

HOT SUMMER COOL CAMP

Camp Site: Russell Creek or Legacy		Member #: (office use)	
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Child's Information:			
Last Name:		First Name:	
Home Address:		City/State/Zip:	
Date of Birth:		Home Tele #:	
Age:		Ethnicity:	
School attending:		Gender:	
School Address:		School Ph #:	
May the YMCA release to non custodial Parent?	No Yes	Custodial Parent:	

Parent/Guardian Contact Information:			
Name:		Date of Birth:	
Cell #:		Home Tel. #:	
Home Address:		City/State/Zip:	
Employer:		Work Tel. #:	
Email Address:			

Parent/Guardian Contact Information:			
Name:		Date of Birth:	
Cell #		Home Tel. #:	
Home Address:		City/State/Zip:	
Employer:		Work Tel. #:	
Email Address:			

Emergency Contacts - Authorized to Pick Up My Child:			
Name:		Home Address:	
Relationship to child:		Cell #: Work #:	
Name:		Home Address:	
Relationship to child:		Cell #: Work #:	

Additional Person(s) Authorized to Pick Up:			
Name:		Phone #:	
Name:		Phone #:	
Name:		Phone #:	

Signature _____ Date _____

(Registration continues on back)

Health History/Information

Allergies and Special Conditions

In the space below, please list any SPECIAL CONSIDERATIONS relevant to your child such as: previous illness, injuries in the past 12 months, activity restrictions, developmental age, allergies (food or medication), chronic health concerns, etc.

Medications being taken

Please list any medications your child is taking

I certify that _____ has been examined by a licensed physician in the past 12 months, is able to participate in Day Camp programs. The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities and fieldtrips, except as noted by the examining physician and me.

Immunization; Hearing & Vision

_____(Initial) I certify that my child's current immunization records are included with this form.

I CERTIFY THAT MY PRE-SCHOOL AGE CAMPER'S HEARING / VISION SCREENING RESULTS ARE ALSO INCLUDED.

Authorization for Medical Treatment

In the event that I cannot be reached to make arrangements for medical treatment, I authorize YMCA Staff to administer first aid / or transport to the nearest hospital or emergency care facility.

Name of Licensed Physician/Hospital: _____ Phone: _____

Address: _____
Street Suite# City Zip

Signature _____ Date _____
(Parent/ Legal Guardian)

Parent/Guardian Authorization (Please initial each line)

____ Photographs and/or video to be taken of my child for promotional materials, but not to be used for any purpose which does not meet the Mission and values of the YMCA of Metropolitan Dallas.

____ I authorize the Plano YMCA to provide transportation for my child. I understand that this transportation will be conducted and supervised by the YMCA Day Camp staff.

____ I give my child permission to participate in field trips provided and supervised by the Plano YMCA staff.

____ I understand that the YMCA does not provide refrigeration or microwaves for lunches or snack.

____ I have received a copy of the parent handbook and understand that I am to read all policies and information within. It is my responsibility to ask questions for clarification.

____ I give my child permission to participate in water activities.

____ I understand if I pick up my child after 6:00, I will be charged \$1 for every minute up to 15minutes and \$5 per minute after the first 15minutes. I will pay the late fees immediately upon picking up my child.

____ I understand that my child's camp **tuition must be paid in full before 2 weeks prior to the first day of camp** to hold a place for them.

____ I have read and understand the YMCA Summer Camp refund Policy.

Signature of Parent/Guardian _____ Date _____

Behavior Policy Statement

The YMCA reserves the right to warn, suspend, dismiss or remove any program participant or member from our programs, program locations and facilities upon the following conditions:

- If their behavior poses a threat to themselves or others.
- If they require an inordinate amount of attention from the staff thereby causing inadequate levels of supervision for the remainder of the participants or members.
- If their behavior is determined to be inappropriate within the scope and spirit of the YMCA values.
- For any reason within the discretion of YMCA management.

I have read the **Admissions Agreement** and fully agree to its terms. I have also read and accept the **policies and procedures** listed in the parent handbook and stated within this agreement. I understand and agree to abide by the payment agreement set forth. I understand the penalties for failing to abide by this agreement. I also understand my child will be **dropped** from the program for my failure to abide by the agreements and policies. I further acknowledge that I have read and understand the accompanying **authorization and consent to medical treatment of minor** and the **parent information packet** containing the rules and operating regulations of the program and agree to be bound by said authorization and by the rules and regulation found in the parent information packet. I also understand that I will be given written notice at least 30 calendar days prior to any modifications of these conditions or rates. Failure to sign the agreement voids the YMCA's obligation to provide services.

By my signature, and of my free will, I do hereby agree to indemnify and save harmless the YMCA of Metropolitan Dallas from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to whom I am responsible.

Signature _____ Date _____
(Parent/ Legal Guardian)