



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Office Use

Received by: _____
Date: _____
Member #: _____

_____ No Balance
_____ Packet Complete
_____ Shot Records
_____ Reg. Fee/Deposits

Clermont YMCA

Camp Timbertrails

2019 Summer Camp Enrollment

CAMPER INFORMATION	
Name	
D.O.B.	
Age	
School Attending	
Gender	Male Female
Shirt Size	Youth S M L Adult S M L XL XXL
Will you be using County child care subsidy (Ohio TAP System)? <div style="text-align: center;">YES NO</div>	
Case # *REQUIRED*	

PARENT INFORMATION	
Name	
D.O.B.	
Street Address	
City, State & Zip	
Phone (Home)	
Phone (Cell)	
Email (Mandatory)	

RELEASE & WAIVER OF LIABILITY	
<p>I understand that the YMCA of Greater Cincinnati assumes no responsibility for injuries or illness which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports program, use of any equipment, exercise, or any other activity at the YMCA. I expressly acknowledge on behalf of myself and my heirs that I assume the risk of any and all illness, which may result from my participation in these activities. I hereby release and discharge the YMCA of Greater Cincinnati, its agents, servants, and employees from any and all claims for injury, death, loss, or damage which I may suffer as a result of my participation in these activities. I understand that the YMCA of Greater Cincinnati is not responsible for any personal property lost or stolen while using the YMCA facilities or while on YMCA premises. I give my permission to the YMCA of Greater Cincinnati to use photographs, film footage, audio, or video tape recordings, which may include my image or voice for the purpose of promoting or interpreting YMCA programs and services to the general public. I will adhere to the YMCA Code of Conduct. I understand that the YMCA of Greater Cincinnati will hold me accountable to the Code of Conduct and may restrict my access to the YMCA upon breach of the code.</p> <p>ACCEPTANCE: I acknowledge the Waiver set forth above and, being in sympathy with the mission of the YMCA, hereby accept the policies and procedures of the YMCA of Greater Cincinnati.</p>	
Signature: _____	Date: _____

2019 SUMMER CAMP REGISTRATION FORM

Camper's Name : _____ Age (as of 5/29/19) : _____

REGISTRATION INSTRUCTIONS:

1. Place an X in each box to indicate which week(s) of camp you would like to register your child.
2. Take this form and your completed Enrollment Packet to the front desk at Clermont YMCA.
3. Pay the \$25 registration fee and weekly deposits. A deposit is due for each camp selected or in other words, for each X you mark below.
4. Follow the instructions on page 4 to complete your child's health and safety forms.

Week	Dates	PRE CAMP	DAY CAMP	POST CAMP	LIT
		6:00 am - 9:00 am 5-12 years (Entering 1st grade)	9:00 am - 4:00 pm 5-12 years (Entering 1st grade)	4:00 pm - 6:00 pm 5-12 years (Entering 1st grade)	9:00 pm - 4:00 pm 13-15 years
1	May 28- May 31				
2	Jun 3- Jun 7				
3	Jun 10- Jun 14				
4	Jun 17- Jun 21				
5	Jun 24- Jun 28				
6	Jul 1- Jul 5*				
7	Jul 8- Jul 12				
8	Jul 15- Jul 19				
9	Jul 22- Jul 26				
10	Jul 29- Aug 2				
11	Aug 5- Aug 9				
12	Aug 12- Aug 16				

The above selected weeks and programs are my responsibility to pay for unless I have cancelled them in writing using a Camp Cancellation form. This form must be given to the front desk of the YMCA with a week's notice to avoid billing. No verbal or over-the-phone withdrawals are accepted.

Parent Signature : _____ Date : _____



Clermont County YMCA Automatic Payment Enrollment

Families must pay for registration fees, deposits, and weekly camp fees automatically through a credit or debit card. Please fill out the payment information below. Once this information has been entered into our systems, this form will be shredded. Questions or concerns can be directed to Kendra Hartman, Camp Director at: khartman@myy.org or by calling 513-724-9622. Please read the following policies carefully.

Payment Policies:

- A valid credit/debit card must be on file for all weekly camp payments. Only the registration fee/deposits can be paid by other means.
- **Your credit/debit card will be charged in full for any programs that you have selected on the registration form the Friday before the selected week.**
- If your voucher co-pay is unavailable on the Friday before the selected week of camp, your credit/debit card will be charged on Monday.
- **You will be charged in full (weather or not your child attends) unless you withdraw them from selected programs using the Camp Cancellation Form and return it one week before the start of the selected week.**
- No verbal, emailed, or over the phone withdraws are accepted.
- **If your payment is not made or returned for any reason, your child will not be able to attend the selected program until the fee is paid and a valid card is on file.**
- If your payment is returned, you will be charged a service fee.

