



YMCA of the Sandhills
**Summer Camp
 Registration**

Fayetteville YMCA 2717 Fort Bragg Rd. Fayetteville, NC 28303 (910) 426-9622 op.4	North YMCA 3725 Ramsey Street Fayetteville, NC 28311 (910) 426-9622 op. 6	Hope Mills YMCA 3910 Ellison Street Hope Mills, NC 28348 (910) 426-9622 op.5
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Join the Movement
www.ymcaofthesandhills.org



For Office Use Only	
	SUMMER CAMP REGISTRATION FORM
	BEHAVIOR & DISCIPLINE POLICIES SIGNED
	PROGRAM POLICIES SIGNED
	ORDERS FOR MEDICATION SIGNED OR WAIVED
	SUMMER CAMP FAQ SHEET GIVEN TO PARENT
	HOUSEHOLD REGISTRATION FEE COLLECTED
	\$10 DEPOSIT COLLECTED FOR ALL REGISTERED WEEKS
	PAYMENTS SCHEDULED IN SYSTEM
	WRITE IN DROP OFF/PICK-UP SITE: _____

YMCA Mission: "To put Christian principles into practice through programs that build healthy spirit, mind, and body for all."

CAMPER'S INFORMATION

Child's Name (First/Middle/Last): _____

Nickname: _____ DOB: _____ Gender: _____
M F

Physical Address: _____

City: _____ Zip Code: _____

Shirt Size (Optional): YXS YS YM YL AS AM AL Qty (\$5 per shirt): _____

Select all that apply:

Allergies: _____ D A D Takes

Medication

Other: _____

FAMILY INFORMATION

Guardian 1: _____ Employer: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Email: _____

Guardian 2: _____ Employer: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Email: _____

Which parent/guardian should the Y contact regarding payment problems? _____

Emergency Contact for Guardian:

Name: _____

Phone 1: _____ Phone 2: _____

EMERGENCY INFORMATION

In the case of an emergency, please contact this guardian first: 1 2

Child's Physician: _____ Phone: _____

Hospital Preference: _____

Medical Insurance Carrier: _____ Policy #: _____

Alternate Contacts: If guardians cannot be reached, I authorize the Y to call:

(First Preference)

Name: _____ Relationship to Child: _____

Phone 1: _____ Phone 2: _____

(Second Preference)

Name: _____ Relationship to Child: _____

Phone 1: _____ Phone 2: _____



The Y Staff IDs!

(Please include names of guardians on this list)

I hereby authorize the YMCA to allow the following individuals to release my child from YMCA care at the end of the day:

Name: _____ Relationship to Child:

Name: _____ Relationship to Child:

ADDITIONAL AUTHORIZED PICKUP LIST

Name: _____ Relationship to Child:

Name: _____ Relationship to Child:

Name: _____ Relationship to Child:

NOT AUTHORIZED FOR VISIT OR PICKUP

Please complete this section if necessary. If a legal guardian or parent is listed, the Y must keep a court order on file to enforce this request.

Name: _____ Relationship to Child:

Name: _____ Relationship to Child:

Name: _____ Relationship to Child:

ENROLLMENT DATES

Please select the weeks you wish to enroll your child in YMCA Summer Camp.

DAY CAMP WEEKS	SIGNATURE
Week 1: 6/11/2018 - 6/15/2018	

Week 2: 6/18/2018 - 6/22/2018	
Week 3: 6/25/2018 - 6/29/2018	
Week 4: 7/2/2018 - 7/6/2018 *Holiday 7/4	
Week 5: 7/9/2018 - 7/13/2018	
Week 6: 7/16/2018 - 7/20/2018	
Week 7: 7/23/2018 - 7/27/2018	
Week 8: 7/30/2018 - 8/3/2018	
Week 9: 8/6/2018 - 8/10/2018	
Week 10: 8/13/2018 - 8/17/2018	
Enrollment Notes: *\$35 Registration fee for Non-Members. *\$10 Deposit for each week registered to be paid in advance. *Hope Mills YMCA begins Day Camp enrollment at 3 years old!	

2018 SUMMER CAMP PROGRAM POLICIES

Please review YMCA childcare policies and sign to accept conditions of enrollment

WAIVERS/PERMISSION

I permit my child to participate in activities the YMCA conducts during the program and understand all items listed below.

Field Trips: I permit my child to leave the YMCA on authorized trips under the supervision of YMCA staff. I may request to review a written schedule of activities to be conducted outside of YMCA facilities that require transportation.

Photography: I permit the YMCA to use images of my child as a YMCA program participant in internal and external promotional material. This includes printed material, broadcast and print advertising, promotional videos, and the YMCA website which are produced and published by the YMCA. I also permit the YMCA and/or the media to use images of my child in broadcast and print media news coverage of the YMCA. I understand that my child's full name is not published in any promotional material.

Transportation: I permit the YMCA to transport my child from their program site to YMCA approved activities such as off-site field trips.

PAYMENT POLICIES

I understand and agree to all policies concerning payment, cancellations and refunds that are listed below. I acknowledge deposits and registration fees for each week are due at the time of registration and are non-refundable. I know I may not register my child for any new YMCA programs until all outstanding balances are paid.

Auto-Pay: All weekly payments will be automatically billed the Friday before the week begins. If payment is declined, a \$25 returned payment fee will be assessed.

If payment is not made before the start of program drop-off on Monday, your child will be unable to participate. The full balance for that week and any fees will still be owed.

I understand it is my responsibility to provide the YMCA with payment information throughout the term of my child's enrollment in the program and update my billing information as necessary.

