



2008 SUMMER CAMP PROGRAM REGISTRATION FORM

Camper's Name _____ Shirt Size (Adult or Youth) _____
 Camper's DOB _____ Age _____ Gender _____ Date of Enrollment ____/____/____
 Street Address _____ City/State/Zip _____
 Parent Name _____ Parent DOB _____ Phone _____
 Parent E-mail Address _____

Weekly camp fees: \$99.00 for all participants

\$10.00 non-refundable/non-transferable deposit is required for each week at the time of registration.

Please place an X in the box.

*Prorated due to Holiday

Week	Dates	Day Camp	Pre Camp	Post Camp	Pre & Post
01	Jun 2 – Jun 6				
02	Jun 9 – Jun 13				
03	Jun 16 – Jun 20				
04	Jun 23 – Jun 27				
05	June 30 – Jul 3				
06*	Jul 7 – Jul 11				
07	Jul 14 – Jul 18				
08	Jul 21 – Jul 25				
09	Jul 28 – Aug 1				
10	Aug 4 – Aug 8				

Child lives with: Both Parents _____ Mother Only _____ Father Only _____ Other _____
 Martial Status: Married _____ Divorced _____ Separated _____ Single _____ Other _____

If either parent or guardian is not available in an emergency, Please specify two emergency contacts:

1st Called

Parent or Guardian: _____
 Address: _____
 City/State/Zip: _____
 Business Address: _____
 City/State/Zip: _____
 Phone: _____ Work Phone: _____

2nd Called

Parent or Guardian: _____
 Address: _____
 City/State/Zip: _____
 Business Address: _____
 City/State/Zip: _____
 Phone: _____ Work Phone: _____

3rd Called

Name: _____
 Relationship to child: _____
 Address: _____
 City/State/Zip: _____

Phone: _____ Work Phone: _____



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AUTHORIZATION TO PARTICIPATE

- 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 trip or excursions may be by 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, administer prescribed medications, and seek emergency medical treatment.
- Yes No I give my permission form my child to go swimming or participate in water related activities
- Yes No I would like my child to swim in the zero depth entry **only**.
- Yes No I give my child permission to apply sunscreen that I provide.
- 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 may sustain as a result of my child's physical condition or resulting from his/her 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 my child may suffer as a result of his/her 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.

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. 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 Test Policy. Depending on the swim skills demonstrated, my child will:

- Be required to swim in the zero depth entry only.
- Be required to swim in shallow water only or
- Be 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.

ADULTS AUTHORIZED TO PICK UP MY CHILD (MUST BE AT LEAST 18 YEARS OF AGE)		
<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.

Parent/Guardian Signature

Date

Parent Statement of Understanding Camp



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I have received and reviewed the Camp Outback Policies and Procedures Handbook and understand its contents.

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

I understand that Day camp children should arrive to camp prepared to swim with swimsuit and sunscreen on.

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.

I understand that camp fees are due by 6:00 pm the Friday prior to the week of attendance. If my payment is not received by then I will be responsible for a \$10.00 late fee to be added to the prior week payment. Failure to pay camp payment and late fee by the Monday of the week attending, will result in removal of my child from the camp program and the space will be given to another child on the waiting list.

I understand that there is a late fee of \$1.00 per minute/per child after 4:00 pm unless the child is enrolled in Post Camp then 6:00 pm. This payment will be made in cash and paid to the staff person who remains after work hours with my child.

I understand that the YMCA is not responsible for lost or stolen items. My child is responsible for his/her belongings. I understand that lost and found is every Friday and that any items left over at the end of each camp week will be sent to Goodwill.

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

I understand that I forfeit my \$10 deposit. I understand that the deposit I paid is NON - refundable and NON- transferable.

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

I understand that any medical expenses resulting from any illness or injury incurred while at camp or attending any YMCA program is my responsibility. I understand that the YMCA of Greater Cincinnati is not responsible for anything that occurs as a result of false information given by a parent or guardian.

I understand that if my child is NOT enrolled in Post camp, I will pick them up by 4:00 pm.

I understand that I MUST provide a certified copy of my child's immunization form before the start of Summer Camp.

I understand that if my child will be absent from camp, I need to call the morning of and let the staff know prior to camp starting.

Child's Name _____

Parent's Name _____

Parent Signature _____

Date _____