I understand and agree to the above payment policies. I authorize the Clermont YMCA to charge the full fee for the programs selected on the registration form to the credit/debit card below

Parents Signature _____ Date _____

Name on Card	
Type of Card	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
Last four digits of Card/Account #	
Expiration Date (MMYY)	
Billing Address (Include City, State, Zip)	
Names of children to link to card	



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Clermont YMCA ENROLLMENT AGREEMENT

Name of Child: _____ Date of Birth: _____

Parent/Guardian Name: _____

Please initial on the line next to each policy/procedure:

SECTION 1: TUITION AND FEES

_____ REGISTRATION FEE: I understand the \$25 registration fee is required at registration to enroll my child. I understand that I may not guarantee my child's enrollment until the registration fee is paid in full. The registration fee is non-refundable and non-transferable. The last day to adjust campers' registration is the Thursday before the week of camp you are adjusting.

_____ DEPOSITS: I understand there is a \$10 per camp deposit due at registration. The deposit for families on County/State assistance is \$1 per camp. **The deposits are non-refundable and non-transferable.**

_____ TUITION: I have reviewed the tuition due for each program I have selected for my child.

_____ PAYMENT OF TUITION: I understand tuition will be charged to my credit/debit card each Thursday for the upcoming week. I understand tuition is due for all selected programs regardless of attendance, unless I cancel my child's enrollment 1 week in advance of the program start date. I understand if my voucher co-pay is unavailable on Thursday, my card will be charged on Monday.

_____ UNPAID TUITION: I understand if my tuition is not paid in full when a week of camp starts, my child will not be permitted to attend until my account is reconciled.

_____ AGENCY REIMBURSEMENT: I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from failure to promptly communicate changes. If I fail to properly enter or swipe attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of full tuition.

_____ CHARGES AND PROCEDURES FOR LATE PICK-UP: I understand that if I fail to pick my child up by the program end time, I will be charged a late fee of \$10/child for any time up to 10 minutes past and then \$1 per minute per child for time after 10 minutes. If I or my emergency contacts cannot be reached within an hour, I understand that Child Protective Services will be called.

_____ ADDITIONAL FEES: I understand that if my child does not wear the camp field trip shirt for off-site field trips, there will be a \$5 charge for a new shirt.

_____ RETURNED CHECKS: I understand that I will be charged a \$20 processing fee for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me.

SECTION 2: DAILY PROCEDURE

_____ DAILY SIGN-IN AND SIGN-OUT: **I agree to sign my child in and out every day.** I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the program to drop off and pick up my child, and that I must escort my child to and from the designated classroom/area and staff member each day.

_____ SELF SIGN-IN AND SIGN-OUT: I understand that only children who are 13 years or older, members of the YMCA and have a permission form on file, may sign themselves in and out of camp. If registered for Pre and/or Post Camp, I understand that my child cannot sign his/herself into Pre Camp or out of Post Camp. An adult escort is required for Pre/Post Camp participants.

_____ PROGRAM START TIME: Camper may be signed in at 9AM. I understand that if I arrive more than 15 minutes after the program start time, I will have to walk my child to his/her group. After 9:15 a.m. children will have to be escorted into the woods (camp); there will not be a staff person available to meet you in the parking lot.

_____ ILLNESS: I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon notification. If my child is exposed to or contracts a communicable disease, I agree to notify the YMCA and I understand that my child will be re-admitted according to the Illness Policy in the Parent Handbook.

_____ HEALTH CARE: I understand that the camp will provide routine health/medical care and seek emergency medical treatment for my child if necessary. I also understand that I must provide a copy of my child's immunizations before his/her enrollment is complete.

_____ MEDICATION: I understand that my child may not carry any type of medication on his/her person or belongings (this includes inhalers). If my child needs medication, I understand that I must complete an Administration of Medication packet and submit it to one of the Camp Coordinators.

_____ SUNSCREEN: I understand that if my child brings sunscreen and/or bug spray to camp, he/she will be permitted to apply it during traditional camp hours (9 am-4 pm). I understand that if I want my child to apply sunscreen and/or bug spray during Pre/Post Camp (6:30-9 am & 4-6 pm), only non-aerosol sunscreen and bug spray is allowed

_____ LUNCH: Lunch is provided daily. I understand that if I choose to pack my child's lunch and drinks daily. I understand that there is no refrigeration or cooking provided.

_____ BEHAVIOR MANAGEMENT: I understand that my child will be expected to follow and be held accountable for all camp rules. These rules can be viewed in the Parent Handbook. I understand that physical violence and bullying are not tolerated. If my child is involved in these behaviors, I understand that I will be called to pick my child up immediately and he/she may be suspended from the program.

_____ WITHDRAWAL FROM PROGRAM: I understand that I must provide a one (1) week written notice of withdrawal from the program using the Camp Cancellation Form. If this notification is not provided, I agree to pay all tuition and fees for the week, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If there was an outstanding balance when my child was withdrawn, I will be required to bring my account current prior to re-enrollment. I understand all fees are non-refundable.

