



2010 SUMMER CAMP

KENTON COUNTY ENROLLMENT APPLICATION PACKET

The Enrollment Application Packet consists of a number of forms that must be completed in full a minimum of **two weeks** prior to the first camp your child is registered for. Also due at that time is a certified copy of your child's up-to-date immunization, and a \$10 deposit per week per registered child. 1st week's payment is due no later than **one week** prior to each registered week of camp.

Today's Date: ____ / ____ / ____

Name of Child	
Name of Parent	

Camper Information	
Name	
D.O.B.	
Age	
School Attending	
Gender (Circle)	Male Female
Shirt Size (Circle Size)	<i>Youth</i> S M L <i>Adult</i> S M L XL XXL

Parent/Guardian Information	
Name	
Street Address	
City/State/Zip	
D.O.B.	
Phone (Home)	
Phone (Cell)	
Email Address	

2 nd Called	This person will be called first in the event of an illness/emergency. This must be a parent/guardian.
Parent/Guardian Name	
Address <small>(Including City, State, Zip)</small>	
Home Phone	
Cell Phone	
Email Address	
Employer	

3 rd Called	If the main parent/guardian cannot be reached, this person will be the second to be called.
Parent/Guardian Name	
Address <small>(Including City, State, Zip)</small>	
Home Phone	
Cell Phone	
Email Address	
Employer	

ADULTS AUTHORIZED TO PICK UP MY CHILD (must be at least 18 years of age)	
Please include yourself and your spouse	
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____



We build strong kids, strong families, strong communities.

2010 SUMMER CAMP REGISTRATION FORM

Place an X in each box to indicate which week(s) of camp you would like to register your child for. Please take the time to carefully note times, ages, and dates before registering your child!

Week	Dates <small>**" indicates prorated due to the holiday</small>	Pre Camp 6:30 – 9:00 am	Post Camp 4:00 – 6:00 pm	Day Camp Ages 5-11 9:00 am – 4:00 pm	Teen Camp Ages 12-15 9:00 am – 4:00 pm
1	May 31 – June 4 *				
2	June 7 - June 11				
3	June 14 - June 18				
4	June 21 - June 25				
5	June 28 – July 2				
6	July 5 - July 9				
7	July 12 - July 16				
8	July 19 - July 23				
9	July 26 - July 30				
10	Aug 2 – Aug 6				
11	Aug 9 - Aug 13				

Session	Time	Rates	
Day Camp	9:00 am – 4:00 pm	\$100 Members	\$120 Program Members
Day w/Pre Camp	6:30 am – 4:00 pm	\$125 Members	\$155 Program Members
Day w/Post Camp	9:00 am – 6:00 pm	\$120 Members	\$150 Program Members
Day w/Pre & Post Camp	6:30 am – 6:00 pm	\$140 Members	\$170 Program Members

Discounts:

If you pay for the summer in full (6 weeks or more per child) you **save 10%**! We also provide a multiple family discount, which allows you to **save 10%** for additional children!

Registration Fee: \$25.00 a child or \$40 per family
The registration fee is waived if registering by **May 1st.**

Deposit: \$10.00 per selected week, per child
Non-refundable/Non-transferable/Due at the time of registering

The above selected weeks and programs are my responsibility to pay unless I have cancelled them in writing using a Change of Camp form. This form must be given to the YMCA Camp Director or Program Director with a week's notice to avoid billing. Over the phone withdrawals will not be accepted.

_____ / _____ / _____

Parent/Guardian Signature

Date

Emergency Medical Authorization

A parent/guardian must provide the YMCA consent for emergency medical treatment to be initiated for their child in the event of an emergency. A parent/guardian may also refuse to grant consent. If you would like to deny consent, please see your Program Director.

In the event reasonable attempts to contact me or a second parent/guardian at the numbers listed in my Emergency Contact information, have been unsuccessful, I hereby give my consent for: **(1)** the administration of any treatment of physician or dentist I have listed below, or in the event the designated preferred physician is not available, by another licensed physician or dentist; or **(2)** the transfer of the child to the designated preferred hospital I have listed or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such action, are obtained prior to the performance of the surgery.

Parent/Guardian Signature

____ / ____ / ____
Date

Health History

This section allows parents to indicate your preferences in doctors/medical facilities and also allows you to communicate any of your child's health history information that can help us ensure a safe and happy experience at camp for your child. Please list any information regarding special medical issues, special dietary needs, possible allergies, etc. for your child in this section. If applicable, an Administration of Medication form is available upon request from your Camp Director.

Designated Preferred Physician	Name:	Current Medications	
	Address:		
	Phone:	Dietary Modifications	
Designated Preferred Dentist	Name:	Operations Serious Injury	
	Address:	Disabilities	
	Phone:		
Designated Preferred Hospital	Name:	Chronic Illnesses Reoccurring Illnesses	
	Address:	Allergies (Foods, Meds, Insects, etc.)	
	Phone:		

Emergency Contact Information

Child lives with: Both Parents Mother Only Father Only Other _____

Martial Status: Married Divorced Separated Single Other

Additional Siblings Enrolled in Camp: Yes No *(If answered yes, please list below)*

If applicable, please print the name and age of any sibling(s) who would also be enrolled in camp.

