

Camper Name: \_\_\_\_\_



# Trails West YMCA Day Camp Registration 2013!

# Summer Day Camp Registration Form

## Camper Information

Camper's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Gender:      M              F

Address: \_\_\_\_\_ City: \_\_\_\_\_ St. \_\_\_\_\_

Zip: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## Emergency Contact

Full Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Member -\$85.00/Week

Non-member -\$105.00/Week

Daily Drop-in- \$25.00/Day

\*Additional children attending the same week receive a \$10 discount off weekly price only.

# Release of Minors

All campers are released at the end of each day of camp to their parent/guardian or one of the individuals listed on their form. **NO EXCEPTIONS!** The camp will release the camper to either parent/guardian listed on the application unless directed by a court to do otherwise.

**REMINDER:** Photo identification must be provided at the time of pick up. In addition to names already listed on this application, my child may be released to the following individuals:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Payment Information:** Please make checks payable to the Scottsbluff Family YMCA. Payment is due **IN FULL** by Monday of each week.

**Refunds:** The Scottsbluff Family YMCA will refund 100% of camp tuition fees, provided a cancellation is made prior to the camp week that your child is enrolled.

**Snacks & Lunches:** Trails West YMCA Camp will provide snacks throughout the day for all campers. All campers will bring their own sack lunches including drink. Please pack a water bottle with your child at all times.

**Terms of Agreement:** Trails West YMCA Camp is not responsible for lost or damaged personal property. All scheduled events are subject to change.

## Medical Information

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's #: \_\_\_\_\_

# Authorization and Release

## Authorization of Treatment

I hereby give my permission to the medical personnel to order treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician to secure and administer treatment, including authorization for my child above.

Initials: \_\_\_\_\_

## PARENT/GUARDIAN'S AUTHORIZATION

In Consideration of my above named child being allowed to participate in the Scottsbluff Family YMCA/Trails West Camp and intending to be legally bound, I hereby waive, release, hold harmless, covenant not-to-sue, and forever discharge any and all rights, actions, and claims of negligence that I or my heirs, executors, or assigns may have against the YMCA as well as their respective officers, directors, trustees, agents, employees, representatives, successors, assigns, and affiliates for death, injury, loss, and any and all damages that my child may sustain and/or suffer in connection with his/her/their participation in the YMCA Camp. From time to time, pictures are taken of the children doing program activities, for the local newspaper, television station or other YMCA promotional material. It is essential to have parental permission before any pictures may be published. I give my permission for picture(s) of my child to be published in the local newspaper, television station or YMCA promotional material. I also agree to indemnify the YMCA for any defense, cost, or expense arising out of any claim of injury or death arising from his/her/their participation in this program. I am both legally competent and am legally responsible for the child listed below, who will be freely participating in this activity. I also understand that the YMCA staff will not take responsibility for children prior to 7:30 AM nor after 6:00 PM

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## PERMISSION TO TRANSPORT

As part of the YMCA Day Camp Program, daily activities are planned in and around the Scottsbluff area which require travel. Please give permission for your child to board and travel on the YMCA bus by signing below:

I hereby give permission for my previously named child to board and travel on the YMCA bus.

\_\_\_\_\_  
Parent/Guardian Signature

# Health Information Form

Does your child have any allergies (food, hay fever, etc)? Yes  No

If yes, Please specify \_\_\_\_\_  
\_\_\_\_\_

Are there any activities in which your child may not participate? Yes  No

If so, please list: \_\_\_\_\_  
\_\_\_\_\_

Are there any conditions or special needs that require special attention?

Yes  No

If so, please list: \_\_\_\_\_  
\_\_\_\_\_

Will your child be taking medication during camp hours? \_\_\_\_\_ If yes list below.  
Please pack all medication in a sealed container, clearly labeled with your child's name, age, medication, dosage and time to deliver and give it to the Camp Director each week.

Medication: \_\_\_\_\_ Time: \_\_\_\_\_

## Additional Notes:

The information listed on this health form is correct to the best of my knowledge, and the camper described herein has permission to engage in all prescribed camp activities, except as noted on this form.

I, \_\_\_\_\_ as parent/guardian, authorize Trails West YMCA Camp- summer camp personnel to seek emergency treatment as required and to transport my child to the appropriate medical facility in the event that urgent/emergency care is necessary.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Signature Required**

# Summer Day Camp

## Rules & Regulations

1. I will be respectful to others at all times.
2. I will not use profanity.
3. I understand that no horseplay is allowed.
4. I will stay with my assigned Adventure Group & Counselor.
5. I understand that my parent may be called to pick me up for continuous disruptive behavior
6. No kicking, hitting, spitting, fighting, or shoving
7. No gum allowed
8. No food is allowed except during lunch or snack time

**Campers Name:** \_\_\_\_\_

**Parents Name:** \_\_\_\_\_

**Parents Signature:** \_\_\_\_\_



# Trails West YMCA Camp

*P.O. Box 2423, 22 S. Beltline HWY E. Scottsbluff, NE 69361*

*Phone: 308-635-2318/ Fax: 308-635-1260*

## **Summer Day Camp Disciplinary Policy**

**Summer Camp is meant to be a fun, educational and recreational activity.**

**For the benefit of all campers, it is important that children behave appropriately within the summer day camps. If it becomes necessary to take disciplinary action against a camper, the steps that will be followed are outlined below.**

**1<sup>st</sup> Incident: The camper will receive a verbal warning and an explanation as to why the behavior is inappropriate ( Whenever possible, this will be done in a one-on-one setting removed from other campers)**

**2<sup>nd</sup> Incident: Staff will determine an appropriate consequence for the camper's actions (examples may include a "time out" or exclusion from participating in an activity). The camper's parent will be notified of their behavior when they arrive to pick up the child.**

**3<sup>rd</sup> Incident: The child will be excused from the week of camp with NO refund.**

**Tear this page off and keep for reference!**