



2017 YMCA Summer Camp Registration Form

The YMCA Summer Camp programs are designed to meet the developmental needs of school aged students, as well as support, motivate, and nurture children. This allows children to achieve their full potential, all the while keeping them safe. We look forward to serving you and your children in our Summer Camp.

Registration: To register your child please complete the following steps:

1. Fully complete the attached registration form.
2. Include a current immunization certificate.
3. Pay the registration fee along with the \$10.00 deposit for each week you are registering your child.

Answering your questions:

1. Start Date: It will take 3 business days to process new registrations.
2. Billing: You will be charged the Friday prior to each week of camp.
3. Absences: Full payment is due each week, even if your student(s) do not attend the program due to absences, vacations, holidays, etc. These dates are calculated into the original overall pricing.

Financial Assistance: The YMCA of Greater Cincinnati believes that no child should be excluded from any activity due to the inability to pay. If you need financial assistance please request scholarship information from Amanda Speier (aspeier@myy.org). Scholarships must be approved PRIOR to starting our programs and can take up to two weeks to be processed.

4. Discounts: (*you may **only** choose **one*** for a maximum of 10%)
 - a. Receive 10% off by paying for the year in full.
 - b. Receive 10% off for each additional child.
5. Changes: You may make changes to your registration at any time during the course of the school year. To make these changes please request a "CHANGE OF PROGRAM" form from your camp director/counselor or by contacting Amanda Speier directly. Examples of changes include payment information, address, phone number, etc. Please note any changes could take up to two weeks to be completely processed.
6. Contacts: Please contact Jessica Berberich (jberberich@myy.org) or Nikki Boop (nboop@myy.org) or call the Campbell County YMCA at (859) 781-1814 for additional assistance. Contact Amanda Speier (aspeier@myy.org) for billing questions.





2017 YMCA Summer Camp Registration Form

To register your child please complete the following steps:

1. Fully complete the attached registration form.
2. Include a current immunization certificate.
3. Pay the registration fee along with \$10.00 deposit for each week.

Student Information			
Name			
Nickname (if applicable)			
Street Address			
Gender (Circle)	<input type="checkbox"/> Male <input type="checkbox"/> Female	D.O.B.	
Age		Grade	

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

Camp Location:

- Camp Tower (Campbell County)**
 Camp Independence (Kenton County)

Program:

(Check all that apply)

- Pre**
 Post
 Day
 Teen
 LIT

Preferred Age Group:

(Please select your child's preferred age group. NOTE: to advance to higher group your child must be within 6 months of turning the next age)

- 5 y/o**
 6 y/o
 7 y/o
 8 y/o
 9 y/o
 10 y/o
 Teen

<p>United Way Reporting: MANDATORY</p> <p>To help us in our required reporting, we request the following information. It will be kept confidential. This information is for United Way Reporting purposes ONLY!</p> <p>Total number of people in your household?</p> <p>Participant's Race: <i>(Circle one)</i></p> <p> <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other </p> <p>Household Income: <i>(Check one)</i></p> <p> <input type="checkbox"/> \$0 - \$20,000 <input type="checkbox"/> \$20,000 - \$30,000 <input type="checkbox"/> \$30,000 - \$40,000 <input type="checkbox"/> \$40,000 - \$50,000 <input type="checkbox"/> \$50,000 + </p>	
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Emergency Contact Information

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: _____

1st Called	This person will be called first in the event of an illness/emergency. This must be a parent/guardian.	2nd Called	If the main parent/guardian cannot be reached, this person will be the second to be called.
Parent/Guardian Name		Parent/Guardian Name	
Address (Including City, State, Zip)		Address (Including City, State, Zip)	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
Email Address		Email Address	
Employer		Employer	
Employer's Address (Including City, State, Zip)		Employer's Address (Including City, State, Zip)	
Employer's Phone		Employer's Phone	

3rd Called	If the main parent/guardian cannot be reached, this person will be the third to be called.	4th Called	If the main parent/guardian cannot be reached, this person will be the fourth to be called.
Parent/Guardian Name		Parent/Guardian Name	
Address (Including City, State, Zip)		Address (Including City, State, Zip)	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
Email Address		Email Address	
Employer		Employer	
Employer's Address (Including City, State, Zip)		Employer's Address (Including City, State, Zip)	
Employer's Phone		Employer's Phone	



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 contact Nikki Boop at 859-781-1814 or via email at nboop@myy.org.

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 if your child is to take medications during camp hours.

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 <small>(Foods, Meds, Insects, etc.)</small>	
	Phone:		

Swim Authorization

Please indicate by checking yes to only **one** level of authorization you will provide your child for swimming activities during camp.

- Yes My child does **not** have permission to swim in the pool.
- Yes My child has permission to swim **only** in the **zero depth** entry pool.
- Yes 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 may 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 the zero depth area if deemed necessary.



