



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FOX VALLEY FAMILY YMCA 2017 SUMMER DAY CAMP



2017 SUMMER DAY CAMP ENROLLMENT

FOX VALLEY FAMILY YMCA

3875 Eldamain Rd., Plano, IL | 630-552-4100

Child's Name _____ Gender: Male Female Birthdate: ____/____/____

Address _____ City _____ State _____ Zip _____

Phone # _____ Email _____

School _____ Grade in Fall 2017 _____

Child lives with: Both Parents Mom Dad Other _____

Camp Location: YMCA Central, Plano Grand Reserve Elementary, Yorkville

My child is interested in becoming a CIT (7th grade or older): yes no

Camper Shirt Size: Youth XS | Youth S | Youth M | Youth L | Adult S | Adult M | Adult L | Adult XL | Adult 2XL
(Circle One)

INFORMATION ON PARENT(S) / GUARDIAN(S)

Parent / Guardian Name _____ Relationship _____

Authorized to release child to: Yes No Place of Employment _____

Home Phone _____ Work Phone _____ Cell Phone _____

Preferred Method of Contact: Work Phone Home Phone Cell Phone

Marital Status: Married Divorced Single Separated

Parent / Guardian Name _____ Relationship _____

Authorized to release child to: Yes No Place of Employment _____

Home Phone _____ Work Phone _____ Cell Phone _____

Preferred Method of Contact: Work Phone Home Phone Cell Phone

Marital Status: Married Divorced Single Separated

EMERGENCY CONTACT / ADDITIONAL PICKUPS

Name _____ Relationship _____

Authorized to release child to: Yes No

Home Phone _____ Work Phone _____ Cell Phone _____

Preferred Method of Contact: Work Phone Home Phone Cell Phone

Name _____ Relationship _____

Authorized to release child to: Yes No

Home Phone _____ Work Phone _____ Cell Phone _____

Preferred Method of Contact: Work Phone Home Phone Cell Phone

CHILD HEALTH INFORMATION

Authorized Physician _____ Physician's Phone _____

Preferred Clinic / Hospital _____ Health Insurance Company _____

Name of Policy Holder _____ Policy or Group Number _____

Authorized Dentist _____ Dentist's Phone _____

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: _____

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

The following accommodations may be required to most effectively meet my child's needs in the Summer Day Camp Program:

PROGRAM POLICIES AND AUTHORIZATIONS

This page contains a summary of the various sections of the parent handbook with which you have been provided. The information contained above and herein is complete and correct, and that the referenced youth is 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 to 6:00pm. This care includes an am/pm snack and lunch.
- I understand that the YMCA's supervision for my youth begins when my child arrives at the Y 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 YMCA 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.
- I understand that before any medication is dispensed to my child, I must provide written authorization, which must include: date, child's name, name of medication, prescription number, if any; dosage, date and time to be dispensed and parent/guardian signature. 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 Day Camp payments promptly will result in removal from the program and my balance 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:
 - Parent/Guardians are late picking up child after program ends.
 - Non-payment, late payment or NSF payment of fees.
 - Failure to adhere to the sign in/sign out policies.
 - Contact and emergency contact information is incorrect and/or not update.
 - Child leaving the YMCA program without being signed out by authorized adult.
 - Behavior that is continually disruptive or dangerous to self and/or others.
 - 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.).

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 _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

(as listed in the YMCA membership form)

In consideration of being permitted to utilize the facilities, services, and programs of the YMCA for any purpose including but not limited, to observation or use of facilities or equipment, or participation in any off site program affiliated with the YMCA, the undersigned hereby agrees to the following:

I am an adult over 18 years of age and wish to participate in the Fox Valley Family YMCA activities. In addition, I give my children permission to participate in the Fox Valley Family YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for the YMCA allowing me to participate in YMCA activities, I understand and expressly acknowledge that I release the Fox Valley Family YMCA and its staff members, directors, volunteers, board members, guests and members from all liability for any injury, loss, or damage connected in any way whatsoever to my (or my children's) participation in the YMCA activities, whether on or off YMCA premises. I understand that this release includes any claim based on negligence, action or inaction of the Fox Valley Family YMCA, its staff, directors, volunteers, board members, guests and members. This frees the YMCA and its agents from all liability to the undersigned or such children and/or other family members for any loss or damage, and any claim or demands on account of injury to the person, or property, or the result of death of the undersigned or such children and/or family members whether cause by negligence of the YMCA or its agents. This includes activities when the undersigned or such children are participating in YMCA programs, whether at the YMCA, off site or in any way using any YMCA equipment or structures. This also releases the YMCA and its agents from all liability to the undersigned and such children for any loss or damage, claim or demands on account of injury or death to those using any part of the YMCA for basic membership use, whether at the YMCA or off site. I hereby assume full responsibility for risk of bodily injury, death, or property damage to the undersigned or such children. I understand that the YMCA is not responsible for personal property lost or stolen while members and or program participants are using YMCA facilities or are on YMCA premises, either on site or off site. I also authorize the YMCA to perform any and all background checks on myself or my family as stated by the fair credit report. I have read and am voluntarily signing this waiver. I understand that Annual Memberships are non-refundable. I give permission to the Fox Valley Family YMCA to use limitation and obligation, photographs, film footage, or tape recordings which may include my image or voice for purposes of promoting or interpreting YMCA programs or membership.

Thank you for participating in our 2017 Summer Day Camp program. We are looking forward to a great summer!

ACCEPTANCE: The undersigned further expressly agrees that the foregoing RELEASE and WAIVER and INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the laws of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

PARENT/GUARDIAN SIGNATURE

DATE

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.

