



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FOX VALLEY FAMILY YMCA

FREE REGISTRATION for SAFE to SUMMER CAMP



Child's Name _____ 2018/19 Grade _____

Child's Name _____ 2018/19 Grade _____

Child's Name _____ 2018/19 Grade _____

Address _____ City _____ State _____ Zip _____

Phone #1 _____ Email _____

EMERGENCY CONTACT / ADDITIONAL PICKUPS

Name _____ Relationship _____

Authorized to release child to: Yes No

Primary _____ Secondary _____

Preferred Method of Contact: Primary Phone Secondary Phone

Name _____ Relationship _____

Authorized to release child to: Yes No

Primary _____ Secondary _____

Preferred Method of Contact: Primary Phone Secondary Phone

Name _____ Relationship _____

Authorized to release child to: Yes No

Primary _____ Secondary _____

Preferred Method of Contact: Primary Phone Secondary Phone

Authorized Physician _____ Physician's Phone _____

Preferred Clinic / Hospital _____ Health Insurance Company _____

Name of Policy Holder _____ Policy or Group Number _____

Does your child have any allergies? Yes No

If yes, please explain allergy and reaction: _____

Does your child have any disability, chronic or recurring illness or conditions, i.e. asthma, diabetes, etc? Yes No

If yes, please explain: _____

Current Medications: _____

Medical Authorization form has been completed and included. Yes No

My child has the following special needs (i.e., ADD, Autism, Lactose Intolerance, etc): _____

LATE PICK-UPS

I/We understand that in the event of a late pick-up the Fox Valley Family YMCA has the authorization to charge an additional \$1.00 per child, per minute past 6:05pm. I also understand that this fee will be charged to my YMCA account. Three or more late pick-ups may result in termination in participation in program.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

TRAVEL

I authorize my child to participate in walking trips and summer camp activities, including field trips, and travel on YMCA arranged transportation on special occasions.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

PROGRAM POLICIES AND AUTHORIZATIONS

This page contains a summary of the various sections of the parent handbook which will be provided upon request. The information contained above and herein is complete and correct, and that the referenced child or children are able to engage in all activities except where limitations have been noted.

Please read and sign after the following list of policies and authorizations:

- The Fox Valley Family YMCA agrees to provide child care Monday–Friday from 6:30am until school starts and from school dismissal to 6:00pm. This care includes morning snack, lunch and an afternoon snack.
- I understand that the YMCA's supervision for my youth begins when my child arrives at Summer Camp and is checked in by the YMCA personnel.
- I understand that the YMCA's responsibility for my child ends when an authorized adult or myself has signed out my child from the YMCA program.
- I understand that I am not to leave my child at the Summer Camp site unless released to a YMCA staff person who is there to receive and supervise my child.
- I understand that I have the right to visit the YMCA program at any time to observe the program and my child's participation in the program.
- The YMCA agrees to keep parent/guardian informed of any incidents, including; illness, injuries, exposure to communicable diseases.
- I give permission for the YMCA to administer basic first aid, and in the event of an emergency, to secure a physician for emergency medical treatment for my child. I understand that a conscious effort will be made to contact the parent/guardian before seeking treatment. I understand and accept that this expense is my responsibility, as the YMCA does not carry accident insurance for participants. I understand it is my responsibility to carry primary accident insurance.
- I give permission for the YMCA to contact the emergency contacts listed in the event they are unable to reach the parent/guardian.
- I understand that my child must be signed in/out and escorted in/out of the program daily, by an adult over the age of 18.
- I understand the YMCA will only release my child to the parents/guardians and contacts listed on this form. I understand that I must provide in writing, authorization for my child to be picked up by someone other than the individuals listed on this form. ID must be provided.
- I understand that before any medication is dispensed to my child, a medical authorization form must be completed. All medication must be in its original container. The YMCA staff will keep a written verification log of date, time, and staff member who administer the medication and any reactions to the medication.
- I acknowledge it is my responsibility to keep the YMCA advised of any changes to my child's enrollment form to include but not limited to; addresses and phone numbers of all individuals, change in work location, family doctor, allergies and other health information. I agree to provide this information to the YMCA at the time of the changes.
- I understand that it is mine and my child's responsibility to know and abide by all policies and procedures included in the Parent Handbook and that I have received a copy of this document.
- I understand that failure to pay my Summer Camp program fees promptly will result in denial of program participation until the balance is paid in full. Outstanding balances may be sent to a collections agency. If this occurs, I understand that I am responsible for coordinating alternate care for my child.
- I understand that my child may be photographed, video taped and/or recorded by YMCA staff or their representatives and used in their general publicity materials.
« If you do not agree to having your child photographed by YMCA staff or their representatives, please check this box and initial _____
- I understand that my child will participate in character development activities.
- I understand that the YMCA staff and volunteers are not allowed to baby-sit, socialize or transport children at any time outside of the YMCA program. (YMCA will take immediate staff and volunteer disciplinary action if a violation occurs.)
- I understand that the YMCA is mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.
- I understand that neither the YMCA nor its representatives can be held responsible in the event of an accident, injury, or accidental death. I understand that all precautions will be taken to ensure the safety and health of my youth.
- I understand that the YMCA and staff employed by the YMCA will not become involved in any custodial disputes between parent/guardian. If YMCA documents are requested, the court must request them. The staff's responsibility is to provide a safe environment for children.
- I understand that the YMCA may terminate my child's enrollment for any of the following reasons:
 - Behavior that is destructive to property and/or refusal to replace said property.
 - Any single incident that is deemed by the YMCA to be harmful, dangerous, or disruptive.
 - Harassment, violent behavior or threat of such behaviors against a staff person or other member by parent/guardian or persons associated to the child (family member, friend, relative, etc.).
 - Parent/Guardians are late picking up child after program ends.
 - Non-payment, late payment or non-payment of NSF fees.
 - Failure to adhere to the sign in/sign out policies.
 - Behavior that is continually disruptive or dangerous to self and/or others.

Agreement to adhere to the Policies/Procedures and expectations: I acknowledge the above referenced youth, and I have read and discussed the established policies and procedures and behavioral expectations as stated in the Parent/Youth Packet. Further, we agree to abide by these policies and procedures and behavioral expectations and understand that failure to do so could result in dismissal from the program.

By initialing the policies and authorization statements above and signing below, I acknowledge that I have read and understand the policies/guidelines and agree to abide by them.

Parent/Guardian Signature _____ Date _____