



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Medical Information:

Allergies or intolerance to food, medication, or any other substance:

If an allergic reaction occurs, please list steps to relieve reaction:

Chronic physical problems, pertinent developmental information, any special accommodations needed:

For special accommodations, or to share important information about your camper, please complete an INCLUSION FORM.

Does your child take medications or vitamins on doctor's orders?

Please specify:

If the camp is to administer medications during the day, emergency or routine, please complete a MEDICATION AUTHORIZATION FORM.

For campers residing in the United States (or US territory or DC); is the child exempt from any immunizations?

No Yes, please see below and specify:

PLEASE NOTE: MD CAMPERS: Who reside outside of the US, a US Territory or DC, must attach Department form DHMH-896 (vaccination record or immunity). VA CAMPERS: Who are exempt from immunizations, must submit either a "Certification of Religious Exemption" or a MCH213B or MCH213C form that states one or more of the required immunizations may be detrimental to the child's health. ALL OTHERS attending camp in DC or VA must submit a physical and immunization record as outlined above.

Child's Physician and Office Name:

Physician's Phone: ()

Emergency Medical Authorization:

I give the YMCA of Metropolitan Washington permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a certified staff member of the YMCA of Metropolitan Washington. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I authorize the YMCA of Metropolitan Washington to obtain immediate medical care and give consent to the hospitalization and performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement may only cover those situations which are true emergencies and only when he/she cannot be reached. I understand that the provider will take every effort to contact me and/or my designated emergency contacts.

I/we will be responsible for payment of medical expenses. Medical treatment costs are covered by:

Medical Insurance Provider:

Policy #:

Parental Agreements:

- 1) The YMCA agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if requested by the YMCA.
- 2) The parent/guardian agrees to inform the YMCA within 24 hours or the next business day after his child or any members of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately.
- 3) My child has permission to be transported by a YMCA vehicle and to participate in all YMCA program activities and related field trips.
- 4) The parent / guardian authorizes the application of sunscreen and / or insect repellent for his/her child by YMCA staff.
- 5) I have received the parent handbook and understand that it is my responsibility to read and understand/be aware of ALL policies, and agree to all blanket permission forms and opt out requests, as outlined in the parent handbook.

All information on this form is true and complete to the best of my knowledge. I understand and agree to the Emergency Medical Authorization and the five (5) Parental Agreements outlined above.

Parent/Guardian Signature:

Date:



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WINTER BREAK CAMP SELECTION

Child's Name: _____

Member # _____

Welcome to winter break 2019! Daily rates are based on current enrollment, *drop in rates are required for all SACC partial week participants.* Please check all days that you plan on sending your child to winter break camp.

Non SACC Full Privilege Member \$60/day

Non SACC Program Member \$70/day

Attendance Options (Please check ALL applicable dates)

<input type="checkbox"/> MON 12/23	<input type="checkbox"/> TUES 12/24	WEDS 12/25 (Ayrilawn Closed)	<input type="checkbox"/> THURS 12/26	<input type="checkbox"/> FRI 12/27
<input type="checkbox"/> MON 12/30	<input type="checkbox"/> TUES 12/31	WEDS 1/1 (Ayrilawn Closed)		

Field trip space is offered to children in grades K-5. If you are interested in having your child attend one of these exciting trips please check the box. *Bus space is limited; Field Trip sign-up is first-come, first-served.*

Field Trip Options (Please check ALL applicable dates)

<input type="checkbox"/> MON 12/23 Bowling (K & 1 st)	<input type="checkbox"/> FRI 12/27 Skyzone (K-5 th)	<input type="checkbox"/> MON 12/30 Ice Skating (2 nd -5 th)
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DAILY CAMP ACTIVITIES

NOTE: Activity & Sport Schedule subject to change

All camps will include a blend of STEAM activities along with D.E.A.R. (Drop Everything and Read) time, small and large group games, focused sport games, and unstructured play time.

Your child should bring the following items each day:

- Two snacks and a lunch--reminder we are a nut-free facility; please double check the candy and granola bars

	Monday 12/23	Tuesday 12/24	Wednesday 12/25	Thursday 12/26	Friday 12/27	Monday 12/30	Tuesday 12/31	Wednesday 1/1
STEAM Activities	Ornaments	Gingerbread Houses	Ayrilawn Closed	Winter Slime	Sparkly Icicles	Cookie Decorating	Snow Dough	Ayrilawn Closed
Daily Sport	Gaga Ball	Kickball		Soccer	Football	Obstacle Course	Tag Games	
Optional Field Trip	Bowling (K & 1 st)	Movie Day		(No Trip Available)	Skyzone (K - 5 th)	Ice Skating (2 nd - 5 th)	(No Trip Available)	

- Weather appropriate clothing for outdoor play (please label all layers!)
- A good book--books are provided for reading time, but we recommend bringing a favorite from home



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WINTER BREAK CAMP PAYMENT

Child's Name: _____

Member # _____

Payment Options

Draft Authorization

Person Responsible for Payment: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

I would like to have my remaining balance automatically drafted from my:

Credit / Debit Card

I authorize the YMCA to charge my credit card for camp payments. I understand that I must provide written notice of cancellation. If, at any time, there is to be a change, deletion, or cancellation of my child's camp enrollment, it is to be submitted in writing to the YMCA branch where camp was purchased two weeks prior to the date of my credit card draft in order to discontinue the debit.

Visa Master Card American Express Discover

Credit Card Issuer: _____

Credit Card #: _____

Expiration Date: / / _____

Name of Account Holder: _____

Checking Account (Please attach a voided check)

I authorize my bank to honor pre-authorized drafts drawn by the YMCA on my account for camp payments. I understand that my EFT drafts will occur automatically until I provide written notice to the YMCA two weeks prior to the date of my bank draft payment. When the bank honors the draft by charging my account, such drafts constitute my receipt for the payment. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made by me of said amount, plus a service charge. If, at any time, there is to be a change, deletion, or cancellation of my child's camp enrollment, it is to be submitted in writing to the YMCA branch where camp was purchased two weeks prior to the date of my credit card draft in order to discontinue the debit.

Routing #: _____ Account #: _____

Bank Name: _____

Name of Account Holder: _____

Card on File. Last four digits: _____

Date: _____

Signature of Person Responsible for Payments: _____

W A I V E R: I understand that the YMCA of Metropolitan Washington assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports program, the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illness which may result from his/her participation in these activities and I hereby release and discharge the YMCA of Metropolitan Washington, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which he/she may suffer as a result of his/her participation in these activities. I understand that the YMCA of Metropolitan Washington is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities on YMCA premises. I give permission to the YMCA of Metropolitan Washington to use, without limitation or obligation, photographs, film footage, my child's image or voice for purpose of promoting or interpreting YMCA programs. I acknowledge the Waiver as set forth.

Parent/Guardian Signature: _____

Date: _____



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WINTER BREAK CAMP PERMISSION SLIP

Over winter break, the camp participant will have the opportunity to participate in a variety of field trips including ice skating, bowling, skyzone, and a movie day. In order for your child to participate please sign below:

Please Initial:

_____ **YES**, I give permission for my child to participate in **BOWLING** at Bowlmor.

_____ **YES**, I give permission for my child to participate in **SKYZONE** at Skyzone, Gaithersburg.

_____ **YES**, I give permission for my child to participate in **ICE SKATING** at Rockville Ice Skating Rink.

_____ **YES**, I give permission for my child to participate in a **MOVIE DAY** at the Ayr lawn Program Center.

_____ **NO**, I **do not give** permission for my child to participate in any field trips during winter break camp.

Parent/Guardian Signature

Today's Date