

YMCA Summer Day Camp 2022 Registration

Submit the completed registration form and the deposit/registration fee of \$30. Your payments are due each Friday before the week of child care service. CCAP is accepted. Financial assistance is available for those who qualify.

**REGISTRATION
OPENS MARCH 14**

CAMPER

First name	Middle initial	Last name
Date of Birth / /	Race _____ Gender M ___ F ___	Age: _____
	Grade in Fall 2022 _____	School attending: _____
Physical conditions/special needs:	Medications/allergies:	
To better serve your child, please indicate with a check if he/she has been diagnosed with any of the following: <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Convulsions <input type="checkbox"/> Bleeding/Clotting Disorders <input type="checkbox"/> Autism <input type="checkbox"/> Aspergers <input type="checkbox"/> Fragile X <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Tourettes <input type="checkbox"/> Rhetts Syndrome <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Chronic Health Problems <input type="checkbox"/> Asthma/Severe Allergies <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart defect/disease <input type="checkbox"/> Other		

PARENT/GUARDIAN

1st Name	Relationship to child		
Address	City	State	Zip
Date of Birth / /	Employer		
Phone (Work)	Phone (Home)		
Phone (Cell)	Would you like to opt in for text message alerts?	Yes	No
If yes to above, please list your carrier			
2nd Name	Relationship to child		
Address	City	State	Zip
Date of Birth / /	Employer		
Phone (Work)	(Cell)	(Home)	

EMERGENCY CONTACT/AUTHORIZED PICK-UP Anyone picking up your child must be at least 18 years of age or older. A picture ID is required at pick-up.

In addition to the parents/guardians listed above, I authorize the following to pick up the child/children and or be contacted in an emergency:

1st Name	Relationship to child		
Phone (Work)	(Cell)	(Home)	
2nd Name	Relationship to child		
Phone (Work)	(Cell)	(Home)	

PHYSICIAN/INSURANCE INFORMATION

Insurance Carrier	Policy Number
Physician Name	Phone
Preferred hospital in the event child needs to be transported for medical attention:	

I give permission to the Paris-Bourbon County YMCA to seek medical attention for my child, _____, in the event of an emergency. I also give permission for the attending physician to order anesthesia, injections or surgery for my child in the event of a life or death situation. I further understand that the YMCA only carries liability insurance and will not be responsible for any injuries/ accidents while participating in our childcare programs. Families are requested to carry their own accident insurance.

● **PARENT/GUARDIAN SIGNATURE** _____
DATE _____

SWIMMING ABILITY

Please indicate below this child's swimming ability. All children will be swim tested. Only those who are able to successfully complete the swim test will have access to deep-end activities such as diving board and slides. Non-swimmers and beginners will be required to wear life jackets.

Non-Swimmer Beginner Intermediate (deep water) Advanced (skilled)

PAYMENT INFORMATION Please check one.

Check here if either parent <input type="checkbox"/> YMCA member <input type="checkbox"/> YMCA employee is: <input type="checkbox"/> Financial assistance recipient	CAMP FEES: \$130/WK for Y members; \$130/WK for non-members
<input type="checkbox"/> I am currently on automatic draft. Please use the account on file ending in _____ to draft my account for registration fee(s)/deposits and to set up my weekly payments. Authorized account holder signature: _____	
<input type="checkbox"/> I am authorizing a NEW bank draft from my checking account and I have attached a voided check. <input type="checkbox"/> I am authorizing a NEW credit card draft and I have provided all the information below:	
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
Name on card	Authorized signature
Card number	Expiration date
Billing street address	Billing zip code
I have the legal authority to sign up the child/children named on this form and to the best of my knowledge; the information on this application form is complete and accurate. I further understand that this is an application and the named child/children's participation is contingent upon space being available in the program(s) in which I want the child to participate. I also understand that once my application is confirmed, I must complete payment(s) by the deadlines of said program(s). I understand that the YMCA prohibits staff members from being alone with children they meet in YMCA programs outside of the YMCA. This includes but is not limited to baby-sitting, tutoring, sleep-overs, etc. This health history is correct as far as I know, and the child herein described has my permission to engage in all activities and field trips except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the director of the program or designee to secure emergency medical services, including transportation and medical care. I also give permission for the attending physician to order injections, anesthesia or surgery for this child as named above. I understand that medical and accident insurance is the responsibility of the parent or guardian.	

The YMCA has permission for my child(ren) to be photographed and/or interviewed for promotional purposes Yes No

● **Signature of Parent/Guardian** _____ **Date** _____

Total Deposits/Registration Fees

SESSION CHOICES--All Dates are subject to Change due to adjusted School closings. Alternate single days prior to official camp start date will be available as a regular out of school day. Out of school days are \$25 additional for current afterschool participants and \$45 for non participant.

Dates _____ **Check here**

A) Week 1: Spirit Week	
B) Week 2: Sports Week	
C) Week 3: Hero Week	
D) Week 4: Splashtacular Week	
E) Week 5: Disney Week	
F) Week 6: Kentucky Week	
G) Week 7: Music Week	
H) Week 8: Traveler's Week	
I) Week 9: Farmer's Week	
J) Week 10: Exploration Week	
K) Week 11: Celebration Week	
L) Week 12: Y's Got Talent	
M) Partial Week if needed:	