

WELCOME TO YMCA SUMMER CAMP 2019!

The following pages are the registration materials required to complete your registration.

- Read your Parent Handbook carefully, as it contains important information, policies and procedures related to the camp program. Parent Handbook is available on our website at www.piedmontymca.org.
- Please sign and date the Parental Agreement and Waiver Agreement at the end of the registration form.

Registration Required Documents

- Copy of birth certificate
- Completed Commonwealth of Virginia School Entrance Health Form and Immunization Record
- Completed Camp Registration Form
- Completed Sunscreen Permission Form

The above forms can be found on our website at www.piedmontymca.org by clicking on the Crozet YMCA or Brooks Family YMCA tab, then the Programs drop-down menu and selecting Summer Camp or may be picked from your local Y.

Please complete the following forms as needed for your child: **Medication Authorization Form for Prescriptions and Non-Prescription** and the **Food Allergy and Anaphylaxis Emergency Care Plan**. For all forms, please visit www.piedmontymca.org.

The YMCA seeks to make its services available to all persons regardless of their ability to pay. Please call the Brooks Family YMCA or the Crozet YMCA for details regarding the financial assistance / scholarship application procedures. Financial aid is made available due to generous donations.

You are welcome to hand-deliver or mail these forms to your local YMCA branch to register. Please complete all blanks on these forms. Incomplete forms cannot be accepted and we are unable to complete registration until all paperwork has been submitted.

Summer Camp Contact Information:

Brooks Family YMCA – Ginger Collins gcollins@piedmontymca.org or 434 974 9622
Crozet YMCA – Abby Brereton abrereton@piedmontymca.org or 434 205 4380

Pick up Authorization:

Person(s) authorized to pick-up your child:	Relationship:
Person(s) authorized to pick-up your child:	Relationship:
Person(s) NOT authorized to pick-up your child:	Relationship:
Person(s) NOT authorized to pick-up your child:	Relationship:

Please note: Appropriate paperwork, such as custody papers, must be attached if the custodial parent requests not to release the child to the other parent.

Medical Information:

Allergies or intolerance to food, medication, or any other substance:

(If the camper has an allergy of any kind the F.A.R.E. Care Plan must accompany registration forms.)

Chronic physical, behavioral or psychological problems, pertinent developmental information, any special accommodations needed:

Does your child take medications or vitamins on doctor's orders? _____

Please specify: _____

(If camp staff will administer medications during the day, emergency or routine, please complete a MEDICATION AUTHORIZATION FORM.)

Child's Physician and Office Name: _____ Physician's Phone: _____

Emergency Medical Authorization:

I give the Piedmont Family YMCA permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a certified staff member of the Piedmont Family YMCA. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I authorize the Piedmont Family YMCA to obtain immediate medical care and give consent to the hospitalization and performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement may only cover those situations which are true emergencies and only when he/she cannot be reached. I understand that the provider will take every effort to contact me and/or my designated emergency contacts.

I/we will be responsible for payment of medical expenses. Medical treatment costs are covered by:

Medical Insurance Provider: _____ Policy #: _____

Parental Agreement & Waiver Agreement

Please initial each of the following AND sign below:

_____ I give permission for the named camper to go on all trips (including lakes and pools) outside the camp facility, to be transported by Albemarle County School buses, which are operated by certified bus drivers.

_____ I give permission for the named camper to see G & PG rated movies.

_____ I give permission for the named camper to be included in camp photos and videos for promotional use, including social media.

_____ I understand that a health information form must be filled out, signed, and returned. I agree to provide the YMCA with my child's Birth Certificate and Health records (physical and immunization). I understand that my child is not registered and is unable to attend YMCA Day Camp until the above documents are on file with the YMCA office.

_____ In the event that I (or my emergency contacts) cannot be reached in any emergency involving the above name participant, I hereby give permission to the appropriate medical personnel, selected by the YMCA staff, to provide medical treatment deemed necessary by such personnel. I agree to be responsible for all charges incurred in the treatment of the participant regardless of whether our insurance covers such charges. When I receive a call from the YMCA staff indicating my child is ill, based on the Health Policy, I agree to have my child picked up from camp immediately.