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____



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Authorization to Participate & Understanding of YMCA Policies

Please indicate by checking yes or no to what specific activities you will authorize your child to participate in during camp.

- 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 made by walking or riding in a leased bus.
- Yes No I give my permission for my child to use all of the equipment and participate in all activities of the camp program.
- Yes No I give my permission for the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment if necessary.
- Yes No I give my permission for my child's image, voice, or written comments to be included in evaluations, pictures, newsletters, and marketing pieces associated with the program. The YMCA of Greater Cincinnati may use these indefinitely, without limitation or obligation for the purpose of promoting or interpreting YMCA programs.
- Yes No I give my child permission to apply sunscreen that I provide.
- Yes No My child has permission to swim **only in the zero depth** entry pool.
- Yes No My child has permission to swim in **shallow water only**. In addition to parental permission, child must pass a swim test to be at this depth.
- Yes No My child has permission to swim in **deep water**, if they pass a swim test to be at this depth. Lifeguard will verify the child is able to jump feet first into the water, tread for 10 seconds, and continue to swim for one length of the pool. Depending on the swim skills demonstrated my child might be limited to a specific area 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.
- Yes No I understand that the YMCA of Greater Cincinnati assumes no responsibility for injuries or illnesses which may occur as a result of my child's physical condition or resulting from his/her participation in any athletic events, sports programs, and the use of any equipment, exercise or other activities.
- Yes No I understand that any medical expenses resulting from any illness or injury incurred while at camp or attending any YMCA program is my responsibility.
- Yes No I acknowledge on behalf of myself and my heirs that I assume the risk for any injuries or illnesses, which may result from camp 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 camp.
- Yes No I understand that the YMCA is not responsible for personal property lost or stolen while participating in the program. My child is responsible for all of his/her belongings. I understand that lost and found is reviewed every Friday and that any items left over at the end of camp each week will be sent to Goodwill®.
- Yes No I understand that the YMCA or Greater Cincinnati is not responsible for anything that occurs as a result of false information given by a parent or guardian.
- Yes No I give my permission for my child to attend the field trip to the Cincinnati Red's Game on June 17th, 2010. _____ Please sign your initials
- Yes No I give my permission for my child to attend the field trip to the Cincinnati Zoo on June 30th, 2010 _____ Please sign your initials
- Yes No I give my permission for my child to attend the field trip to Gameworks on the Levee on June 30th, 2010. _____ Please sign your initials
- Yes No I give my permission for my child to attend the field trip to The Beach Waterpark on July 28th, 2010. _____ Please sign your initials
- Yes No I give my permission for my child to attend the field trip to Scallywag Tag on August 2, 2010 _____ Please sign your initials

Parent Acknowledgment

By signing and dating below, you are acknowledging the knowledge of and the adherence to all of the below policies and procedures associated with Camp Programs. These policies and procedures are outlined in detail in the 2010 Summer Camp Parent Handbook.

- 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 under no circumstances will my child bring their own toys, which include but are not limited to: personal electronic devices, cell phones, card games, or 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 understand that it is my responsibility to add a \$10.00 late fee to my payment. Failure to pay camp payment and late fee by the Monday of the week attending will result in the 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 4:15 pm unless the child is enrolled in Post Camp then it is 6:00 pm. This payment will be made upon my arrival, in cash and given to the staff person who remains after scheduled work hours to be with my child.
- I understand that if I no longer need a week of camp I need to notify the YMCA in writing at least 1 week prior to attendance. I also understand that I forfeit my \$10 deposit. I understand that if I cancel a week of camp, the non-refundable and non-transferable deposit that I paid will be forfeited.
- I understand that camp activities are based outdoors and my child will be outside all day, weather permitting.
- I understand that the YMCA is not responsible for lost or stolen items.
- I understand that Day Camp children should arrive to camp prepared to swim with a swimsuit and sunscreen already applied.
- I understand that if my child is 13 years old and a member of the YMCA, they can sign themselves out ONLY if the proper permission form is signed ahead of time. A written note **does not** constitute permission to sign out.
- I understand that the YMCA is not responsible for my child until the parent/guardian signs them into the program.
- I understand that if my child will be absent from camp, I need to call camp before 9:00 am.
- I understand that if my child is NOT enrolled in Post camp, I will pick them up at 4:00 pm. Post camp children must be picked up no later than 6:00 pm.
- I understand that I will have the opportunity to attend a Meet-n-Greet with my child on Saturday, May 29th from 1 pm – 3 pm.
- I understand that I MUST provide a certified copy of my child's immunization form **when I turn in this registration form.**

I have read and fully understand the information provided in this Enrollment Packet. I agree will all terms and conditions presented.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

_____/_____/_____
Date

For Office Use Only

Enrollment Packet has been reviewed by:

Staff Initials

_____/_____/_____
Date