

2010 Asheville YMCA Adventure Camp

Summer Day Camp Signature Form

Parents/Guardians, please read each area below carefully. Your signature on this document indicates your acknowledgement, understanding, and agreement with all policies of the YMCA of Western North Carolina.

Policies/Procedures — I have received a copy of the policies/procedures in the Camp/Afterschool Handbook and agree to all policies.

Weekly Deposit — A nonrefundable and non-transferable deposit of \$15 is required to register campers for each weekly camp session.

Registration Fees — A one-time nonrefundable and non-transferable registration fee of \$15 per child, \$25 per family is due at the time of Summer Camp Registration.

Refunds and Cancellations — Any deposits and other fees paid are non-transferable and will not be refunded due to cancellation.

Insufficient Funds — If drafts or checks are not honored you are still responsible for the payment plus a \$30 service charge applied by Federal Automated Recovery System. Child(ren) will be unable to attend any YMCA program until the account is paid in full.

Emergency Treatment/Emergency Transportation — I agree that the operator, YMCA of Western North Carolina, may authorize the physician of their choice to provide emergency care in the event that I cannot be contacted immediately. I authorize for my child to be transported in the case of an emergency when medical attention by a physician is necessary. I understand that the YMCA will not transport children in their personal vehicles at any time and a hospital or fire/emergency department will always be contacted.

I, as the operator – YMCA of Western North Carolina, do agree to secure transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Signature of Operator/YMCA Representative: LAURA WARREN AND PAUL VEST Date: June 2010-June 2011

Field Trips/Transportation — I permit my child to leave the YMCA on authorized trips under the supervision of the YMCA staff. A written schedule of all activities to be conducted off the YMCA Camp premises will be posted for parents to review. By signing this form, you give your child permission to be transported in YMCA vehicles. I understand that field trips occur daily in Adventure Camp.

Registration Paperwork — Signature on this document indicates responsibility for payments and is the only one who can alter the forms.

Sunscreen: (initial the appropriate statement)

_____ I allow YMCA staff to provide sunscreen for my child (sunscreen product information available by request).

_____ I will provide sunscreen for my child in an individual bottle labeled with their name and grade

Behavior Management Policy: I have read this policy in the Handbook and agree with all policies as outlined.

YMCA Statement — I hereby, for myself, my family, heirs, executors, and administrators, waive and release any and all claims and damages I may have against the YMCA of Western North Carolina and their respective agents, representatives, successors, and assigns, for any and all injuries which may be suffered by me or my family in connection with participation in YMCA activities and programs. I agree to adhere to all policies as outlined on this policy/signature page. I also grant full permission to the YMCA to use any photographs or video recording taken of me or my family. I agree to comply with YMCA policies and procedures and understand that my participation can be terminated without refund for exhibiting inappropriate behavior or abuse toward the YMCA staff and/or facilities.

Parent/Guardian Name: _____ Parent/Guardian

Signature: _____
(please print)

Child's Name: _____

Date: _____

YMCA of Western North Carolina
Asheville Adventure Day Camp 2010

REGISTRATION CHECKLIST

The following information must be received before a child is able to start the program. Please note that many programs fill quickly, and early registration is recommended. There is a one week waiting period from the date the completed application is received until the date the child is able to start the program. Incomplete forms can delay a child's start date.

	<p><u>FORMS</u></p> <p><input type="checkbox"/> Youth Information Form You are required to complete a new Youth Information Form annually. Please note that we cannot use the form from the previous summer.</p> <p><input type="checkbox"/> 2010 Summer Day Camp and Afterschool Policy Signature Form Please read our policies and procedures. Parent signature required.</p> <p><input type="checkbox"/> Camp Selection Form Select the camp and dates you would like your child to attend.</p> <p><input type="checkbox"/> Individualized Care Plan – Please complete if you have noted on the Youth Information Form that child will be taking a prescription medication at the Y program, has a special need and/or a disability.</p> <p><input type="checkbox"/> Please check if submitting multiple registrations and list the names of the children _____</p>
	<p><input type="checkbox"/> Current Photo of Child (please place on the Youth Information Form in the spot labeled photo.)</p>
	<p><input type="checkbox"/> Registration Fee and Deposit and/or Weekly Payment *The Registration Fee and Weekly Deposits are Due at Time of Registration*</p> <p>Registration Fee: <input type="checkbox"/> \$15 per child <input type="checkbox"/> \$25 per family</p> <p>Weekly Deposit: <input type="checkbox"/> \$15 per week/per camp required to reserve – this will be applied to the weekly fee.</p> <p>Weekly Mild Adventure Day Camp Fee: \$150 member / \$175 non-member Weekly Wild Adventure Day Camp Fee: \$175 member / \$195 non-member</p> <p>Payment Method: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> Other _____</p> <p>Parent/Guardian Signature _____ Total Payment Amount Enclosed \$ _____</p>

2010 Asheville YMCA

Summer Day Camp Selection Form

Child's Name _____

Directions:

