



**YMCA OF THE GREATER TRI-VALLEY
CAMP CROOKED ARROW
ENROLLMENT FORM**

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





FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

NEED TO KNOW

HOW DO I SIGN UP?

Complete a registration form for each child you are registering.

Check the weeks you are registering your child for on the front of your child's registration form.

Submit your child's registration form to your child's respective YMCA Camp location.

Pay in full or arrange a weekly Electronic Funds Transfer (EFT).

WHAT DO I BRING?

Backpack to hold all of the camper's belongings (Please label all belongings with child's name).

Bathing suit, towel, and flip flops for the locker rooms and pool deck.

Sunscreen and Bug Spray (Labeled with your child's name. Will not apply unless provided).

Extra clothes (Including warm clothes for change in weather).

Water bottle with your child's name on it.

WHAT DO I WEAR?

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.

Close-toed shoes or sneakers.

Clothing appropriate for outdoor weather (Jacket/pants for cooler days, shorts/t-shirt for high heat days).

WHAT DOES MY DAY LOOK LIKE?

Campers are divided into their age groups

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

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

Swimming

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

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

Camp Journal Writing/ Cool Down Activities



YMCA OF THE GREATER TRI-VALLEY - 2019 SUMMER DAY CAMP ENROLLMENT FORM

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's Name: _____ Preferred Pronoun: _____

Sex: [M] [F] Age: _____ Birth date: ____/____/____ Child's School: _____ Grade Attending in Fall 2019: _____

****ALL PARTICIPANTS MUST BE ENTERING AT LEAST KINDERGARTEN IN FALL OF 2019 TO BE ELIGIBLE TO ATTEND****

PARENT/GUARDIAN INFORMATION:

Person listed as Primary will be the sole person 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
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

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: _____

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: _____

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Address: _____ City: _____ Zip: _____

Name: _____ Work/Cell Phone: _____ Home Phone: _____
Address: _____ City: _____ Zip: _____

WEEKLY REGISTRATION

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

Daily Drop-off time : _____

Daily Pick-up time: _____

<u>Weekly Theme</u>	<u>Camp Dates</u>	<u>Payment and Registration Due By</u>
____ Week 1: SPIRIT WEEK	July 1st—July 5th (No camp on July 4th)	June 24, 2019
____ Week 2: ALOHA TO SUMMER	July 8th—July 12th	July 1, 2019
____ Week 3: SUPERHERO WEEK	July 15th— July 19th	July 8, 2019
____ Week 4: COLOR COLLISIONS	July 22nd—July 26th	July 15, 2019
____ Week 5: GAME ON!	July 29th—Aug. 2nd	July 22, 2019
____ Week 6: IN THE SPOTLIGHT	Aug. 5th—Aug. 9th	July 29, 2019
____ Week 7: H2 OH YEAH!	Aug. 12th—Aug. 16th	August 15, 2019
____ Week 8: BLAST FROM THE PAST	Aug. 19th—Aug. 23rd	August 12, 2019
____ Week 9: CAMP REWIND	Aug. 26th—Aug. 30th	August 19, 2019

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, September 2, 2019 until the first day of school. This allows for the clean-up of Summer Camp, 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 - 2019 SUMMER DAY CAMP

AUTHORIZATION FOR EMERGENCY MEDICAL CARE/ HEALTH CARE RECORD

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: Please Check: ___ Sunscreen ___ Bug Spray I further understand that it is my responsibility to provide these items daily.
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.

*****ALL MEDICATIONS ARE TO BE STORED BY CAMP MEDICAL STAFF (INCLUDING EMERGENCY INHALERS AND EPI-PENS).**

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 an intermittent basis. Such instances include: injuries, immediate disciplinary issues, and certain personal care needs customarily provided to other children. I UNDERSTAND HOW TO OBTAIN A WRITTEN COPY OF THE YMCA PARENT HANDBOOK BY EMAIL, IN PERSON, OR BY VISITING THE YMCA WEBSITE (www.ymcatrivalley.org).

NOTE: Failure to sign this parent agreement does not nullify this agreement.

X _____
Signature of Parent/Guardian

Date



YMCA OF THE GREATER TRI-VALLEY - 2019 SUMMER DAY CAMP FEES AND PAYMENT GUIDELINES / PARENT AGREEMENT STATEMENT

Child's Name: _____

REGISTRATION AND PAYMENT INFORMATION

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. **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. NO EXCEPTIONS WILL BE MADE.**

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.)

For families applying for Financial Assistance towards their costs, all applications are due by June 17th to qualify.

- 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.
- If someone other than the primary caregiver is legally responsible for a portion of child care costs, court documents must be submitted along with their registration form.

Sponsor Initial

FOR COUNTY DSS PARTICIPANTS

Complete a registration form for each child you are registering.

Check the weeks you are registering your child for on the front of your child's registration form.

If the YMCA is your current approved child care center, submit your registration form to the YMCA Front Desk.

If the YMCA is *not* a currently approved child care center, contact your Case Worker to have the YMCA approved.

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.

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:

- A program is cancelled by the YMCA.
- 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)

Debit/Credit Card Number or Checking/Savings Account Number

Checking/Savings Routing Number

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 payments or insufficient funds drafts will result in a \$35 fee.

Signature of Account Holder

Date

***ANY CHANGES TO YOUR DRAFT ACCOUNT MUST BE MADE AT LEAST 30 DAYS PRIOR TO YOUR NEXT DRAFT BY COMPLETING A NEW CHARGE PERMISSION FORM. THESE FORMS ARE ATTAINABLE FROM YOUR CHILD'S CAMP DIRECTOR.**

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 - 2019 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: ___ / ___ / ___