



SUMTER FAMILY YMCA Summer Camp 2019 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 2018 - 2019

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 10 - 14		\$25.00				June 6
Week 2: June 17 - 21		\$25.00				June 13
Week 3: June 24 - 28		\$25.00				June 20
Week 4: July 1 - 5		\$25.00				June 27
Week 5: July 8 - 12		\$25.00				July 4
Week 6: July 15 - 19		\$25.00				July 11
Week 7: July 22 - 26		\$25.00				July 18
Week 8: July 29 - Aug 2		\$25.00				July 25
Week 9: Aug 5 - 9		\$25.00				August 1
Week 10: Aug 12 - 16		\$25.00				August 8

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 notice and 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 that payments are due by 6:00 pm the Thursday prior 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 with a staff member, upon arrival and sign my child out before leaving with a staff member. 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 6:00 pm 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 or film footage 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 YMCA site, participate in authorized trips and to ride in authorized vehicles for the purpose of transportation in connection with YMCA 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: _____ Staff _____

Would you like to set up an automatic draft* for camp fees? Circle one:		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 _____			
Staff Initials and date when completed: _____			