



# Campbell County YMCA Summer Camp 2019 Registration Form

Office Use Only: Date Entered: \_\_\_\_\_ Processing Initials: \_\_\_\_\_ OC CC

\*Editable forms and family handbook are available at myy.org or email jberberich@myy.org

Camper Information	
Name	
Street Address	
Gender	
Date of Birth	
Age	
Upcoming Grade	

Parent/Guardian Information			
All listed parents/guardians and contacts have access to picking up your child from YMCA programming.			
Name (1 <sup>st</sup> Called)		Name (2 <sup>nd</sup> Called)	
Date of Birth		Date of Birth	
Street Address		Street Address	
Cell Phone		Cell Phone	
Work Phone		Work Phone	
Email Address		Email Address	
The YMCA receives funding from many sources to support summer camps scholarships and programming. By providing this information it helps us continue to make a case for support. All information is kept strictly confidential.		# in Household	
		Race	
		Household Income	

Camp Location	Camp Program	Preferred Age Group	T-Shirt Size
<input type="checkbox"/> Campbell County Camp Tower  <input type="checkbox"/> Kenton County Camp Independence	<input type="checkbox"/> Pre (5-14) <input type="checkbox"/> Post (5-14) <input type="checkbox"/> Day (5-10) <input type="checkbox"/> Teen (11-14) <input type="checkbox"/> LIT (13-15) LIT requires application and interview.	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> Teen	
		Groups are subject to change. List one camper your child would like to group with. _____	

Emergency Contact Information			
All listed parents/guardians and contacts have access to picking up your child from YMCA programming.			
Name (3 <sup>rd</sup> Called)		Name (4 <sup>th</sup> Called)	
Relationship to Child		Relationship to Child	
Street Address		Street Address	
Cell Phone		Cell Phone	
Work Phone		Work Phone	
Email Address		Email Address	



# Campbell County YMCA Summer Camp 2019 Registration Form

## Pick Up Authorization Code

Please list two code words that will be used as an added measure of security for approved adults to pick up your child from camp. These code words should be unique and not generic to Summer Camp. Please keep track of these words to use daily and share with authorized pick up adults until our staff get to know you well.


## Health History

This section allows parents/guardians to indicate their preferences in doctors/ medical facilities and also allows for communication of any child's health history information that can help us ensure a safe and happy experience at camp for all children. Please list any information regarding special medical issues, special dietary needs, possible allergies, etc. in this section. If needed, an Administration of Medication form will be available if any medication is to be taken at camp. **Please mark N/A where applicable. \*Required per ACA Regulations.**

<b>*</b> Preferred Physician	Name:	Current Medications	
	Address:	Dietary Modifications	
	Phone:	Operations/Serious Surgery	
<b>*</b> Preferred Dentist	Name:	Disabilities	
	Address:	Chronic/Reoccurring Illness	
	Phone:	Allergies (Food, Meds, Insects, etc.)	
<b>*</b> Preferred Hospital	Name:	Please list any info about your camper to help our counselors create a great experience for all:	
	Address:		
	Phone:		

## Emergency Medical Authorization

A parent/guardian must provide the YMCA consent for emergency medical treatment to be initiated for their child in the event of an emergency. A parent/guardian has the right to refuse to grant consent. If you would like to deny consent, please contact Jessica Berberich at [jberberich@myy.org](mailto:jberberich@myy.org)

**In the event reasonable attempts to contact me or a second parent/guardian** at the numbers listed in my Emergency Contact information, have been unsuccessful, I hereby give my consent with my signature below (written or electronic) for: **(1)** the administration of any treatment of physician or dentist I have listed above, or in the event the designated preferred physician is not available, by another licensed physician or dentist; or **(2)** the transfer of the child to the designated preferred hospital I have listed or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such action, are obtained prior to the performance of the surgery.

