

2019 CHARLESTON FAMILY YMCA TEEN CAMP ENROLLMENT PACKET

Camper's Full Name: _____

Age: _____

Grade Completed 2018-2019: _____

Parent Name: _____

Phone Number: _____

FOR OFFICE USE ONLY

- General information completed and emergency contacts
- Authorized pick up form and parental consent completed
- Registration form completed



Member \$255 per week / Non-Member \$320 per week

Please select which weeks your child will be joining us for the best summer yet!

<p><input type="checkbox"/> Teen Program 1: June 3-14</p> <p>Counselor in Training</p>	<p>The camp environment provides a unique opportunity for youth to build leadership skills, particularly in assisting counselors with younger campers. The goals of CIT camp program is to teach the general skills of leadership that can be used at school, home and community (not just at camp.)</p>
<p><input type="checkbox"/> Teen Program 2: June 17-28</p> <p>Junior Lifeguard</p>	<p>Junior Lifeguarding is designed to guide youth to the American Red Cross Lifeguarding course by building a foundation of knowledge, attitudes and skills for future lifeguards. Participants will learn lifesaving techniques, swimming skills, first aid and CPR. Participants will have the opportunity to visit local outdoor pools and put all their lifeguard knowledge to work.</p>
<p><input type="checkbox"/> Teen Program 3: July 1-12</p> <p>Sports Referee</p>	<p>Life is full of challenges and being a referee is a perfect way to learn how to meet them head-on and know that you can handle them. Any sport can be an emotional game. Players get excited. Fans get excited. Coaches get excited. Learning how to cope with their emotions while keeping yours in check will serve you well throughout your life. In Sports Referee camp you will learn sport skills and rules, and have to opportunity to referee games.</p>
<p><input type="checkbox"/> Teen Program 4: July 15-26</p> <p>Junior Swim Lesson Instructor</p>	<p>Splash and explore while learning about the wonders of water. Participants will learn how to teach individuals of all ages and varying swimming abilities to be comfortable and safe in, on and around the water. This program provides information about water safety and drowning prevention, emergency response, aquatic skills and stroke mechanics.</p>
<p><input type="checkbox"/> Program 5: July 29-Aug 9</p> <p>Culinary Arts</p>	<p>Participants will learn the basics, including cooking techniques, hands-on culinary training, preparation of different meals, kitchen and food safety and nutrition. Participants will enjoy tours of kitchen facilities and tasting their culinary creations.</p>



2019 CHARLESTON FAMILY YMCA SUMMER DAY CAMP ENROLLMENT PACKET

Please return this form at time of registration. Please complete information so that staff can be aware of your needs. You must submit a copy of your child's most recent health assessment and immunization record before enrollment can be completed.

PARTICIPANTS INFORMATION

Participant Name _____
(First) (Middle) (Last)

Home Address _____
(Street) (City) (State) (Zip)

Gender Male Female Birthday _____ Age at event _____

Last Grade Completed _____ School Attended _____

Can your child swim Yes No Comments _____

EMERGENCY MEDICAL TREATMENT AND TRANSPORTATION AUTHORIZATION

I give the YMCA Staff permission to transport my child, _____ to (hospital of choice) _____ for Emergency Medical Care, or to (dentist of choice) _____ for Emergency Dental Care or to the nearest source available.

I grant YMCA Staff permission to take whatever steps necessary to obtain Emergency Medical Care, if warranted. I agree that the YMCA is released of liability in connection with medical treatment and unavoidable accidents.

Parent / Guardian Signature: _____ Date: _____

MEDICAL INFORMATION

Child's Primary Physician: _____ Phone: _____

Address: _____

PARENT / LEGAL GUARDIAN INFORMATION

Parent/Guardian _____ Relationship _____

Home Address _____
(Street) (City) (State) (Zip)

Primary Phone _____ Work Phone _____ Other _____

Email Address: _____

Second Parent / Guardian _____ Relationship _____

Home Address _____
(Street) (City) (State) (Zip)

Primary Phone _____ Work Phone _____ Other _____

Email Address: _____

PARTICIPANT NAME: _____

EMERGENCY CONTACT INFORMATION

These should be local persons who may be notified in case of emergency or illness when the parent/guardian is unavailable:

Emergency Contact (1): _____ Relationship: _____

Home Address _____

(Street) (City) (State) (Zip)

Primary Phone _____ Work Phone _____ Other _____

Emergency Contact (2): _____ Relationship _____

Home Address _____

(Street) (City) (State) (Zip)

Primary Phone _____ Work Phone _____ Other _____

PICK-UP AUTHORIZATION LIST

Only individuals listed on the Pick-up Authorization List below will be permitted to release your child from the YMCA. Photo identification will be required and matched to the registration form to insure authorization. If an individual does not appear on the Pick-up Authorization List below, the child will not be released until approval is obtained from a parent/guardian. **Biological/custodial parents must be given access to their children unless there is a court order preventing contact. A copy of the court order must be provided.**

1.	4.
2.	5.
3.	6.

