



# BEST SUMMER EVER!

Friendship, Accomplishment, Belonging

YMCA OF THE GREATER TRI-VALLEY  
JUNE 26<sup>TH</sup> —AUGUST 25<sup>TH</sup>  
ENROLLMENT FORM

CAMP CROOKED ARROW  
Rome Family YMCA  
301 W. Bloomfield Street  
Rome, NY 13440  
(315) 336-3500

CAMP MIGHTY ARROW  
New Hartford  
Child Care Center  
25 Oxford Road  
New Hartford, NY 13413  
(315) 797-4787

CAMP SILVER ARROW  
Oneida Family YMCA  
701 Seneca Street  
Oneida, NY 13421  
(315) 363-7788





FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# NEED TO KNOW

## HOW DO I SIGN UP?

1. Complete a registration form for each child you are registering
2. Check the weeks you are registering your child for on the front of your child's registration form
3. Submit your child's registration form to your child's respective YMCA Camp location
4. Pay in full or arrange a weekly Electronic Funds Transfer (EFT)
5. Your first week's payment will include an additional \$10 camp t-shirt fee (to be worn on all field trips)

## WHAT DO I BRING?

1. Backpack to hold all of the camper's belongings (all belongings labeled with their name)
2. Snack for morning, snack for afternoon and a bag lunch that requires no preparation or refrigeration
3. Bathing suit, towel and flip flops for the locker rooms and pool deck (Rome and Oneida M-Th and All on Fri)
4. Sunscreen and Bug Spray (labeled with your child's name)
5. Extra clothes (including warm clothes for change in weather)
6. Your child's necklace be given to them on their first day of camp– they will need it daily

## WHAT DO I WEAR?

1. Most of our activities involve outdoor play that may include paint, sand, hiking, fishing and even mud. Please send your child in clothing that is appropriate for these types of activities.
2. Close-toed shoes or sneakers
3. Clothing appropriate for outdoor weather (jacket/pants for cooler days, shorts/t-shirt for high heat)

## WHAT DOES MY DAY LOOK LIKE?

Drop-off opens at 6:30AM

Breakfast is available to those who arrive before 7:45AM (Rome and Oneida)

Campers are divided into their age groups

Morning Welcome Circle (Outline of our day, singing camp songs)

Morning Snack (Only provided in Rome)

Groups rotate between 3 activities (Sports, Nature, Arts & Crafts)

Swimming (Rome and Oneida M-Th, All sites on Friday)

Lunch (Only provided in Rome)

Groups rotate between 3 activities (Sports, Nature, Arts & Crafts)

Closing Circle (Bead Ceremony, Camper of the Day/All Star, Goodbye Camp Songs)



# YMCA OF THE GREATER TRI-VALLEY - 2017 SUMMER DAY CAMP

To Comply with State Licensing laws, all sections of this form must be completed before we can accept any child for care.

\*\*\* PLEASE PRINT \*\*\* PLEASE PRINT \*\*\* PLEASE PRINT \*\*\*

## PARTICIPANT INFORMATION:

Child Name: \_\_\_\_\_ Sex: [M] [F] Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's School: \_\_\_\_\_ **Grade Attending in Fall 2017:** \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION:

(Person listed as Primary and Secondary Guardians will be the sole persons authorized to request changes to information and or cancellation of care.)  
E-MAIL IS THE PRIMARY METHOD OF COMMUNICATING CAMP WEEKLY UPDATES AND SCHEDULING CHANGES- PLEASE PROVIDE YOUR UP TO DATE E-MAIL

Primary Guardian [Mother] [Father] [Other: \_\_\_\_\_] Parent DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ (ext) \_\_\_\_\_ Cell: \_\_\_\_\_

Secondary Guardian [Mother] [Father] [Other: \_\_\_\_\_] Parent DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ (ext) \_\_\_\_\_ Cell: \_\_\_\_\_

\*When a parent is NOT authorized to pick-up, we must have a copy of court documentation. Please provide copies of court documentation with registration.

## EMERGENCY CONTACT/AUTHORIZED PICK-UPS (OTHER THAN PARENTS):

Must list at least one additional emergency contact. No one under the age of 18 is permitted. Full Address must be included. Photo ID will be required for pick-up

Name: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## WEEKLY REGISTRATION

\_\_\_ Camp Silver Arrow (Oneida) \_\_\_ Camp Crooked Arrow (Rome) \_\_\_ Camp Mighty Arrow (New Hartford)

Child's Shirt Size : \_\_\_ Youth Sm. \_\_\_ Youth Med. \_\_\_ Youth Lg. \_\_\_ Other

\_\_\_ Sparrows (4-5yrs.) \_\_\_ Falcons (6-8yrs) \_\_\_ Hawks (9-10yrs) \_\_\_ Eagles (11-15yrs) \_\_\_ Please consider my 13-15 for the CIT Program