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 2017 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. (This does not apply to campers who purchase the Y Lunch program.) I further 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 further understand that Day Camp children should arrive to camp prepared to swim with a swimsuit and sunscreen already applied.
- I understand that camp activities are based outdoors and my child will be outside most of the day, weather permitting.
- **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. The YMCA is also not responsible for any lost, stolen or broken item that a child brings to summer camp.**
- I understand that the YMCA is NOT responsible for lost or stolen items.
- I understand that camp fees will be drawn from the account on file every Friday prior to the week of attendance. If payment does not go through, I understand that it is my responsibility to have payment prior to camp on Monday. 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 if I no longer need a week of camp I need to notify the YMCA in writing (*Change of Camp Form*) at least 1 week prior to attendance. No verbal or over the phone withdrawals are accepted. 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 further understand that I need to keep my duplicate copy of the *Change of Camp Form* with my files to serve as a receipt.
- I understand that if my child is 9 years of age or older that they can sign themselves out ONLY if the proper *Permission to Sign out Form* is completed ahead of time. **A written note or phone call 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 prior to 9:00 am.
- I understand that if my child is **NOT** enrolled in Post camp, I will pick them up by 4:00 pm. Post camp children must be picked up no later than 6:00 pm.
- 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 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 an up-to-date certified copy of my child’s immunization form must be on file. **Immunization forms are due at the time of registration.** I further understand that if the immunization form expires during my child's enrollment, I will be responsible for providing a new one.
- I understand that I have the opportunity to attend a **Meet & Greet Open House** with my child on Sunday, May 21st at the Campbell County YMCA for Camp Tower and Camp Independence from 1pm-3pm. Meet and talk with counselors, campers can play games, and take their first swim test.

I have read and fully understand the information provided in this Enrollment Packet. I agree with all terms and conditions presented.		
Parent/Guardian Name (Please Print)	Parent/Guardian Signature	Date



Camper's Name: _____

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

	5/30 6/2	6/5 6/9	6/12 6/16	6/19 6/23	6/26 6/30	7/3 7/7	7/10 7/14	7/17 7/21	7/24 7/28	7/31 8/4	8/7 8/11	8/14 8/18
WEEKS	1	2	3	4	5	6	7	8	9	10	11	12
Pre Camp \$45 Reg \$30 Member Ages: 5-14 6:30am-9:00am												
Post Camp \$45 Reg \$30 Member Ages: 5-14 4:00pm-6:00pm												
Full Time Day Camp \$175 Reg \$140 Member Ages: 5-10 9:00am-4:00pm												
Part Time Day Camp \$120 Reg \$90 Member Ages: 5-10 9:00am-4:00pm												
Full Time Teen Camp \$175 Reg \$140 Member Ages: 11-14 9:00am-4:00pm												
Part Time Teen Camp \$120 Reg \$90 Member Ages: 11-14 9:00am-4:00pm												
LIT \$75 Reg & Member Ages: 15-17												

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. **No** verbal or /over the phone withdrawals will be accepted. I understand that there will be no prorated amount for holidays that fall during camp weeks.

Parent/Guardian Signature

_____/_____/_____
Date



Swim Lessons

Swim Lessons will **ONLY** be for campers who are at a red or yellow band. Once your child reaches the green band level they will automatically be dis-enrolled from swim lessons. Swim lessons are not for learning new swim styles, please see descriptions below to determine IF your child(ren) need to be enrolled in swim lessons. There will be 3-4 lessons per week dependent on weather and field trips. Any less than 3 lessons and you will be refunded a prorated amount. There are a limited number of spots available for swim lessons.

Green Wristbands: CAN GO ANYWHERE IN THE POOL

Steps to successfully get a green wristband:

- 1) Swim across the shallow end of the pool once.
- 2) Jump into water that is over the individual's head and return to the surface.
- 3) Swim one length of the pool unassisted and without rest.
- 4) Tread water for at least one minute, then turn onto back and float briefly.
- 5) Swim (on front or back) to a ladder or on the side of the pool and exit the pool.

Yellow Wristbands: MAY ONLY GO IN THE SHALLOW WATER

Steps to successfully get a yellow wristband:

- 1) Swim 15 to 20 feet unassisted.
- 2) Float horizontally and move from a facedown position to a face up position. The swimmer must then stand up and regain a vertical position.
- 3) Swimmers who pass the shallow water test may play in water that is armpit deep or less.

RED Wristbands: MUST HAVE SUPERVISION

Steps to successfully get a red wristband:

- 1) A child is always within arm's length of an actively involved adult/caregiver swimmer who is in the water with the child.
- 2) The child is "shallow water competent" and in a zone that is armpit deep or less. This option requires multiple shallow-water zones separated by appropriate lifelines.
- 3) The child is wearing properly fitted USCG approved personal flotation device (PFD).

Place an X in EACH BOX to indicate which week(s) of camp you would like to register your child for swim lessons.

	5/30 - 6/2	6/5 - 6/9	6/12 - 6/16	6/19 - 6/23	6/26 - 6/30	7/3 - 7/7	7/10 - 7/14	7/17 - 7/21	7/24 - 7/28	7/31 - 8/4	8/7 - 8/11	8/14 - 8/18
WEEKS	1	2	3	4	5	6	7	8	9	10	11	12
\$20 Per Week Discounts do not apply.												

The above selected swim lesson weeks are my responsibility to pay unless I have cancelled them in writing using a Change of Camp form. I understand my child will get 3-4 swim lessons per week dependent on weather and field trips. Any less than 3 lessons per week and I will be refunded a prorated amount. This form must be given to the YMCA Camp Director or Program Director with a week's notice to avoid billing. **NO** verbal or/over the phone withdraws will be accepted.

Parent Signature

____ / ____ / ____
Date





YMCA OF GREATER CINCINNATI DRAFT AUTHORIZATION

DRAFT AUTHORIZATION			
Bank Account: (Voided Check Required, Please Attach)		Credit Card Information:	
_____	_____	_____	
Bank Name	Route/Transaction Number	Credit Card Number	
_____	_____	____/____	_____
Account Number	Name on Account	Exp. Date	Name on Credit Card
X _____			
Signature		Date	
Billing Address: _____			
Street		City	State Zip