Insurance Information: Is the participant covered by family/medical hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group _____

Insurance Carrier Address _____ Phone _____

Allergies: List all known. Describe reaction and management of reaction.

Medication Allergies: _____

Food Allergies: _____

Other Allergies: _____

GENERAL QUESTIONS: Has / does the participant:

- 1. Had any recent injury, illness or infectious disease? Yes No
- 2. Ever been hospitalized? Yes No
- 3. Wear contacts Yes No
- 4. Have frequent headaches? Yes No
- 5. Have nose bleeds? Yes No
- 6. Have a chronic / recurring illness / condition? Yes No
- 7. Ever been knocked unconscious? Yes No
- 8. Ever had surgery? Yes No
- 9. Ever had a head injury? Yes No
- 10. Has a diagnosis of any kind? Yes No

If "yes" please explain: _____

Medication Administration

Prescription medications (ONLY) will be administered during summer camp by designated, trained personnel. If your child needs prescription medicine administered during his/her stay at camp, a meeting must be scheduled with Mandi Workman, Youth Development Director, PRIOR TO bringing medications to the YMCA facility. **NO OVER-THE-COUNTER MEDICATIONS WILL BE ADMINISTERED.**

PARTICIPANT NAME: _____

PERMISSION TO APPLY SUNSCREEN (Select one)

For purposes of remaining compliant with West Virginia Department of Health and Human Resources Child Care Center Licensing Regulations Title 78 Series 1, written permission is required to apply sunscreen. Charleston Family YMCA **DOES NOT** provide sunscreen. Please send sunscreen with your child daily and label the container with your child's name.

I do give permission to the Charleston Family YMCA staff to apply sunscreen to my child(ren)

I do not give permission to the Charleston Family YMCA staff to apply sunscreen to my child(ren)

Other/Special Instructions: _____

Name of Child: _____ Date: _____

Parent/Guardian Signature: _____

PROGRAM AGREEMENT Please initial each and sign below that you have read, understand and agree to the following statements.

_____ I hereby grant permission for my child to leave the YMCA premises as scheduled, under the proper supervision of YMCA staff members ,in an authorized YMCA vehicle for daily activities and field trips.

_____ I hereby grant permission for my child to use all play equipment and participate in all activities associated with the summer camp program.

_____ I understand that I must provide sunscreen for my child each and everyday to ensure proper sun safety for my child.

_____ I understand that I must provide a lunch for my child.

_____ I understand that the YMCA and its staff are not responsible for anything that may happen as a result of false or incomplete information given by a parent or legal guardian at time of enrollment or thereafter.

Parent/Guardian Signature _____ Date _____

The YMCA or media outlets will, on occasion, take photographs and/or video with audio of the children participating in our programs. These images are used to publicize and promote the YMCA activities or events. Pictures may appear on / in local newspapers, program brochures, television, web sites, etc. No additional notice may be given of picture-taking sessions. Below is a parental permission form granting approval to take photographs or video of your child(ren). Please sign and date the form. No photos or videos will be taken of children whose parents do not grant permission.

Permission to Photograph/Video (Select one)

I do give permission for my child(ren) to be photographed and/or video recorded with audio while at the YMCA of Kanawha Valley or on YMCA of Kanawha Valley sponsored field trips for purposes of promoting the YMCA and its activities.

OR

I do not give permission for my child(ren) to be photographed and/or video recorded with audio while at the YMCA of Kanawha Valley or on YMCA of Kanawha Valley sponsored field trips for purposes of promoting the YMCA and its activities.

Name of Child(ren) _____ Date _____

Parent/Guardian Signature _____

CAMP FINANCIAL AGREEMENT

Summer Camp

At the time of registration, the first two week program fee must be paid in full, and a \$25 non-refundable, non-transferable deposit is due on all other registered camp program. YMCA Scholarship Participants pay the first two week program in full and a **\$5 nonrefundable, nontransferable deposit on all other camp programs**. Cancellations must be given **in writing two weeks in advance** to the camp director or you will be held responsible for full payment. **The deposit of \$25 will not be refunded or transferred. No exceptions!**

General Camp Payment Information

- Deposits are non-refundable and non-transferable.
- Cancellations must be submitted in writing two (2) weeks in advance or you will be responsible to pay fees in full. **Deposit will not be refunded.**
- A fee of \$5 per 15 minutes will be assessed for late pickups after 6:00pm.
- A \$25 service fee will be assessed on all returned checks and returned bank drafts.
- Program fees are due in full regardless of the number of days your child attends.

By signing this agreement, I acknowledge I have read the Camp Financial Agreement and am in agreement.

Child's Name _____ Guardian's Name (Please Print) _____

Parent/Guardian Signature _____ Date _____

****Fees are subject to change****