



SUMTER FAMILY YMCA

Summer Camp 2017 Registration form

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Participating Child's Information:

First Name: _____ Last Name: _____ Male Female
 Date of Birth: _____ Age: _____ Codeword (for child pick up) _____
 Home Address: _____ City: _____ State: _____ Zip: _____
Would you like to purchase a camp t-shirt? Y N T-Shirt Size: YXS YS YM YL AS AM AL AXL

Emergency Contact Information:

Parent/Guardian # 1: _____ Relationship: _____
 Work Ph Number: _____ Mobile Number: _____
 Place of Employment _____ Email : _____
 Parent/Guardian # 2: : _____ Relationship: _____
 Work Ph Number: _____ Mobile Number: _____
 Place of Employment _____ Email : _____

Immunization Records: These are required for all children to participate. Please circle one:

Record on hand from Afterschool 2016-2017 Records Enclosed

Physician Information:

Name: _____ Practice Name: _____

Use this space to provide any additional information about your child that we should be aware of (i.e. fears, medication, allergies): _____

Insurance Information:

Indicate carrier or plan name: _____ Group #: _____

Name of insured: _____ Relationship to Child: _____

SESSION	PROGRAM	DEPOSIT	FEE	PAYMENT	REMAINING BALANCE	BALANCE DUE*
Week 1: June 5 - 9		\$25.00				June 1
Week 2: June 12 - 16		\$25.00				June 8
Week 3: June 19 - 24		\$25.00				June 15
Week 4: June 26 - 30		\$25.00				June 22
Week 5: July 3 - 7		\$25.00				June 29
Week 6: July 10 - 14		\$25.00				July 6
Week 7: July 17 - 21		\$25.00				July 13
Week 8: July 24 - 28		\$25.00				July 20
Week 9: July 31 - Aug 4		\$25.00				July 27
Week 10: Aug 7 - 11		\$25.00				August 3

Staff initials: _____

Acknowledgements and Waivers - please initial all lines

I understand the registration fee and deposits are non-refundable.

System credits / refunds are to be issued on a pro-rated basis only in cases of physical and mental well-being with proper documentation. Then, only a system credit / refund of 80% of the pro-rated fee based on the number of days attended will be given.

I understand payments are due by 6pm the Thursday before each week begins and will be assessed a \$10.00 late fee if not paid in full.

I understand that I am not to leave my child at the Sumter Family YMCA program site unless a staff member is there to receive and supervise my child. It is my responsibility to sign my child in upon arrival in the morning and sign my child out before leaving in the afternoon. If any other person is to pick up my child, they must know the codeword on file.

I understand that my child needs to be picked-up by 6pm and will be assessed an additional \$1.00 a minute late fee, unless they are enrolled in the extended care program.

I understand the Sumter Family YMCA agrees to notify the parent/guardian whenever the child becomes ill. If I am unable to be reached, I authorize the Sumter Family YMCA and its staff to obtain immediate medical care if any emergency occurs when I cannot be contacted immediately. I understand and accept that in an emergency, my child may be transported in a private vehicle.

I understand that Sumter Family YMCA assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her participation in activities, sports programs or exercise. I acknowledge that I assume the risk for any/all injuries and illnesses which may result from his/her participation in these activities. In consideration of the privilege of participating in childcare programs, I hereby voluntarily release and discharge Sumter Family YMCA, its agents, contact services, and employees from any and all claims of injury, illness, death, loss or damage which my child may suffer in these activities.

I agree to have my child examined prior to the first day of the program by the family physician stating he/she is free from communicable diseases and has not been exposed to such. In the event that I cannot be reached in an emergency, I hereby give my permission to the medical personnel selected by Sumter Family YMCA to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for me or my child.

While the Sumter Family YMCA will make every effort to provide reasonable accommodations for children with mental and physical limitations, the Sumter Family YMCA will not accept children who are (1) a danger to themselves, (2) a danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy their activities/programs. Any of the above will be grounds for dismissal. Special conditions or circumstances involving their children must be discussed with the director prior to registration so that administration can make a determination if reasonable accommodations can be made.

I hereby give permission to Sumter Family YMCA without limitation or obligation, to use photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promotion of YMCA programs and release the YMCA from any claim of liability to that use.

I give permission for my child to leave the Sumter Family YMCA site, participate in authorized trips and to ride in authorized vehicles for the purpose of transportation in connection with Youth Development programs. I understand that field trips will be scheduled in advance and parents will be notified of the details prior to departure.

I give Sumter Family YMCA permission to apply insect repellent and/or sunscreen to my child.

The information recorded on the registration form is correct to my knowledge and the child herein described has permission to engage in all prescribed activities, except as noted by a physician or myself. In its practices, the Sumter Family YMCA does not discriminate on the basis of race, creed, and disability, national or ethnic origin.

Signature: _____ DATE: _____

Would you like to set up an automatic draft* for camp fees?		YES	NO
<small>*Balances will be drafted on the due date for each week.</small>			
If Yes, please complete:	Visa	MasterCard	Checking Account Savings Account
Name on account:	_____		Account ending in: _____ Exp: _____
Signature	_____		
Note: Participant is enrolling in this program with subsidy funds paid for by _____.			
Documentation is attached and verified with the staff.			