

Child's Name _____ Age _____

**NORTHWEST YMCA SUMMER KINDER CAMP PACKET\
2009**

***All forms must be filled out completely and
all monies paid before a child can attend***



_____ Registration Form

_____ Membership Liability Waiver signed

_____ Program Membership Form Filled out and fee paid

_____ Financial Policy Agreement signed

_____ Emergency Contact Authorization Form filled out

_____ Medical Information filled out

_____ Parent/Guardian Authorization Pickup form filled out

_____ Sunscreen authorization signed

_____ Swimming Skills Form filled out

Parent/Legal Guardian

Signature _____ Date _____

Camp Director

Signature _____ Date _____



YMCA

We build strong kids,
strong families, strong communities.

**Northwest YMCA Kinder Camp
Financial Policy Agreement**

Registration Fees Program participants are required to pay a \$15.00 non-refundable, nontransferable, annual program membership fee for each child, upon registration. Please see our front desk for membership options. Financial assistance is available.

Payments Full payment for the first week of camp is due at the time of registration. A deposit of \$20 (**non-refundable and non-transferable**) is also due for each additional week your child will attend. If payment is not made in full as of the deadline a \$10.00 late fee will be charged.

Full payments are due:

June 3 – Session 2	July 8 – Session 6
June 10 – Session 3	July 15 – Session 7
June 17 – Session 4	July 22 – Session 8
July 1 – Session 5	

Absences There are no credits for daily or weekly absences. If your child must miss the entire week, please notify the Northwest YMCA in writing at least 10 days prior to the start of the weekly camp. Deposits and payments will be non-transferable if notification of change is not received prior to this deadline.

Refund Policy When you enroll, you are reserving the time, space, staffing, and provisions for your child whether he/she attends or not. Cancellations must be received 10 days prior to the start of the session to receive a full refund. The deposit will be forfeited if cancellation notice is received less than ten days prior to the start of the session. The Program Director will review requests for refunds on a case-by-case basis.

Late Pick-up Late pick-up fees of \$1.00 for every minute will be charged after 3:30 pm.

Returned Checks All insufficient funds/returned checks will be charged a \$25.00 service fee, and the account will become C.O.D.

I have read the Financial Policy Agreement and understand the above statements.

Child's Name _____ **Date** _____

Parent/Legal Guardian Signature _____

EMERGENCY CONTACT AUTHORIZATION FORM

Child's Name _____ Date _____

In the event that I cannot be reached in an emergency please notify:

1-Name _____

Relation _____

Home Phone _____

Work Phone _____

Cell Phone _____

AND/OR

2-Name _____

Relation _____

Home Phone _____

Work Phone _____

Cell Phone _____

****I hereby certify that _____ is in normal health and capable of participating in the Northwest YMCA Summer Enrichment program. I understand that the children will be under direct supervision at all times and that I will not hold the YMCA responsible for accidents. I understand that any photographs taken of my child will be used for the purpose of promoting the YMCA and hereby waive all claims and liabilities.***

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

MEDICAL INFORMATION
(print and answer all questions)

CHILD'S NAME _____ Date _____

1. Is your child allergic to certain food or other substances? (If so, name foods or substances to be avoided and procedure to follow if reaction occurs.) _____

2. Is your child usually susceptible to infections and if so, what precautions need to be taken?

3. Is your child subject to convulsions and what should be our procedure if one occurs?

4. Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)?

5. Additional Comments.

6. Other special instructions.

I give the following individuals permission to release my child to medical personal in the event that I as parent/guardian cannot be contacted.

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

The above emergency information was provided by:

Parent/Guardian

Print _____

Signature _____ Date _____

Parent/Guardian Authorization Pick-up Form

Camper's Name _____ Date _____

Please list your SPOUSE and any AUTHORIZED individuals 18 years or older to pick up your child in the event that you (the parent or guardian) are unable to do so. (Please fill out at least two persons).

1. Name _____ Home _____
Cell _____
Relation _____

2. Name _____ Home _____
Cell _____
Relation _____

3. Name _____ Home _____
Cell _____
Relation _____

The following persons are unauthorized to remove my child from camp:

1. Name _____ Phone _____
Relation _____

2. Name _____ Phone _____
Relation _____

Parent/Guardian
Signature _____ Date _____

Parent's Assessment of Child's Swimming Ability

Child's Name _____ Date _____

The YMCA's goal is that every child enrolled in a non-swim class program receives water safety training whenever possible. Our lifeguards will complete an assessment of your child on a regular basis and "band" your child according to their swimming skills. Lifeguards as well as camp staff will be on deck at all times observing the recreational swim. If there is a discrepancy between your assessment and that of the lifeguard, you will be contacted. Campers will swim 3-5 days per week for 1-1 ½ hours with frequent safety checks. For the safety of your child please fill out the following information honestly and accurately. Thank you for your assistance.

The YMCA Staff

Do you wish your child to swim? ___Yes ___No

Does your child have a disability or require special attention while in the pool?
___Yes ___No

Are there medical reasons why your child cannot participate in swimming activities?

___Yes ___No If yes, please explain _____

Does your child have the audio ability to understand safety and pool rules?

___Yes ___No

Does your child use floatation devices while in the pool? ___Yes ___No

Can your child hold his/her breath under water? ___Yes ___No

Are they able to paddle 15 feet? ___Yes ___No

Are they able to swim 30 feet? ___Yes ___No

Does your child have the ability to swim the length (20-25 yards) of the pool unassisted? ___Yes ___No

Has your child had any formal Red Cross or YMCA Swim Instructions?

When _____ Level Achieved _____

Parent's Signature _____ Date _____

**NORTHWEST YMCA Kinder CAMP
Sunscreen Authorization Form**

Please print clearly.

Name of child _____

Since it is our commitment to promote healthy spirits, minds, and bodies, we have made the following policies in this regard:

- All camper and staff will wear sunscreen with an SPF of at least 15 on all exposed skin, including lips, daily, even on cloudy days.
- Parents or legal guardians will be responsible for applying the first layer of sunscreen prior to morning drop off.
- Parents or legal guardians will be responsible for providing their children with enough sunscreen (in a sealed container) to take with them for later day applications. One container per child with his/her name clearly indicated on the bottle.
- Day camp staff will be responsible for ensuring thorough follow-up applications after one hour in the water, after two hours of activity in the sun, and/or any other time as needed. **Please note, this may mean your child will have the sunscreen applied for them by day camp staff. Please explain this to your child before camp.**
- For campers who have fair skin, freckles, or numerous moles; have blond, red, or light brown hair; have blue, green, or gray eyes; tend to burn easily and tan little or not at all; and have a family history of skin cancer, we recommend an extra t-shirt be brought to wear in the water for extra protection.
- The YMCA reserves the right to disallow anyone to participate in the day camp program at any time for failure to comply with this policy

Please note that these decisions were made to protect your child. Furthermore, our staff members have been trained on this subject and understand their responsibilities and the consequences for failure in observing this policy.

_____ I authorize the YMCA staff to apply sunscreen on my child as needed.

_____ *I DO NOT authorize the YMCA staff to apply sunscreen on my child.*

Parent/Guardian Signature _____

Date _____