



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Of The SANDHILLS

2020 Summer Camp

Application

Fayetteville YMCA
2717 Fort Bragg Road
Fayetteville, NC 28303
(910) 426-9622 Opt. 1
(Day Camp)

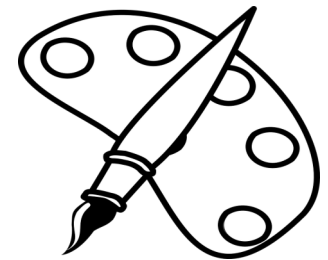
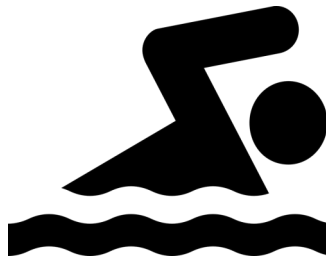
Hope Mills YMCA
3910 Ellison Street
Hope Mills, NC 28348
(910) 426-9622 Opt. 2
(Day & Discovery Camp)

North YMCA
3725 Ramsey Street
Fayetteville, NC 28311
(910) 426-9622 Opt. 3
(Day Camp)

Saleeby Family YMCA
107 Carletta Cagle Drive
Cameron, NC 28326
(910) 426-9622 Opt. 4
(Day Camp)

Join The Movement

www.ymcaofthesandhills.org



Camper's Name (Last) _____ (First) _____

Camper's Age _____

Camper's Gender _____

Camper's Promoted Grade _____

Camper's Shirt Size (Circle One) Adult Youth (Circle One) XS Small Medium Large XL

Is This Camper a Y Member _____ Or A Future Y Member _____

YMCA Mission:

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

Camper's Name (Last, First)

YMCA of the Sandhills Summer Camp



Please Initial The Weeks Your Child Will Attend Camp

	<i>Weeks Dates</i>	<i>Themes</i>
_____	Week 1: June 1st-June 5th.....	"Rock of Ages" **
_____	Week 2: June 8th-June 12th.....	"Artful Antics" **
_____	Week 3: June 15th-June 19th.....	"Under The Big Top"
_____	Week 4: June 22nd-June 26th.....	"Splashtacular"
_____	Week 5: June 29th-July 3rd.....	"Home of The Brave"
_____	Week 6: July 6th-July 10th.....	"Mission Possible"
_____	Week 7: July 13th-July 17th	"Take It To The Net"
_____	Week 8: July 20th-July 24th	"Christmas In July"
_____	Week 9: July 27th-July 31st.....	"Around The World"
_____	Week 10: August 3rd-August 7th.....	"Wild Wild West"
_____	Week 11: August 10th-August 14th.....	"Pass The Torch"
_____	Week 12: August 17th-August 21st	"Funtastic Finale"

**** THESE WEEKS ARE NOT AVAILABLE AT THE SALEEBY BRANCH ****

All families have a \$35.00 Registration fee (waived for members) and a \$10.00 deposit per week. These fees are due upon registration.

Fees & Deposits are NON-REFUNDABLE, NO EXCEPTIONS!

Campers can add weeks depending on availability, however if he/she is adding weeks from March 2020 - August 2020 the fee will be at the Regular rate of \$134.00 for Day Camp & \$124 for Discovery Camp.

Summer Camp shirts are encouraged to be worn on our offsite field trip days. Camp shirts are \$7 each.

YMCA Mission:

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

Camper's Name (Last, First)

YMCA of the Sandhills Summer Camp



Camper Information

Child's Full Name (First, Middle, Last) _____

Nickname _____ Camper's DOB (Month, Day, Year) ___/___/___

Physical Address _____

City _____ State _____ Zip Code _____

Parent/Guardian Information

Mother's Name _____ Place of Employment _____

Work Phone Number (____) ____-____ Cell Phone Number (____) ____-____

Email Address (Please Print Clearly) _____

Father's Name _____ Place of Employment _____

Work Phone Number (____) ____-____ Cell Phone Number (____) ____-____

Email Address (Please Print Clearly) _____

Which Parent Should We Contact Regarding The Camper's Account? _____

Emergency Information

In the event of an emergency EMS & the YMCA will take appropriate action in the best interest of the child. Guardians/Parents will be contacted immediately to provide guidance. Participants are responsible for their own accident coverage & medical expenses. The YMCA is not liable for accidents that occur on nor off site of the YMCA property.

In the case of an emergency, which parent should we contact first? _____

If neither guardian / parent is available in a case of an emergency, please list 2 persons we can contact for assistance.

1st Preference: Name _____ Phone Number (____) ____-____

2nd Preference: Name _____ Phone Number (____) ____-____

Preferred Hospital _____ Medical Insurance Carrier _____

Policy Number _____

Camper's Name (Last, First)

YMCA of the Sandhills Summer Camp



Authorized Family & Friends For Pick Up



The Y Staff Will ID!

I hereby authorize the following individuals to pick up my child from the YMCA at the end of the day. I understand it is my responsibility to inform the list below that they will need to provide proper ID before my child can be released from camp.

Name: _____ Relation To Camper _____

Name: _____ Relation To Camper _____

Name: _____ Relation To Camper _____

Name: _____ Relation To Camper _____

NOT Authorized To Pick Up Nor Visit

Please Complete This Section If Necessary. If A Legal Parent Or Guardian Is Listed, The Y Must Keep A Copy of the Court Order On File To Enforce This Request.

Name: _____ Name: _____

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.