SECTION 3: PARTICIPATION

_____ FIELD TRIPS: I give permission for my child to participate in any trips or excursions away from the program site. I understand that transportation for these trips or excursions may be made by walking, riding in a leased bus, or riding in a YMCA bus.

_____ ACTIVITIES: I give permission for my child to use all the equipment and participate in all activities of the camp program. I understand that all camp activities are based outdoors and my child will be outside all day – weather permitting.

_____ ELECTRONICS: I understand that under no circumstances may my child bring electronics or toys from home. These items include, but are not limited to: card games, cell phones, iPods, etc. I understand that if my child does so, the staff will confiscate the item and return it to the parent at the end of the day.

_____ MODEL RELEASE: The YMCA may may not use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose. The YMCA may use these indefinitely, without limitation or obligation for the purpose of promoting or interpreting YMCA programs.

_____ SWIMMING: I give permission for my child to go swimming or otherwise participate in water activities in and near bodies of water two or more feet in depth at the Clermont YMCA. I understand that during any scheduled swim activity a certified lifeguard will be on duty at all times. All ACA standards for staff-to-child ratio will be maintained at all times. I understand that my child will be evaluated by the YMCA lifeguards prior to swimming, according to the YMCA of Greater Cincinnati swim test policy. I give permission for my child to walk to and participate in all swimming activities at Clermont YMCA during the summer camp program (May 29-August 17, 2018). I have reviewed my child's camp schedule and I am aware of his/her swim time. My child is a non-swimmer swimmer. **(Non-swimmers will not be permitted in the pool area at all)**

SECTION 4: HOLIDAYS, ABSENCES AND CLOSURES

_____ HOLIDAYS/CLOSURES: I understand that camp is closed on Independence Day (July 4th). I also understand that camp ends August 16, 2019.

_____ ABSENCES/VACATIONS: I agree to call the camp absence line if my child will be absent for any day. I understand that no allowances, credits, refunds or make up days shall be made for occasional absences, including suspensions. Please call 513-724-9622 and leave a message for Kendra

_____ EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION: I understand that it is the YMCA's intention to be open and provide programs every weekday of the summer, excluding holidays, but that inclement weather, natural/national disaster or a major facility issue may disrupt service from time to time. I agree that in the event that the program is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three (3) business days.

SECTION 5: STATE LICENSING AND OUR POLICIES

_____ ALL POLICIES AND STATE REGULATIONS: I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, American Camping Association (ACA) standards, the Parent Handbook, and all other YMCA policies, which may be modified at any time.

_____ PARENT HANDBOOK: I have received a copy of the Parent Handbook or reviewed it online. I have read and understand its contents and agree to abide by the policies within.

_____ NO MODIFICATIONS: No terms of this agreement may be altered, revised, modified or deleted by any person except in cases of policy change to which both the Director and I must initial. Any alterations, revisions, modifications or deletions of any term of this agreement are null and void.

_____ YMCA POLICY:

- I understand that the YMCA is not responsible for personal property lost, stolen or broken while participating in the program. My child is responsible for all of his/her belongings.
- I understand that the YMCA is not responsible for anything that occurs as a result of false or incomplete information given by a parent/guardian.
- I understand that any medical expenses resulting from any illness or injury incurred while attending any YMCA program is my responsibility. The YMCA assumes no responsibility for injuries or illnesses which may occur as a result of a child's physical condition or resulting from his/her participation in any athletics, use of equipment, exercise, games or any other activities.
- I acknowledge on behalf of myself and my heirs that I assume the risk for any injuries or illnesses, which may result from Y programming activities. I hereby release and discharge the YMCA, 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.
- The YMCA is not responsible for lost, stolen or damaged items brought to the program.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN NAME (PRINTED): _____



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Clermont YMCA CHILD SURVEY & PICK-UP AUTHORIZATION

Name of Child _____ Date of Birth _____

Parent/Guardian Name _____

Help us get to know your child:

Child lives with: Both Parents Mother Father Other _____

Siblings:

Name _____ Age _____ Enrolled in Camp

Name _____ Age _____ Enrolled in Camp

Name _____ Age _____ Enrolled in Camp

Are there any special circumstances that may be a factor in your child's present behavior?

Other information we should know about your child:

Pick-up Authorization:

I understand that only those people designated by me on this form may pick up my child from camp and that my child must be signed out of camp each afternoon. I also understand that the adult(s) listed on my child's *Enrollment and Health Information Form* as the Parent(s)/Guardian(s) and Emergency Contacts are authorized to pick-up my child. **All authorized pick-ups should come prepared to present their driver's license or state identification card.**

Authorized Pick-ups (must be at least 16 years of age)

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____