_____ Parent will inform the Piedmont Family YMCA within 24 hours or next business day after their child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

_____ I understand that I am responsible for the \$50 registration fee and camp payments. A \$25 deposit/week of camp the child is attending is due at registration. Deposits and registration fees are non-refundable.

_____ If weekly camp fees are not paid by 6pm the Wednesday prior to the week of camp the child is attending, the fees will be drafted from the credit card account provided to us by the parent/guardian at the time of registration.

_____ There is a \$35 fee for all returned checks or if we are unable to collect the weekly camp fee by draft.

_____ I have read a copy of the Parent Handbook available at www.piedmontymca.org, and I understand and agree to abide by the camp policies. I acknowledge this to be a legal and binding contract.

I hereby represent and warrant to the YMCA that I have the authority to execute this Participant Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next of kin, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against the YMCA arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend the YMCA from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness, or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of the YMCA or from some other cause.

All information on this form is true and complete to the best of my knowledge. I understand and agree to the Emergency Medical Authorization and the ten (10) Parental Agreements, and refund policy outlined above.

Parent/Guardian Signature _____ Date _____

CAMP SELECTION & PAYMENT OPTIONS

Camper's Name: _____

Week(s) Attending Camp	Brooks Swim Lessons	Crozet Swim Lessons
<input type="checkbox"/> Week 1 : Smart Summer Safety June 10-14	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 2: Travelled Trails June 17-21	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 3: Wild Safari June 24-28	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 4: America the Brave July 1-5 (no camp on July 4)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 5: Wacky & Tacky July 8-12	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 6: Lights, Camera, Action July 15-19	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 7: All-Stars July 22-26	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 8: Island Explorers July 29-August 2	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 9: Lost in Space August 5-9	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 10: Dueling Wizards August 12-16	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Daily Fees: August 19		
<input type="checkbox"/> Daily Fees: August 20		

T-shirt Size: Youth Small Youth Medium Youth Large Youth XL/Adult Small

Payment Options

- OPTION 1 – Pay camp fees in full at the time of registration
- OPTION 2 – Pay weekly deposit, at time of registration, and remaining balance will be paid by auto-draft the Wednesday prior to the week of camp the child is attending.

PLEASE SELECT THE METHOD OF PAYMENT:

- CASH CHECK MC VISA DISCOVER

Total Due Today

\$50 Registration Fee	\$50
\$25 Weekly Deposit	\$
Add-on Swim Lessons	\$
Total Camp Fees	\$
Total Due at Registration	\$

Camp Swim Lessons \$32 Y Members; \$44 non-members

PLEASE COMPLETE PAYMENT AUTHORIZATION BELOW

CREDIT CARD AUTHORIZATION

EFT AUTHORIZATION*

Drafts will occur on the Wednesday prior to the week of camp the child is attending. INITIALS _____

I authorize the YMCA to charge my credit card or bank account for camp payments. I understand that I must provide written notice of cancellation. **If at any time there is to be a change, deletion, or cancellation of my child's camp enrollment, it is to be submitted in writing to the YMCA location where camp was purchased two weeks prior to the date of my auto-draft in order to discontinue the debit.** Should any draft not be honored by said bank/credit card company when received by them, it is understood that the payment is to be made by me in the amount of said payment, plus a \$35 service charge.

NAME AS IT APPEARS ON ACCOUNT

MC VISA DISCOVER EFT

CREDIT CARD NUMBER

EXP. DATE

SIGNATURE OF ACCOUNT HOLDER

BILLING ADDRESS OF ACCOUNT HOLDER:

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

*A voided check is required for EFT payments

FOR OFFICE USE ONLY:

Accepted By: _____ Date: _____ Processed By: _____ Date: _____

Initial next to each item to confirm paperwork is complete.

- _____ Completed Registration Form
- _____ Completed School Entrance Health Form
- _____ Completed Sunscreen Permission Form
- _____ Completed Medication Authorization Form (if applicable)
- _____ Completed F.A.R.E. Care Plan Form (if applicable)
- _____ Copy of Birth Certificate
- _____ \$25 Deposit/Week Attending
- _____ \$50 Registration Fee
- _____ Draft Information

Proof of Identity Verification:

(must be completed by Director)

Place of Birth: _____ Birthdate: _____ Birth Certificate #: _____

Date Issued: _____ Viewed By: _____ Date Viewed: _____