<b>X</b>	Date:
----------	-------



# Campbell County YMCA Summer Camp 2019 Registration Form

Permission to Participate	
Please indicate by checking yes or no to provide your child with authorization to participate camp activities.	
My child has permission to swim in the pool and/or splash pad and will be given restrictions according to our swim test guidelines. (Red, Yellow, Green Bands). By withdrawing permission your child will not be permitted around the pool area.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Splash Pad Only
YMCA staff can provide routine healthcare to my child. (Band-Aids, ice pack, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No - Please contact program director.
My child has permission to apply their provided sunscreen and YMCA staff can assist with application as needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No - Please contact program director.
My child has permission to participate in any off site trips. Transportation for these trips may be made by walking or riding in a leased bus. Parents/Guardians will need to make other arrangements for campers who are unable to attend off site trips. No onsite child care is available.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give my permission for my child's image, voice, or written comments to be included in evaluations, pictures, newsletters, and marketing pieces associated with the program. The YMCA of Greater Cincinnati may use these indefinitely, without limitation or obligation for the purpose of promoting or interpreting YMCA programs.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Acknowledgement of YMCA Policies and Family Handbook	
<p>Your child's safety, security, and health is our number one priority. Our staff goes through extensive training to help ensure the wellbeing of your child. However, through no negligence on anyone's part, accidents may happen. All parents of campers must agree to the following:</p> <ul style="list-style-type: none"> <li>• I understand that the YMCA is not responsible for personal property lost or stolen while participating in the program. My child is responsible for all of his/her belongings. I understand that lost and found is reviewed every Friday and that any items left over at the end of camp each week will be sent to Goodwill®.</li> <li>• I understand that the YMCA of Greater Cincinnati is not responsible for anything that occurs as a result of false information given by a parent or guardian.</li> <li>• I understand that any medical expenses resulting from any illness or injury incurred while at camp or attending any YMCA program is my responsibility.</li> <li>• I understand that the YMCA of Greater Cincinnati assumes no responsibility for injuries or illnesses which may occur as a result of my child's physical condition or resulting from his/her participation in any athletic events, sports programs, the use of any equipment, exercise or other activities.</li> <li>• I acknowledge on behalf of myself and my heirs that I assume the risk for any injuries or illnesses, which may result from camp activities. I hereby release and discharge the YMCA of Greater Cincinnati, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage, which my child may suffer as a result of his/her participation in camp.</li> </ul>	
<p><b>The Family Handbook is available online or by emailing Jessica, <a href="mailto:jberberich@myy.org">jberberich@myy.org</a>.</b></p> <p>I have read and fully understand these policies and authorization statements. I do hereby give such authorization as indicated or document understanding of specified policies. I have read and understand the contents of the <b>2019 Summer Camp Family Handbook</b> and agree to all the terms that are covered in the manual. I understand that my signature (written or electronic) indicates that I have been previously made aware of all policies, procedures, and guidelines referenced in the handbook concerning this program.</p>	
<b>X</b>	Date:



# Campbell County YMCA Summer Camp 2019 Registration Form

Pricing Per Week – N: Non Member – M: Member					
Pre OR Post Camp \$45 N \$30 M	Pre AND Post Camp \$90 N \$50 M	Full Time Camp Day (5-10) Teen (11-14) \$183 N \$147 M	Part Time Camp Day (5-10) Teen (11-14) \$130 N \$95 M	LIT \$75 N and M *Requires application and interview	Swim Lessons \$20 N and M *Full Time campers at Red/Yellow band only

