actions or behaviors are not deemed to be in the best interests of the organization. If a membership or program is terminated or suspended, all fees already paid will be forfeited. The YMCA has sole discretion to reinstate members and participation privileges in YMCA programs and activities.
- I understand that if the YMCA is required to respond (whether to answer, modify, clarify or quash) to a third party subpoena (whether for testimony, documents, appearance, or any combination thereof) or other compulsory legal order or any other process as the result of any legal proceeding of which I or my child is a party or participant, I will be responsible for both promptly reimbursing the YMCA for its reasonable attorney's fees, and the cost of the YMCA's employees' and contractors' time and materials (including, but not limited to copying and document redaction costs) spent responding at the YMCA's then-current hourly rates. I further understand that failure to promptly reimburse the YMCA will result in suspension or termination of YMCA services under this YMCA Care Program Enrollment Agreement and could result in the YMCA pursuing a legal action against me for collection, and that I will be responsible for paying all costs, including reasonable attorney's fees, incurred by the YMCA for the filing of such action
- The YMCA provides a recreational environment for children and teens with and without disabilities through added support staff when needed to facilitate successful participation into the programs when appropriate.
- All information I have provided at the time of enrollment is complete and accurate.
- I understand that photos and video may be taken throughout the camp day. These pictures may be displayed in YMCA brochures, YMCA website and promotional materials. If I do not want my child's picture taken, I understand it is my responsibility to notify the YMCA Director in writing of exclusions.
- I agree that my child may take part in any special activity or trip with the YMCA. It is my understanding that advance notice will be given and that all activities will be supervised.
- I have received, read and agree to abide by all the policies, procedures, and fee requirements as outlined in the parent handbook.
- All information provided at the time of enrollment is complete and accurate. False or incomplete information may lead to termination of services.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_