PARENT/GUARDIAN SIGNATURE

DATE

TRAVEL

I authorize my child to participate in Summer Day Camp activities, including Field Trips and travel on YMCA arranged transportation. If my child is not authorized to attend Field Trips, I understand that my child will not attend Summer Day Camp on Field Trip days.

PARENT/GUARDIAN SIGNATURE

DATE



2017 SUMMER DAY CAMP ENROLLMENT

FOX VALLEY FAMILY YMCA

3875 Eldamain Rd., Plano, IL | 630-552-4100

WWW.FOXVALLEYYMCA.ORG

FOX VALLEY FAMILY YMCA SUMMER DAY CAMP BANK DRAFT AUTHORIZATION FORM

PARENT / GUARDIAN TO COMPLETE ALL INFORMATION AND SIGN.

Today's Date ____ / ____ / ____

I do not wish to bank draft for camp. I will pay for camp weeks either online or at the desk.

Parent / Guardian Signature _____

Please sign me up for monthly bank draft for camp. Please sign me up for semi-monthly bank draft for camp.

Child's Name _____ Parent / Guardian Name _____

Address _____ City _____ State _____ Zip _____

Phone (____) ____-____ Email _____

WEEKS ATTENDING (mark all that apply)

May camps are not eligible for bank draft and must be paid at the desk or online.

Full Time (4-5 days) = \$130 YMCA Members / \$100 CIT
Part Time (1-3 days) = \$100 YMCA Members / \$80 CIT

JUNE: Full Time (4-5 days) OR Part Time (1-3 days) + _____ # of weeks at \$ _____ total June 1 = Draft \$ _____

Please specify the days of the week your child will attend _____

JULY: Full Time (4-5 days) OR Part Time (1-3 days) + _____ # of weeks at \$ _____ total July 1 = Draft \$ _____

Please specify the days of the week your child will attend _____

AUGUST: Full Time (4-5 days) OR Part Time (1-3 days) + _____ # of weeks at \$ _____ total August 1 = Draft \$ _____

Please specify the days of the week your child will attend _____

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I authorize my bank to honor pre-authorized EFT's (electronic funds transfer) drawn by the Fox Valley YMCA for membership, programs and/or contributions. I understand that my deduction is continuous and may be terminated by me upon written request and must be received 10 business days prior to my draft date. If for any reason a check or draft is returned to the YMCA, I understand that I am responsible for bringing my account up to date and paying a service fee per returned check or draft. The return of a bank draft check to the YMCA will result in suspension of the program privileges and /or membership until my account is current.

All rates are subject to change within 30 days with written notice. I understand that it is my responsibility to notify the YMCA of any change of address or EFT account information, change of classes or cancellations within 10 business days of the draft date.

INITIALS _____

Bank Name _____ Routing/Transaction Number _____ Account Number _____

(Choose one) Checking Savings Credit Debit Name on Account _____

Total Draft Amount \$ _____ Date of 1st Draft _____

Credit Card Number _____ Expiration Date ____ / ____ / ____ Card Type _____

Signature _____

Yes, I would like to donate to the Fox Valley Family YMCA's Annual Campaign in the amount of \$ _____

Signature _____

YMCA TO COMPLETE:

ENTERED INTO SYSTEM

STAFF ACCEPTING FORM

DATE TURNED IN

DIRECTOR APPROVAL

ATTACH DRAFT INFO



2017 SUMMER DAY CAMP ENROLLMENT

FOX VALLEY FAMILY YMCA

3875 Eldamain Rd., Plano, IL | 630-552-4100

WWW.FOXVALLEYYMCA.ORG

FOX VALLEY FAMILY YMCA MEMBERSHIP AUTHORIZATION FORM

Camp participants receive a FREE Youth Membership during their camp attendance.
Please complete this form to receive your free membership.

Today's Date ____ / ____ / ____

Child's Name _____ Parent / Guardian Name _____

Address _____ City _____ State _____ Zip _____

Phone (____) ____-____ Email _____

Child's Birthdate: ____ / ____ / ____

Would like the free Youth Membership during camp.

Currently has an active Youth Membership.

The membership will continue while in camp, but the parent will not be charged. Your youth membership will not draft from 6/15/17 - 8/15/17. Your draft will return to the full rate on 9/15/17, unless a change is requested in writing.

Currently is part of an active Family Membership.

You are eligible for a discounted family rate. Your family membership will draft at the rate of \$43.50 from 6/15/17 - 8/15/17. Your draft will return to the full rate on 9/15/17, unless a change is requested in writing.

INITIALS _____

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I authorize my bank to honor pre-authorized EFT's (electronic funds transfer) drawn by the Fox Valley YMCA for membership, programs and/or contributions. I understand that my deduction is continuous and may be terminated by me upon written request and must be received 10 business days prior to my draft date. If for any reason a check or draft is returned to the YMCA, I understand that I am responsible for bringing my account up to date and paying a service fee per returned check or draft. The return of a bank draft check to the YMCA will result in suspension of the program privileges and /or membership until my account is current.

All rates are subject to change within 30 days with written notice. I understand that it is my responsibility to notify the YMCA of any change of address or EFT account information, change of classes or cancellations within 10 business days of the draft date.

INITIALS _____

Bank Name _____ Routing/Transaction Number _____ Account Number _____

(Choose one) Checking Savings Credit Debit Name on Account _____

Total Draft Amount \$ _____ Date of 1st Draft _____

Credit Card Number _____ Expiration Date ____ / ____ / ____ Card Type _____

Signature _____

Yes, I would like to donate to the Fox Valley Family YMCA's Annual Campaign in the amount of \$ _____

Signature _____



2017 SUMMER DAY CAMP ENROLLMENT
FOX VALLEY FAMILY YMCA
3875 Eldamain Rd., Plano, IL | 630-552-4100

WWW.FOXVALLEYYMCA.ORG