Weekly Registration	
Check one for applicable discounts: <input type="checkbox"/> Pay In Full <input type="checkbox"/> Multi Child Check Member Status: <input type="checkbox"/> Member <input type="checkbox"/> Non Member (Member status must be in place prior to submitting camp registration)	
<b>C: Campbell County Camp Tower    K: Kenton County Camp Independence</b>	
<b>C Week 1</b> 5/28/19 – 5/31/19 Camp Tower at YMCA	<input type="checkbox"/> Pre Camp <input type="checkbox"/> Post Camp <input type="checkbox"/> Pre/Post <input type="checkbox"/> FT Day/Teen <input type="checkbox"/> PT Day/Teen <input type="checkbox"/> LIT
<b>C Week 2 - K Week 1</b> 6/3/19 – 6/7/19 at Camp Tower at Woodfill	<input type="checkbox"/> Pre Camp <input type="checkbox"/> Post Camp <input type="checkbox"/> Pre/Post <input type="checkbox"/> FT Day/Teen <input type="checkbox"/> PT Day/Teen <input type="checkbox"/> LIT <input type="checkbox"/> Swim
<b>C Week 3 - K Week 2</b> 6/10/19 – 6/14/19	<input type="checkbox"/> Pre Camp <input type="checkbox"/> Post Camp <input type="checkbox"/> Pre/Post <input type="checkbox"/> FT Day/Teen <input type="checkbox"/> PT Day/Teen <input type="checkbox"/> LIT <input type="checkbox"/> Swim
<b>C Week 4 - K Week 3</b> 6/17/19 – 6/21/19	<input type="checkbox"/> Pre Camp <input type="checkbox"/> Post Camp <input type="checkbox"/> Pre/Post <input type="checkbox"/> FT Day/Teen <input type="checkbox"/> PT Day/Teen <input type="checkbox"/> LIT <input type="checkbox"/> Swim
<b>C Week 5 - Week 4</b> 6/24/19 – 6/28/19	<input type="checkbox"/> Pre Camp <input type="checkbox"/> Post Camp <input type="checkbox"/> Pre/Post <input type="checkbox"/> FT Day/Teen <input type="checkbox"/> PT Day/Teen <input type="checkbox"/> LIT <input type="checkbox"/> Swim
<b>C Week 6 - Week 5</b> 7/1/19 – 7/5/19 <b>No camp 7/4</b>	<input type="checkbox"/> Pre Camp <input type="checkbox"/> Post Camp <input type="checkbox"/> Pre/Post <input type="checkbox"/> FT Day/Teen <input type="checkbox"/> PT Day/Teen <input type="checkbox"/> LIT
<b>C Week 7 - Week 6</b> 7/8/19 – 7/12/19	<input type="checkbox"/> Pre Camp <input type="checkbox"/> Post Camp <input type="checkbox"/> Pre/Post <input type="checkbox"/> FT Day/Teen <input type="checkbox"/> PT Day/Teen <input type="checkbox"/> LIT <input type="checkbox"/> Swim
<b>C Week 8 - Week 7</b> 7/15/19 – 7/19/19	<input type="checkbox"/> Pre Camp <input type="checkbox"/> Post Camp <input type="checkbox"/> Pre/Post <input type="checkbox"/> FT Day/Teen <input type="checkbox"/> PT Day/Teen <input type="checkbox"/> LIT <input type="checkbox"/> Swim
<b>C Week 9 - K Week 8</b> 7/22/19 – 7/26/19 Camp Tower back at YMCA	<input type="checkbox"/> Pre Camp <input type="checkbox"/> Post Camp <input type="checkbox"/> Pre/Post <input type="checkbox"/> FT Day/Teen <input type="checkbox"/> PT Day/Teen <input type="checkbox"/> LIT <input type="checkbox"/> Swim
<b>C Week 10 - K Week 9</b> 7/29/19 – 8/2/19	<input type="checkbox"/> Pre Camp <input type="checkbox"/> Post Camp <input type="checkbox"/> Pre/Post <input type="checkbox"/> FT Day/Teen <input type="checkbox"/> PT Day/Teen <input type="checkbox"/> LIT <input type="checkbox"/> Swim
<b>C Week 11 - K Week 10</b> 8/5/19 – 8/9/19	<input type="checkbox"/> Pre Camp <input type="checkbox"/> Post Camp <input type="checkbox"/> Pre/Post <input type="checkbox"/> FT Day/Teen <input type="checkbox"/> PT Day/Teen <input type="checkbox"/> LIT <input type="checkbox"/> Swim <div style="text-align: right;">K Only</div>
<b>K Week 11</b> 8/12/19 – 8/16/19	<input type="checkbox"/> Pre Camp <input type="checkbox"/> Post Camp <input type="checkbox"/> Pre/Post <input type="checkbox"/> FT Day/Teen <input type="checkbox"/> PT Day/Teen <input type="checkbox"/> LIT

**Office Use Only:** Staff will obtain written signature from a parent/guardian during the first week of program to acknowledge any electronic signatures provided.

Name:	Signature:	Date:
-------	------------	-------



# Campbell County YMCA Summer Camp 2019 Registration Form

## DRAFT AUTHORIZATION

### Bank Account (Voided Check Required, Please Attach)

Bank Name:

Route/Transaction Number:

Account Number:

Name on Account:

### Credit Card Information

Credit Card Number:

Exp. Date:

Name on Credit Card:

Signature:

Date:

### Billing Address

Street:

City:

State:

Zip:

### Annual Support Campaign Gift

Please sign below if you would like to pay the registration fee during the 'Waive the registration fee' event. Your payment during this time will be added as a gift to our Annual Support Campaign. You can choose to donate a different amount using the 'other' box. By making a donation you are helping a child to enroll in a summer camp, school age, sports, or swim program that otherwise they may not have had the opportunity. Your gift shows that you believe in our cause and what we do. It shows the community that our work is important. Thank you for supporting the YMCA's Annual Campaign

**2019 Summer Camp Waive the Registration Event:  
March 2<sup>nd</sup> 10am-2pm Camp Kick Off at Campbell County YMCA**

Donation of \$25 registration fee       Other:

**X**