### Weekly Theme

### Camp Dates

### Payment and Registration Due By

___ Week 1: Backyard Bash	June 26th—June 30th	June 19, 2017
___ Week 2: Around the World	July 3th—July 7th (No program July 4th)	June 26, 2017
___ Week 3: STEAM	July 10th—July 14th	July 3, 2017
___ Week 4: Decades of Fun	July 17th—July 21st	July 10, 2017
___ Week 5: Space Station Vacation	July 24th—July 28th	July 17, 2017
___ Week 6: Water, Water, Everywhere	July 31st—Aug. 4th	July 24, 2017
___ Week 7: Mad Scientist	Aug. 7th—Aug. 11th	July 31, 2017
___ Week 8: Pirates of the YMCA	Aug. 14th—Aug. 18th	August 7, 2017
___ Week 9: Celebrations	Aug. 21st—Aug. 25th	August 14, 2017

### **FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Entered By: \_\_\_\_\_

Red Flag \_\_\_ Y \_\_\_ N

\_\_\_ F/A \_\_\_ DSS \_\_\_ FEE

F/A Award Amount \_\_\_\_\_

**\*\*Once the weeks are selected above and the registration form is submitted, sponsors are responsible for the payment in full, regardless of the child's actual attendance. Weekly registrations may not be transferred or cancelled.\*\***

Please note: We are **not holding** Summer Camp or School Age Child Care **from Monday, August 28th until the first day of school.** This allows for the clean-up of Summer Camp, 3 preparation of School Age Child Care programs and training of our staff. Parents will need to find alternative child care for this period of time.



# YMCA OF THE GREATER TRI-VALLEY - 2017 SUMMER DAY CAMP

## AUTHORIZATION FOR EMERGENCY MEDICAL CARE/ HEALTH CARE REC-

Child Name: \_\_\_\_\_

*In the event that I cannot be reached to make arrangements for emergency medical attention, I hereby authorize the YMCA of the Greater Tri-Valley Program staff to administer emergency medical treatment:*

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

***(To comply with State Licensing laws, a preferred physician and hospital must be listed)***

**Parental Consent –Please circle yes or no for the following (if no selection is made, it is assumed that the answer is “yes”):**

Yes	No	CONSENT FOR TREATMENT: I give consent for any and all necessary treatment when my child is in the care of this physician or hospital.
Yes	No	AUTHORIZATION: In case of sickness or accident, I hereby give my permission to the medical personnel selected by the YMCA of the Greater Tri-Valley to order and/or perform any medical attention deemed necessary, if I am unable to be contacted. I accept financial responsibility if such treatment is necessary. I further understand that neither the YMCA nor it's workers can be held responsible in the event of accident or accidental death.
Yes	No	CONSENT FOR SUNSCREEN, BUG SPRAY: I give consent for my child to wear and be assisted by staff to apply as directed:
Yes	No	CONSENT FOR SWIMMING AND WATER BASED PLAY: I give consent for my child to participate in swimming and water-based activities.

**HEALTH HISTORY - PLEASE INDICATE IF YOUR CHILD HAS A HISTORY OF ANY OF THE FOLLOWING: YES/NO/DESCRIPTION**

- |                        |                              |                             |
|------------------------|------------------------------|-----------------------------|
| Hay Fever _____        | Poison Ivy _____             | Bleeding / Clotting _____   |
| Asthma _____           | Food Sensitivity _____       | Hypertension _____          |
| Whooping Cough _____   | Penicillin _____             | Mononucleosis _____         |
| Bronchitis _____       | Other Drugs _____            | Fainting _____              |
| Sore Throats _____     | Heart Disease / Defect _____ | Menstruation (female) _____ |
| Sinus Infections _____ | Convulsions _____            | Allergies _____             |
| Ear Infections _____   | Diabetes _____               | _____                       |
| Insect Bites _____     | Epilepsy _____               | Other _____                 |

PLEASE LIST ALL:

Current Medications: \_\_\_\_\_

Will Your Child Need to Take Medications During Summer Day Camp? \_\_\_\_ Y \_\_\_\_ N

\_\_\_\_ Yes, I understand that if my child needs medication during the Summer Day Camp program, I will be required to provide additional medication consent forms completed by both myself and my child's physician.

**\*\*Participants with a history of medical conditions may be required to have additional medical action plans completed by their physician before attending to ensure proper medical care during summer day camp.\*\***

**\*\*All medications (including over-the-counter medications, epi-pens and inhalers) administered during summer camp must be authorized by the child's physician prior to being administered at Summer Day Camp. If you have indicated your child requires medication during the Summer Day Camp Program, the Camp Director will provide you with the required forms and a copy of the YMCA's Medication Administration Policy along with your Camp Welcome Letter.\*\***

**Waiver, release, Indemnification and Hold Harmless Agreement:** I acknowledge and understand that participating in the YMCA of the Greater Tri-Valley activities involves physical activity and inherent risk of bodily injury or damage to my property, and I do hereby agree, to the fullest extent permitted by law, to release, protect, indemnify, hold harmless, and covenant not to sue, the YMCA of the Greater Tri-Valley, it's organizers, employees, volunteers, officers, representatives and agents, from and against any and all losses, injuries, harm, claims, and damage, including attorneys' fees and court costs, causes of action or suits in equity of whatsoever kind or nature, arising out of, predicated up, or in any way resulting from participating in YMCA of the Greater Tri-Valley activities, other use or occupancy of the YMCA of the Greater Tri-Valley facilities and equipment, or while traveling to off-site activities, whether caused directly or indirectly by the YMCA of the Greater Tri-Valley, it's organizers, employees, volunteers, officers, representatives and agents, acts or omissions, including but not limited to the YMCA of the Greater Tri-Valley's own negligence or gross negligence, I expressly assume all such dangers, risks and hazards to me and all the minors in my care.

