

SUMMER DAY CAMP REGISTRATION

Complete this registration form in full. Deposits/payment is due at the time of registration. Families registering more than one child will need to fill out a **separate registration form for each child**. Please provide a recent wallet size photo. *All participants must be able to use the bathroom without assistance.



Last Name:

CAMPER INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Youth shirt size: XS S M L XL 2XL D.O.B. ____ / ____ / ____ Gender: M F

Race: African American/Black Alaskan Native Asian/Pacific Islander Caucasian/White Hispanic Native American Other

How did you hear about us: Facebook Instagram Twitter Email Website Billboard Print ad
 Other (please specify): _____

Does your child have allergies, diabetes or seizures? Yes No Does your child require medication? Yes No

Are there any physical conditions or special needs our staff should be aware of? Yes No

Is your camper up-to-date on all immunizations required for school? Yes No Unknown

YMCA of Central Kentucky cannot be held responsible for information that has not been disclosed to us.

Physician _____ Physician Phone _____ Preferred Hospital _____

PARENT/GUARDIAN INFORMATION

PRIMARY PARENT/GUARDIAN

Name: _____

Relationship to Camper: _____ D.O.B. ____ / ____ / ____

Address: _____

City, State Zip: _____

Preferred Daytime Phone: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Employer: _____

SECONDARY PARENT/GUARDIAN

Name: _____

Relationship to Camper: _____ D.O.B. ____ / ____ / ____

Address: _____

City, State Zip: _____

Preferred Daytime Phone: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Employer: _____

EMERGENCY CONTACTS AND PICK UP AUTHORIZATION

The following people should be contacted in case of emergency only if parent(s) or guardian cannot be reached AND are authorized to pick up the child.

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

First Name:

Location:

PARENT/GUARDIAN AUTHORIZATION SECTION

1. I have the legal authority to sign official documents on behalf of the participant named on this form and the information provided is accurate to the best of my knowledge. **The participant, herein described, has my permission to engage in all activities and field trips except as told by me.** I further understand that this is an application and participation is contingent upon space being available in the program(s) and the completion of all required forms and documents. I also understand that once my application is confirmed, I must complete payment(s) by the deadlines of said program(s), as outlined in the financial agreement section of this form and in the parent handbook. I agree to download a copy of the handbook from the YMCA website, www.ymcacky.org. I agree to all policies and procedures indicated in the parent handbook. Failure to comply with the policies and procedures may result in the loss of service. Initials _____
2. It is my responsibility to provide sunscreen (no spray) for my child every day my child participates in camp. Sunscreen is considered by the Division of Regulated Child Care to be a medication. The YMCA must have written permission for your child to apply sunscreen while at camp. All bottles must be labeled with the child's name. I hereby consent to the use of sunscreen at the YMCA of Central Kentucky for my child. Initials _____
3. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA director to secure and administer treatment as deemed necessary, including hospitalization, for the named program participant. I understand the YMCA carries liability insurance only and will not be responsible for injuries and accidents while participating in YMCA programs or at YMCA facilities; families must carry their own accident insurance. Initials _____
4. I understand that the YMCA of Central Kentucky assumes no responsibility for injuries, which I or my child may sustain as a result of a physical condition or resulting from participation in any activities, programs, exercise or the use of any facility, equipment or other activities organized or sponsored by the YMCA of Central Kentucky and affiliates. I expressly acknowledge that I assume risk for any and all injuries and illnesses. In consideration of the privilege of joining, or using the YMCA, I hereby release and discharge its servants and employees from any and all claims of injury, death, loss or damage that I or my child may suffer. I understand the YMCA of Central Kentucky is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises. Initials _____
5. I give permission to the YMCA of Central Kentucky to use photographs, film footage, audio or video recordings, which may include my child's image or voice for the purpose of promoting and interpreting YMCA programs and services to the general public. Initials _____
6. I understand that all payments must be made through bank draft/credit card draft. All payments are due on the Monday prior to the week care will be given. I understand my \$35 annual registration fee and any required deposit (\$20 per week of camp and each Out of School Day instance) will be drafted from the account information contained below at the time of registration. I understand fees and deposits are non-transferable and non-refundable. I understand there is a \$1/minute late pickup fee that will be charged to my account, should I pick up my child after closing time (6 p.m.). Initials _____
7. By signing below, I give the authority to have pre-authorized payments drawn by the YMCA of Central Kentucky on my bank account/credit card for all participant fees. I understand that my account will be drafted in accordance with this signed financial agreement. Payments are continuous and can only be cancelled or modified by submitting a **YMCA Change of Information** form to the appropriate business office at least 10 days prior to draft date. I understand that no credit is given for absences or program cancellations due to inclement weather. Should my bank for any reason not honor my draft, I understand that I am still responsible for that payment, plus any service charge applied by the YMCA, in addition to any service fee my bank may charge. In the event my tuition fees are returned due to insufficient funds, I give the YMCA permission to automatically redraft the amount, including a \$25 return fee, on the following Friday. I understand that failure to keep current with tuition fees will result in termination of services. Initials _____

Preschool Camps

Member: \$200/week, Non-Member: \$225/week

Locations: C.M. Gatton Beaumont YMCA and Whitaker Family YMCA

Youth Day Camps

Member: \$150/week; Non-Member: \$175

Locations: Bar-Y, C.M. Gatton Beaumont YMCA, High Street YMCA, North Lexington Family YMCA and Whitaker Family YMCA

Scott County Camps

Youth Day Camp

Cost: \$150/week, Location: Georgetown Middle School

LEGO® Camp: \$200/week Horseback Camp: \$225/week

PAYMENT: Please note, registrations will not be processed without deposit/registration fees.

Check Enclosed

Credit Card

MasterCard Visa Discover AMEX

Name on Card: _____ Card Number: _____ Exp. Date: _____

Print Name _____

Signature _____

Date _____

For reporting purposes, please consider answering the following. This information is confidential and is used for applying for grant opportunities.

Total number of people in the household _____

Annual household income:

- Less than \$5,000
 \$5,000-\$9,999
 \$10,000-\$14,999
 \$15,000-\$24,999
 \$25,000-\$34,000
 \$35,000-\$49,999
 \$50,000-\$74,999
 \$75,000-\$99,000
 \$100,000 or more