1. Select a Camp and place an "X" in the box under each session date needed.
2. *A \$20 deposit for each week of camp selected is required at the time of registration to reserve your child's spot, in addition to the one-time registration fee. The deposit and registration are non-refundable/non-transferable. The deposit will be put towards the weekly camp fee.*

****Please Note The Registration Fee Will Be Waived For the First 100 Registrations Received.***

NAME OF CAMP	ONE-TIME REGISTRATION FEE	WEEKLY RATE	6/14	6/21	6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16
			1	2	3	4	5	6	7	8	9	10
Iddy Bidy Sports Camp	\$15 - Child \$25 - Family	\$100 members/ \$120 non-members										
Mild Adventure Camp	\$15 – Child \$25 – Family	\$150 members/ \$175 non-members										
Wild Adventure Camp	\$15 – Child \$25 – Family	\$175 members/ \$195 non-members										

YMCA of Western North Carolina

Asheville Branch – Individualized Care Plan Form

This form will be utilized when a parent/guardian has indicated on the Youth Information Form that their child will be taking a prescription medication, has a special need and or disability while participating in the YMCA program.

CHILD'S NAME: _____ CHILD'S DATE OF BIRTH _____

Name of Prescription Medication to be taken at the YMCA: _____

Expiration Date: _____ Time to Be Taken and Frequency: _____

Dosage Amount _____ Beginning Date: _____ Ending Date: _____

Special Instructions: _____

Possible Reactions: _____

Prescribing Provider: _____ Phone: _____

Pharmacy: _____ Phone: _____

I give the YMCA staff authorization to give medicine noted above and to call the health care provider if needed.

Parent/Guardian Signature: _____ Date: _____

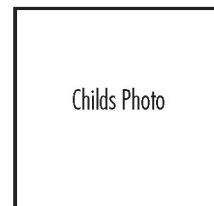
Parents/Guardians - Please note special needs, concerns and/or disabilities that are important for our staff to be familiar with prior to your child's admittance into the program – Please be specific.

If the YMCA staff and/or the parents/guardians feel it is necessary, a meeting will be scheduled in advance to discuss specific information. The YMCA program welcomes all children to the extent that it is reasonably able to do so. A child who requires measures that constitute a fundamental alteration to the program or other undue hardship, or a child that poses a direct threat to the health and safety of others, will not be able to participate in the program. All children, regardless of their circumstances, are subject to YMCA disciplinary procedures.

Office Use Only: _____ YMCA is to contact family regarding admission into camp
_____ Parent requests contact with YMCA staff prior to camp

2010 Asheville YMCA Youth Information Form

This youth information is effective for the 2010-2011 Summer Camp and Afterschool Programs.



Child's Information

Child's name _____ Nickname _____
Address _____ City _____ Zip _____
___ Male ___ Female Birth date _____ Age (as of June 2010) _____ Ethnicity _____
School child attends during school year _____ **Grade** (as of Aug. 2010) _____

If the **Afterschool Program** closes due to inclement weather, my child will: **(Afterschool program use ONLY.)**

___ Ride the school bus home ___ Picked up by a parent at school ___ Attend YMCA Afterschool

Allergies (please be specific and note level of severity, etc.): _____

Current Medications (please note all medications AND complete the Individualized Care Plan if meds will need to be administered at the Y program): _____

Special Needs/Disabilities (please complete the attached Individualized Care Plan Form): _____

What are activities that your child would enjoy while at Afterschool/Summer Camp: _____

What are your expectations for the Afterschool/Summer Camp program? _____

Names and Ages of Siblings: _____

Swimming Ability (check one): ___ Non-Swimmer ___ Beginner ___ Intermediate ___ Advanced

Family Information **(List both parents/guardians AND check the one parent/guardian completing this form to contact for payments and questions.)**

Parent/guardian's name _____ Employer _____ E-mail
address _____ (please provide the email address that we may use for contacting you) Home address
_____ City _____ Zip _____ Home #
_____ Work # _____ ext. _____ Mobile # _____ Pager # _____

Parent/guardian's name _____ Employer _____ E-mail
address _____ (please provide the email address that we may use for contacting you) Home address
_____ City _____ Zip _____ Home #
_____ Work # _____ ext. _____ Mobile # _____ Pager # _____

Emergency Information (If you do not have a doctor/dentist, please list Buncombe County Health Department or another provider of your choice. All information is REQUIRED, including hospital name.)

In case of emergency, please contact the following first: ___ **Mother/Guardian** ___ **Father/Guardian**

Child's doctor _____ Doctor's phone # _____

Child's dentist _____ Dentist's phone # _____

Hospital preference _____

Insurance company _____ Policy # _____

Emergency Contact Information

When a parent/guardian is not available, I authorize these individuals to pick-up my child:

1. Name _____ Relationship to child _____ Home # _____
Work # _____ ext. _____ Mobile # _____ Pager # _____

2. Name _____ Relationship to child _____ Home # _____
Work # _____ ext. _____ Mobile # _____ Pager # _____

3. Name _____ Relationship to child _____ Home # _____
Work # _____ ext. _____ Mobile # _____ Pager # _____

4. Name _____ Relationship to child _____ Home # _____
Work # _____ ext. _____ Mobile # _____ Pager # _____