I HAVE READ AND AGREE TO THE ABOVE WAIVER, RELEASE, IDEMNIFICATION, AND HOLD HARMLESS AND PARTICIPATION AGREEMENT.

LARGE GROUP FORMAT: I understand that due to large group format of our program, we are unable to provide one-on one care for any child except on a intermittent basis. Such instances include: injuries,

X \_\_\_\_\_  
Signature of Parent/Guardian Date





# YMCA OF THE GREATER TRI-VALLEY - 2017 SUMMER DAY CAMP

## FEES AND PAYMENT GUIDELINES / PARENT AGREEMENT STATEMENT

Child's Name: \_\_\_\_\_

### REGISTRATION AND PAYMENT INFORMATION

1. Checking the weeks you are registering your child for on the front of your child's registration form secures your child's space in the program for that week.
2. Once the weeks are selected and the registration form is submitted, sponsors are responsible for the payment in full, regardless of the child's actual attendance.
3. Your weekly camp fee is payable in two options (Payments are no longer accepted weekly at the Front Desk):
  1. In full at the time of registration
  - OR
  2. By Electronic Funds Transfer (EFT) the Monday before each week attending. This is an automatic draft through a checking, credit card or debit card account. (The YMCA does not accept American Express.)
4. For families applying for Financial Assistance towards their costs, all applications are due by June 14th to qualify.

Sponsor Initial

- Returned EFT payments or non-sufficient funds returns will be imposed a \$35.00 fee
- Any payments not received in full by the YMCA are subject to being submitted to collections after 90 days.
- Children will not be allowed to attend camp unless payment for camp session has been received in full

### FOR COUNTY DSS PARTICIPANTS

1. Complete a registration form for each child you are registering
2. Check the weeks you are registering your child for on the front of your child's registration form
3. If the YMCA *is* your current approved child care center, submit your registration form to the YMCA Front Desk.
4. If the YMCA is *not* a currently approved child care center, contact your Case Worker to have the YMCA approved.
5. Once the YMCA receives a written approval letter for the County, you are able to submit your child's registration form to the YMCA of the Greater Tri-Valley location where your child is attending program.
6. All Parent Fees are due by the payment and registration deadlines and are subject to late fees if not paid by designated deadlines. These payments are eligible to be paid in person at the Front Desk.

### YMCA CREDIT/REFUND POLICY

The YMCA of the Greater Tri-Valley does not issue credits or refunds in the event of a child's non-attendance for weeks registered. Payments are non-transferable to different weeks of camp. Credits and refunds are only issued under the following conditions:

1. A program is cancelled by the YMCA
2. A payment error is made by the YMCA

### CHARGE PERMISSION FORM

To participate in the weekly EFT payment plan for the Summer Day Camp Program, please fill out the bottom section.

We accept Visa, Discover, and Mastercard. (Please note that the YMCA no longer accepts American Express) For checking account drafts, please attach a voided check.

Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name Printed \_\_\_\_\_

Type of Card \_\_\_\_\_

I authorize the YMCA of the Greater Tri-Valley to charge my account above on each Monday prior to my child's attendance at Summer Day Camp in the amount of \$ \_\_\_\_\_ each week.

I understand that any returned or insufficient funds drafts will result in a \$35 fee.

Signature of Account Holder \_\_\_\_\_

Date \_\_\_\_\_

My signature verifies that I have read and received a copy of the Fees and Payments Guidelines and agree to all as described above.

x \_\_\_\_\_

Signature of Sponsor

Date

% Responsible For

My signature verifies that I have read and received a copy of the Fees and Payments Guidelines and agree to all as described above.

x \_\_\_\_\_

Signature of Sponsor

Date

% Responsible For



## YMCA OF THE GREATER TRI-VALLEY - 2017 SUMMER DAY CAMP PHOTO RELEASE AUTHORIZATION FOR CAMPERS

### THE YMCA OF THE GREATER TRI-VALLEY PHOTO RELEASE FORM

I hereby grant the YMCA OF THE GREATER TRI-VALLEY permission to use my child's likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the YMCA OF THE GREATER TRI-VALLEY and will not be returned.

I hereby irrevocably authorize the YMCA OF THE GREATER TRI-VALLEY to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the YMCA OF THE GREATER TRI-VALLEY from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

**I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM GIVING CONSENT FOR MY CHILD BY SIGNING BELOW:**

Print Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_