

2011 YMCA Summer Day Camp Registration Form

COMPLETE THIS ENTIRE FORM
Every Line MUST be filled or marked "N/A" for Not Applicable
Check Site Attending: Martinsville YMCA Collinsville YMCA

Last Name _____ First Name _____ Nickname _____ Middle Int. _____

Address (911 Physical Address) _____ City _____ State _____ Zip Code _____ Home Phone Number _____

Male Female _____

Date of Birth _____ Age _____ Grade as of September 2011 _____

Last School Attended: _____

NAME OF LEGAL GUARDIANS	ADDRESS (must provide a 911 address: street, city, state, & zip)	HOME & CELL #	WORK #	EMPLOYER
Name: <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other				
Name: <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other				

Please provide 2 Emergency Contacts for when legal custodians may NOT be reached
Requires 2 Emergency Contacts that ARE NOT legal custodians

EMERGENCY CONTACT PERSON	ADDRESS (must provide a 911 address: street, city, state, & zip)	HOME & CELL #	WORK #	RELATIONSHIP
Name:				
Name:				

At time of registration, you must list all persons authorized to pick up your child. It is imperative that all persons who are authorized to pick up your child (including parents) be listed here. A valid ID will be required when picking up children.

Authorized to Pick Up:	Relationship to Child:	Authorized to Pick Up:	Relationship to Child:
1)		4)	
2)		5)	
3)		6)	

Please list anyone NOT authorized to pick up your child
(biological parents CAN NOT be listed unless the appropriate legal/custody papers are provided):

NOT Authorized to Pick Up:	Relationship to Child:	NOT Authorized to Pick Up:	Relationship to Child:
1)		4)	
2)		5)	
3)		6)	

Date Entered Care: _____

Date Left Care: _____

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Last Name of Child

First Name of Child

MEDICAL INFORMATION

•Child's Physicians (list the specific doctor that your child sees):_____

•Physician's Phone Number:_____

•Does your child have asthma? yes no

•Will you be providing an inhaler for emergency use at the YMCA? yes no

•Please indicate if your child is allergic to any of the following:

insect toxins foods other

•Please list the particular allergy and explain the severity of the allergy: _____

•Please indicate any other pertinent information about your child's medical history, chronic physical problems, pertinent developmental information and/or special needs:_____

****The YMCA will ONLY administer emergency prescription medications (insulin, inhalers, epipens, etc.).**

If it is necessary for the YMCA to administer emergency medication an Authorization to Give Medication Form must be completed by both the parent and the child's physician before this medication can be administered.

SKIN ONITMENTS

(sunscreen only, the YMCA will NOT apply diaper ointment or insect repellent unless deemed medically necessary by a doctor)

•I give the YMCA Staff permission to apply sunscreen to my child.

(Sunscreen must be provided by parent)

yes no

•Please list the type of sunscreen that you will provide for your child (ex. BananaBoat, Waterbabies):_____

•Please indicate if your child has ever had any adverse reactions to skin ointments:_____

•Does child have medical/hospital insurance? yes no

Insurance Carrier and Policy or Group #_____

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Last Name of Child

First Name of Child

SWIMMING SKILLS

Can your child swim? yes no

Can your child swim in water above his/her head without a floatation device? yes no

Please mark one of the following boxes: I give permission for my child to swim

I **DO NOT** want my child to swim

MEDIA COVERAGE

Occasionally pictures of the children attending YMCA Child Care Programs may appear in newspaper articles or media publications concerning special events at the school, community events etc.

Please mark on of the following boxes: I give permission for my child's picture to appear in the media

I **DO NOT** wish for my child's picture to appear in the media

Approval and Release of Liability

I am the parent/guardian of the above named child and give my permission for the child to participate in the YMCA summer camp program and it's activities which may include (but are not limited to) outdoor play, sports skills, swimming, and weekly field trips. I give my permission for the child to ride the YMCA bus to and from field trips.

I hereby release the Family YMCA of Martinsville & Henry Co., and all establishments where field trips are conducted, including but not limited to the Family YMCA of Martinsville & Henry Co., from any responsibility or liability for injury to the above named child, while participating in a YMCA program. In authorizing this, I acknowledge that I am aware of the risks and that I have adequate insurance to protect my child in the event of an injury. I understand that this authorization to allow my child to participate in YMCA programs, is a waiver of all claims that I, my child, or other family members, or my insurance carrier would have against the Family YMCA of Martinsville & Henry Co., its board, employees, program leaders, or volunteers. The YMCA agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian must arrange to have the child picked up as soon as possible. Parent/guardian must also inform the YMCA within 24 hours if any member of the immediate household develops any reportable communicable disease, as defined by the State Board of Health.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the YMCA to order X-rays, routine tests and treatment for my child, and **in the event that I cannot be reached in an emergency**, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my child named above. This form may be photocopied.

Signature of Parent or Legal Guardian _____ Date _____

PARENT OR GUARDIAN MUST READ, INITIAL, AND COMPLY WITH EACH OF THE FOLLOWING:

_____ I understand that I am fully responsible for reading the **Parent Handbook, Payment Contract** and **Payment Policy**.

_____ I am aware of my financial obligations to the YMCA according to the Payment Contract.

_____ I understand that my child can be terminated from camp without warning for any type of violent behavior (see parent handbook for Discipline Policy) and/or parents failure to make weekly payments.

_____ I understand that I have to pay the **non-refundable** \$25.00 registration fee and \$5.00 per week enrolled deposit before my child is considered registered for this program.

_____ I understand that I am **required** to attend one parent orientation if my child has never attended YMCA Summer Day Camp

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Weekly Registration

Please check the weeks that your child will be attending Summer Day Camp. Please note that you are responsible for paying for each week that you sign-up for. You are committing to the entire week, **NO DAILY RATES!!**

Week	Attending	Week	Attending
June 6-10 County ONLY	<input type="checkbox"/>	July 25-29	<input type="checkbox"/>
June 13-17 County ONLY	<input type="checkbox"/>	August 1-5	<input type="checkbox"/>
June 20-24	<input type="checkbox"/>	August 8-12 County School Camp Ends	<input type="checkbox"/>
June 27-July 1	<input type="checkbox"/>	August 15-19 City Schools ONLY	<input type="checkbox"/>
July 4-8	<input type="checkbox"/>	August 22-26 City Schools ONLY	<input type="checkbox"/>
July 11-15	<input type="checkbox"/>	August 29-31 City Schools ONLY CAMP WILL END ON WEDNESDAY	<input type="checkbox"/>
July 18-22	<input type="checkbox"/>		

Office Use ONLY

Identity Verification

If proof of identity is required and a copy is not kept, please fill out the following:

Place of Birth & Birth Date:	Birth Certificate Number:	Date Issued:
Other Form of Proof:	Date Documentation Viewed:	Person Viewing Documentation:

Date of notification of Local Law-Enforcement Agency _____
(when required proof of identity is not provided):

Proof of child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician, or midwife record), passport, copy of the placement agreement or other proof of the child's identity for a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented or child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfer responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation or viewing this information must be maintained for each child.