



**CLIPPARD FAMILY YMCA
SUMMER ENROLLMENT FORM**



Camper's Name: _____ Birth Date: _____ Gender: _____

Grade Entering: _____

AUTHORIZATION TO PARTICIPATE: ___ Yes ___ No

- ___ Yes ___ No I give my permission for my child to participate in any trips or excursions away from the program site. I understand that transportation for these trips or excursions may be by YMCA van, public transportation, walking or leased bus.
- ___ Yes ___ No I give my permission for my child to use all of the equipment and participate in all activities of the program.
- ___ Yes ___ No I give my permission for my child to be included in evaluations, pictures, newsletters, and marketing pieces associated with the program.
- ___ Yes ___ No I give my permission for the camp to provide routine health care, treatment, administer prescribed medications, and seek emergency medical treatment.
- ___ Yes ___ No If my child is over the age of 8 and the activity is offered by the day camp, I give my permission for my child to participate in the activity: **Archery**.
- ___ Yes ___ No I have received, read, and understand the Summer Programs Parent Handbook.

I understand that the YMCA of Greater Cincinnati assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any athletic events, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any injuries or illnesses, which may result from these activities. I hereby release and discharge the YMCA of Greater Cincinnati, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities. I understand that the YMCA of Greater Cincinnati is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities on YMCA premises. I give my permission to the YMCA of Greater Cincinnati to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings which may include my image or voice for purpose of promoting or interpreting YMCA programs. I acknowledge the waiver set forth above.

POLICIES: I agree to sign my child in and out of camp each day. I understand that the YMCA of Greater Cincinnati and the program will not assume responsibility for a child who has not been signed in when he/she arrives for the day. I understand that only those people designated by me on this form may pick up my child from camp, and that I, or the person picking up my child, must sign my child out each afternoon. I further attest that I have read and understand all camp refund / credit and registration policies. I understand that the YMCA is not able to provide duplicate receipts for tax purposes and agree to keep my original receipt and/or returned checks for this purpose.

ADULTS AUTHORIZED TO PICK UP MY CHILD (must be at least 18 years of age)
PLEASE INCLUDE YOURSELF AND SPOUSE (should spouse apply).

<u>NAME</u>	<u>RELATIONSHIP TO CHILD</u>	<u>PHONE NUMBER</u>

I have read and fully understand the above policies and authorization, and do hereby give such authorization as indicated.

Signature Date



YMCA of Greater Cincinnati



Swimming Permission Slip

I grant permission for my child _____

(Date of Birth) _____ to go swimming or otherwise participate in water activities in bodies of water two or more feet in depth at the YMCA.

My child is a ____ non-swimmer ____ swimmer

During any scheduled swimming activity a certified lifeguard or water instructor will be on duty at all times. A child staff ratio maximum of 1:18 for school-age children and 1:12 for preschool children will be maintained at all times. Additional staff is provided above the licensing ratio standards. All children will swim on location. . I understand my child will be evaluated by YMCA program staff prior to swimming activity according to the YMCA of Greater Cincinnati Swim Testing Policy. Depending on the swim skills demonstrated, my child will:

- Be required to swim in shallow water only and wear a Coast Guard approved flotation device while participating in the aquatic portion of the program. (Note: The YMCA will provide this equipment)
- Be required to swim in shallow water only or
- Able to swim in deep water. (Child must be able to jump feet first into water, tread for 10 seconds and continue to swim for 1 length of the pool)

I understand that the YMCA reserves the right to re-evaluate all deep-water swimmers and may move them to shallow water if deemed necessary.

I would like my child to swim in shallow water only. ____ Yes ____ No

Parent's Signature

Date



Parent Statement of Understanding



I have received and reviewed the Summer Program Policies & Procedures Handbook and understand its contents.

I understand that I need to pack my child's lunch, snack, and drinks daily, in a squirrel proof container, and there will be no refrigeration/microwave/cooking provided. I understand that I need to pack my child a swimsuit, towel, and water bottle and that my child needs to wear closed-toed shoes each day.

I understand that under no circumstances will my child bring their own toys, which include but are not limited to: personal electronic devices, card games, other personal items. If my child does so, the staff will confiscate the item and return it to the parent at the end of the day. If the child goes to post-camp, the item will only be returned to the parent.

An exception to the above rule occurs on days when a fieldtrip drive is longer than 30 minutes. Parents and Campers will be notified in the event of an extended bus ride, personal electronic devices will be allowed.

I understand that program fees are due by 6:00 pm the Monday prior to the week of attendance. Failure to pay will result in removal of my child from the program and the space will be given to another child on the waiting list.

I understand that there is a late fee if children are not picked up by 4:15. This fee is \$10 for the first 10 minutes, and \$10 for every five minutes thereafter. I understand that I must pay, in full, the late fee amount before my child can be accepted back into the program.

I understand that the YMCA is not responsible for lost or stolen items. My child is responsible for his/her own belongings. I understand that any items not claimed by the middle and end of summer will be given to charity.

I understand that camp activities are based outdoors and my child will be outside all day—weather permitting.

I understand that if I no longer need a program I need to notify the YMCA in writing at least 7 days prior to attendance. I also understand that I forfeit my deposit.

I understand that if my child is 13 years old and a member of the YMCA, they can sign themselves out ONLY if said permission slip is signed by the parent. A written note does not constitute permission to sign in/out.

I understand that the YMCA is not responsible for my child until the parent/guardian signs them in to a program.

NEW THIS YEAR, DUE TO ACA ACCREDITATION STANDARDS ALL CAMPERS MUST HAVE AN UP TO DATE IMMUNIZATION RECORD ON FILE. PRESCHOOLERS MUST ALSO HAVE A SIGNED MEDICAL FORM (If children attend Clippard YMCA Preschool we can use our records)

Child's Name _____

Parent's Name _____



Date _____

Payment Option Form

Dear Families,

Tuition is due weekly on the Monday prior to the start of camp:

- Pay at the Camp Tent**
 - Check
 - Money Order
 - Cash
 - VISA
 - MasterCard
 - American Express
- Weekly Credit Card Draft (complete the form below)**

BANK DRAFT AUTHORIZATION

I authorize my bank to honor pre-authorized drafts by the YMCA on my account for program fees. It is understood that my draft will continuous through the program enrollment period. If at any time there is to be change, deletion, or cancellation of my program, it is to be submitted in writing to the YMCA ten (10) days prior to my scheduled, monthly bank draft. Failure to do so will result in that month's draft being non-refundable. A voided check is required with all bank draft applications. When the bank honors the draft by charging my account, such drafts constitute my receipt for the payment. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made by me in the amount of said payment plus a service charge. ***Credit/Debit Card information must be completed. This information will be used in the event of any past-due balances, non-payments or late fees. Past due balances will be applied to this card at 6 pm the first day of the program.***

All drafts will automatically end upon last week of camp attendance.

Credit/Debit Card Draft Date will be Monday prior to camp week

Name on Account

Address

\$ _____
Weekly Amount

Visa Mastercard Am. Express

Card # _____ Exp date _____

Signature

Date