



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

**FOX VALLEY FAMILY YMCA  
 2018 SUMMER DAY CAMP**



**2018 SUMMER DAY CAMP ENROLLMENT**

**FOX VALLEY FAMILY YMCA**

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

Child's Name \_\_\_\_\_ Grade 2018/2019 \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Name \_\_\_\_\_ Grade 2018/2019 \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Name \_\_\_\_\_ Grade 2018/2019 \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #1 \_\_\_\_\_ Email \_\_\_\_\_

Child lives with:  Both Parents  Mom  Dad  Other \_\_\_\_\_

Camp Location:  YMCA Central, Plano  YMCA West, Sandwich

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

**STAFF ONLY**

Received by \_\_\_\_\_  
 Date \_\_\_\_\_

Registration Fee Paid  
 yes  no

## INFORMATION ON PARENT(S) / GUARDIAN(S)

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Primary Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Authorized to release child to:  Yes  No Place of Employment \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Email \_\_\_\_\_

Preferred Method of Contact:  Primary Phone  Secondary Phone

Marital Status:  Married  Divorced  Single  Separated

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Secondary Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Authorized to release child to:  Yes  No Place of Employment \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Email \_\_\_\_\_

Preferred Method of Contact:  Primary Phone  Secondary Phone

Marital Status:  Married  Divorced  Single  Separated

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## EMERGENCY CONTACT / ADDITIONAL PICKUPS

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Name \_\_\_\_\_ Relationship \_\_\_\_\_

Authorized to release child to:  Yes  No

Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Preferred Method of Contact:  Primary Phone  Secondary Phone

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Name \_\_\_\_\_ Relationship \_\_\_\_\_

Authorized to release child to:  Yes  No

Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Preferred Method of Contact:  Primary Phone  Secondary Phone

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## PHYSICIANS INFORMATION

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Authorized Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Preferred Clinic / Hospital \_\_\_\_\_ Health Insurance Company \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Policy or Group Number \_\_\_\_\_

# CHILD HEALTH INFORMATION

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**Child #1 Name** \_\_\_\_\_ Gender  M  F T-shirt Size \_\_\_\_\_

Does your child have any allergies?  Yes  No Epi-pen required?  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. (if meds are needed)**

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

Special Services received: \_\_\_\_\_

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

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**Child #2 Name** \_\_\_\_\_ Gender  M  F T-shirt Size \_\_\_\_\_

Does your child have any allergies?  Yes  No Epi-pen required?  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. (if meds are needed)**

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

Special Services received: \_\_\_\_\_

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

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**Child #3 Name** \_\_\_\_\_ Gender  M  F T-shirt Size \_\_\_\_\_

Does your child have any allergies?  Yes  No Epi-pen required?  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. (if meds are needed)**

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

Special Services received: \_\_\_\_\_

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

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## PROGRAM POLICIES AND AUTHORIZATIONS

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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 \_\_\_\_\_

# RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

(as listed in the YMCA membership form)

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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 2018 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.

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PARENT/GUARDIAN SIGNATURE

DATE

## LATE PICK-UPS

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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.

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PARENT/GUARDIAN SIGNATURE

DATE

## TRAVEL

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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.

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PARENT/GUARDIAN SIGNATURE

DATE



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