Refunds: Weekly fees and registration fees that are paid at the time of registration are non-refundable and non-transferable. Weekly fees deposits that are due for payment prior to the 15-day written notice of cancellation are non-refundable. Special circumstances can be reviewed by a YMCA director for consideration.

Non-attendance, illness, or vacation does not relieve the guardian of responsibility for payment. If the child is removed by YMCA staff, payment owed for future weeks will be cleared.

Withdrawal: All cancellations must occur with at least **15 days' written notice** prior to the start of the program week to be cleared of payment responsibility.

Lost Items: The YMCA is not responsible for personal items that are lost or stolen during the program.

Pick Up Policy: The YMCA will follow the registration form to determine who is authorized to pick-up the participant. Photo I.D. is required upon sign out.

MEDICAL TREATMENT POLICIES

I understand and agree to all policies concerning medical treatment and care that are listed below.

Blood Borne Pathogen Exposure: If a participant or staff member is exposed to bodily fluid on broken skin or mucous membrane (e.g. mouth or eye), from another participant, the YMCA will contact the guardians of all parties. During this contact the YMCA will explain the situation and provide the name and contact number of the source child's attending physician to verify risk of exposure.

Emergency Care: In the event of an emergency EMS and the YMCA will take appropriate action in the best interest of the child. Guardians will be contacted immediately in an emergency situation to provide guidance.

Health Insurance: Program participants are responsible for their own accident coverage and medical expenses. The YMCA is not liable for accidents that occur on YMCA property or off-site the YMCA during scheduled activities.

Medication: The YMCA will only administer medication, including OTC meds, when directed in writing by the child's guardian (see orders for medication form).

PROGRAM POLICIES

I understand and agree to all program policies listed below.

Babysitting Policy: YMCA staff are unable to have contact with program participants outside of scheduled hours and activities. The YMCA does not endorse, recommend, or authorize program staff for babysitting at the end of the program.

Electronics: The YMCA does not permit electronic devices such as cell phones, tablets, iPods, cameras, etc. to be in use during program hours. Campers may secure items in a backpack, but do so at their own risk.

Enrollment: All program enrollments are valid based on registration. Camp has limited registration slots and early registration is encouraged to guarantee service.

Inclement Weather: The YMCA will not host outside activities in the event of severe inclement weather. Guardians will be contacted if early pick-up is necessary from the program site. No refunds are issued for severe inclement weather or acts of God (i.e. tornado, earthquake).

GUARDIAN SIGNATURE

DATE

BEHAVIOR EXPECTATIONS & DISCIPLINE POLICY

The YMCA's four core values are caring, honesty, respect, and responsibility. Our goal is to maintain a safe and fun environment for all program participants. To accomplish this, it is important that program staff uphold good order and discipline. The YMCA makes every effort to help children understand our expectations.

The YMCA does not promote or tolerate:

- Corporal punishment
- Verbal abuse: Bullying, threatening, or using an inappropriate loud voice.
- Leaving children unsupervised
- Using profanity
- Withholding food, water, and restroom privileges
- Asking child to perform physical activity.

Discipline Policy:

1. Verbal warning, guardian is notified upon pick-up.
2. Written warning, guardian is notified. A conference between program staff and guardian is recommended to resolve behavior problem.
3. After three written warnings, the participant is suspended for one program week.
4. After six written warnings, the participant is removed from the camp program for one calendar year.

Behavior Expectations for Child:

- Use appropriate language at all times
- Cooperate with staff and follow directions
- Uphold YMCA core values and be courteous to other children, staff, equipment, and facilities.
- Keep a positive attitude.
- Never leave the program area without a staff member present

The following behaviors will lead to immediate dismissal from the program:

- Giving a direct threat to the physical or emotional safety of a child or staff member
- Fighting or biting
- Vandalism or destruction of property
- Possession of a weapon
- Sexual misconduct
- Running away

Special Circumstances:

Guardians are required to inform the YMCA in writing, prior to a child's enrollment into a YMCA's program, of any special circumstances which may affect the child's ability to fully participate in program activities within the guidelines of acceptable behavior, including but not limited to serious behavioral problems and psychological, medical, or physical conditions.

I have read, understand, and agree to the above policies. I will discuss the expected behavior with the camper prior to the start of camp.

GUARDIAN SIGNATURE

DATE

ORDERS FOR MEDICATION

Child's Name (First/Middle/Last):

Nickname: _____ **DOB:** _____ **Gender:**
M F

REFUSE MEDICATION ADMINISTRATION: *Please sign if you acknowledge this form and do not wish for the YMCA to administer routine OTC medication or prescription medication to your child during camp hours, unless directed by emergency medical personnel:*

GUARDIAN SIGNATURE

DATE

Medication's Authorized (Including bug spray, Tylenol, prescription medications, etc.):

#1 Medication (Full name):

Dosage: _____ **Day/Time:**

Medical Condition:

Side Effects/Special Instructions:

Prescribing Physician: _____ **Contact:**

#2 Medication (Full name):

Dosage: _____ **Day/Time:**

Medical Condition:

Side Effects/Special Instructions:

Prescribing Physician: _____ **Contact:**

#3 Medication (Full name):

Dosage: _____ Day/Time: _____

Medical Condition: _____

Side Effects/Special Instructions: _____

Prescribing Physician: _____ Contact: _____

#4 Medication (Full name):

Dosage: _____ Day/Time: _____

Medical Condition: _____

Side Effects/Special Instructions: _____

Prescribing Physician: _____ Contact: _____

Please sign if you wish for the YMCA to administer the medications disclosed above to your child during camp hours. Medication must be present at drop-off in its original container with prescription or label.

GUARDIAN SIGNATURE

DATE