Upon being informed of such circumstances, YMCA leadership staff may require a conference with the child's guardians to discuss concerns created by these circumstances.

I understand and acknowledge that it is the responsibility of the guardian to make disclosure to the YMCA of any special circumstances and provide requests for possible accommodations that should be made available for the participant.

Parent/Guardian Signature

Date

YMCA Mission:

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

Camper's Name (Last, First)

YMCA of the Sandhills Summer Camp



Medication

List any special circumstances or disabilities _____

Any Known allergies (Food, medications, etc) _____

List any medications your child is currently taking that he/she may need while in the care of the YMCA (Inhalers, Epi-Pen, etc) _____

The YMCA will only administer medication (including OTC meds) when directed in writing and signed by the caregiver.

I, _____ authorize the YMCA of the Sandhills to act as my agent for the provision of emergency medical care should any illness or injury occur while my child is in the care of the YMCA of the Sandhills. I also understand that every effort will be made to contact a parent or guardian in the event of a serious illness or injury.

Parent/Guardian Signature _____ Date _____

Discipline Policy

Behavior Expectations For Campers:

- *Use appropriate language at all times
- *Cooperate with staff & follow directions
- *Uphold YMCA core values & be courteous to other children, staff, equipment, & facilities
- *Keep a positive attitude
- *Never leave their counselor or group

Behaviors That Lead To Immediate Dismissal:

- *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 or running away

YMCA Mission:

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

Camper's Name (Last, First)

YMCA of the Sandhills Summer Camp



Discipline Policy:

- 1. Verbal warning & guardian/ parent notified upon pick up
- 2. Written Up & signed by guardian/parent
- 3. 2nd write up & A conference between parent /guardian & camp director
- 4. 3rd write up & camper will be suspended for one week
- 5. 4th write up & camper will be removed from the camp program

Parent/Guardian Signature

Date

Parent Code of Conduct

I (we) will remember that my child is participating in the After School or Preschool for care, to learn and interact.

I (we) will be a positive role model for my child and encourage my child to do the same.

I (we) will not engage in any kind of rudeness, profanity, or inappropriate gestures toward YMCA staff or other parents.

I (we) will encourage my child to follow the rules of the YMCA Program.

I (we) will encourage my child to play fair, try hard, and do their best.

I (we) will respect YMCA staff and decisions made for the program. I will never question or confront a staff in front of my child or other parents or members.

I (we) will encourage the YMCA Core Values (Honesty, Respect, Responsibility, and Caring) daily.

(Although situations will be up for judgement. A severe infraction can result in immediate removal and banned from Y premises)

The First Infraction of the rules being broken will result in a write up.

A Second Infraction will result in a removal for your child out of the program.

Parent Signature _____

Date _____

Parent Signature _____

Date _____

YMCA Mission:

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

Camper's Name (Last, First)

YMCA of the Sandhills Summer Camp



Payment Policies & Responsibilities

Please Review The YMCA Childcare Policies & Initial To Accept Conditions Of Enrollment

***Field Trip/Transportation** I permit my child to leave the YMCA on authorized trips under the supervision of YMCA staff. I may request a review a written schedule of activities to be conducted outside of YMCA facilities that require transportation. I permit the YMCA to transport my child from their program site to YMCA approved activities such as off site field trips. _____

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

***Payments** I understand and agree to all policies concerning payments, cancellations, switching & or adding weeks. I acknowledge deposits & registrations fees are due at the time of registration & are non-refundable. I understand I cannot register my child for the YMCA camp until any outstanding balances are paid in full. _____

*** Auto Pay** All weekly payments will automatically draft each Friday for the week that follows. If the payment decline, a \$25 return fee will be assessed to your account. If the payment is not made in full by COB Sunday, your child will not be able to participate until all fees are paid in full. I understand it is my responsibility to provide the YMCA with any changes with payment information. _____

*** Refunds** Any unpaid balances, deposits and registration fees are due at the time of registration & any registrations & deposits are non-refundable. Non-attendance, illness, nor vacations does not relieve you of responsibility for payments. _____

*** Withdrawal** All cancellations must be a written 14 day notice to be cleared of payment responsibility. If you remove your child from the program & wish to reregister him/her, a 2nd registration fee will apply & he/she can return if & only if a space is available. _____

*** Blood Borne Pathogen Exposure** If a participant or staff member is exposed to bodily fluid on broken or mucous membrane from another participant, the YMCA will contact the guardians of all parties. During this contract the YMCA will explain the situation & provide the name & contact number of the source child's attending physician to verify risk of exposure. _____

*** Babysitting** YMCA staff are Not allowed to have contact with the program participants outside of scheduled YMCA hours. The YMCA doe not endorse, recommend, or authorize program staff for babysitting participant children. _____

*** Electronics** The YMCA Summer Camp do not allow electronic devices such as cell phones, iPods, tablets, cameras, etc. at any time. The YMCA is not responsible for personal items that are lost or stolen. _____

*** Drop Off/Pick Up** Drop off is an hour window from 7am-8am. Arriving on time will prevent the risk of your child missing the bus for daily activities and it gives staff an accurate count before leaving. Pick up is from 5pm-6pm. Please arrive on time to avoid a late fee. _____

*** Late Fees** Any child not picked up by 6pm will be charged \$1.00 per minute per child. This fee is required to be paid in full before the participant can return. _____



Caring * Honesty * Respect * Responsibility



Youth Development, Healthy Living & Social Responsibility