



WELCOME TO Y CAMP 2020!

The following pages are the registration materials required to complete your registration. In addition to these forms, some jurisdictions require **additional forms** as outlined below to be in compliance with local licensing regulations.

- Read your **Parent Handbook** carefully, as it contains important information, policies and procedures related to the camp program. Handbooks can be found on our website, or picked up from your local Y.
- Please sign and date a **Participant Waiver Form**.

All YMCA Summer Camp Forms

- Registration Form
- Medication Authorization Forms (if applicable)
- Inclusion Form (if applicable)
- Inhaler Authorization (if applicable)
- Epinephrine Authorization (if applicable)

DC Summer Camps

- District of Columbia Universal Health Certificate
- District of Columbia Oral Health (Dental Provider) Assessment Form
- Travel & Activity Authorization
- Authorization for Child's Emergency Medical Treatment
- Registration Record for Child Receiving Care Away from Home

Virginia Summer Camps

- Identity Verification
- Commonwealth of Virginia School Entrance Health Form and Immunization Record.

Maryland Camps

- Camper who reside outside of the US, a US Territory or DC, must attach Department form [DHMH-896](#)

The above forms can be found on our website at www.ymcadc.org by clicking on the Programs drop-down menu and selecting Summer Camp or may be picked from your local Y.

The YMCA seeks to make its' services available to all persons regardless of their ability to pay. Please call your local Y for details regarding the financial assistance / scholarship application procedures. The financial aid is made available due to generous Caring for Community contributors. Each year, members and program members like you donate to the YMCA Caring for Community Campaign to ensure that every child, adult and family in your area has access to quality child care, summer camp, and the opportunity for a healthy lifestyle, regardless of financial ability. If you wish to make a contribution to the YMCA 2020 Caring for Community Campaign, you may do so by asking at Member Services for a donation envelope, online at www.ymcadc.org, or by sending your donation directly to your branch.

You are welcome to hand-deliver, mail, fax or e-mail these forms to your local YMCA branch to complete your child's file. Please complete all blanks on these forms. If there is a blank that it not applicable, please write N/A in that blank. Incomplete forms cannot be accepted and we are unable to provide care until all paperwork has been submitted.

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, Behavioral or Psychological 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.

EMOTIONAL/BEHAVIORAL NEEDS: If yes to any of the questions below an inclusion form must be filled out

Does your child have an IED? ___ Yes ___ No

Does your child need any special accommodations related to emotional, Behavioral needs or learning disabilities? ___ Yes ___ No

Is there anything that we need to be aware of regarding your child's emotional, behavioral, or mental health needs? ___ Yes ___ No

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) My child has permission to participate in YMCA swimming activities.
- 5) The parent / guardian authorizes the application of sunscreen and / or insect repellent for his/her child by YMCA staff.
- 6) 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.

Cancellation Policy: If fees have been paid and cancellation is made two weeks before the start of camp session, the balance will be returned less the deposit. If fees have been paid out but cancellation is made less than two weeks before the start of the camp session the balance will be returned less the deposit and an additional 20%. If fees have been paid out but cancellation is made after the camp begins then no refund will be given.

Brand of Sunscreen to be Administered: _____ Brand of Insect Repellent to be Administered: _____

Swimming Assessment: Non-Swimmer (unable to swim/no swim instruction) Beginner (some limited swim instruction) Intermediate (average swimming ability) Advanced (skilled swimmer)

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 six (6) Parental Agreements, and cancellation policy outlined above.

Parent/Guardian Signature: _____ Date: _____

Please print information on form.

Please answer question below:

- **I have or am registering for summer camp online-** You can STOP here however, your registration will not be considered complete until you print out the first 2 pages of the registration form, sign the participant waiver and submit that along with any required additional required forms.
- **I am registering for summer camp in-person, or by email, fax or mail-** Please CONTINUE TO FILL OUT THIS PACKET, as well as submit any required additional forms.

CAMP SELECTION & PAYMENT OPTIONS

Camper's Name: _____ Member # _____

Campers are required to have at least a current Youth Program Membership to last throughout the summer; renewals paid in advance will take effect after the previous membership expires.

Title of Camp	Session/Week	Camp Price	Extended Hours
			<input type="checkbox"/> Before <input type="checkbox"/> After
			<input type="checkbox"/> Before <input type="checkbox"/> After
			<input type="checkbox"/> Before <input type="checkbox"/> After
			<input type="checkbox"/> Before <input type="checkbox"/> After
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Fees:

Registration Fee (if any)	\$
Program Membership Fee	\$
Extended Hours Fee	\$
Total Camp Fee	\$
Grand Total	\$

How Did you hear about us?

YMCA Member

Website

Newspaper/Magazine

Friend

Direct Mail

Other (please specify)" _____

FOR OFFICE USE ONLY:

Accepted By: _____	Date: _____	Processed By: _____	Date: _____
Updated Emergency Contact Information: _____	Date: _____		

Payment Options

- OPTION 1 – Pay camp fees in full at the time of registration
- OPTION 2 – Pay a deposit, per camp, at time of registration, and remit payment for the balance through draft (EFT) based on selected camps. Payment schedule is attached below, please see brochure for amount of deposit.

Camp Schedule

Mini / Pre-Session(s)
 Session A (1)- Weeks 1 & 2
 Session B (2)- Weeks 3 & 4
 Session C (3)- Weeks 5 & 6
 Session D (4)- Weeks 7 & 8
 Session E (5)- Weeks 9 & 10
 Week 11

Draft Date

May 10th
 May 26th
 June 10th
 June 26th
 July 10th
 July 26th
 August 10th

PLEASE SELECT THE METHOD OF PAYMENT:

- CASH CHECK AMEX MC VISA DISCOVER

TOTAL DEPOSIT AMOUNT: \$ _____

PLEASE COMPLETE PAYMENT AUTHORIZATION BELOW
 (Please Check Method of Payment)

CREDIT CARD AUTHORIZATION DRAFTS WILL OCCUR ON APPROXIMATELY THE 10th or THE 26th. INITIALS _____

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.**

_____ _____ AMEX MC VISA DISCOVER
 NAME AS IT APPEARS ON CARD CARD ISSUER

_____ _____ _____
 CREDIT CARD NUMBER EXP. DATE SIGNATURE OF CARD HOLDER

BILLING ADDRESS OF CARDHOLDER: _____

CITY: _____ STATE: _____ ZIP: _____

BANK DRAFT AUTHORIZATION DRAFTS WILL OCCUR ON APPROXIMATELY THE 10th or THE 26th. INITIALS _____

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 in the amount of said payment, 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 draft in order to discontinue the debit.** A voided check is required with all electronic funds transfer (EFT) applications.

_____ _____ _____
 NAME OF BANK ACCOUNT NUMBER TRANSIT/ROUTING NUMBER

_____ _____ _____
 PLEASE PRINT NAME SIGNATURE OF ACCT. HOLDER DATE

YMCA Caring for Community Campaign
 Because we need each other.

Being a part of the YMCA means more than you know. The YMCA is a charity. Every year, members and program participants like you donate to the YMCA Caring for Community Campaign to ensure that every child, adult and family in your community has access to quality child care, summer camp, and the opportunity for a healthy lifestyle, regardless of their financial ability. Now is your chance to put the strength of your membership and participation to work by a simple donation to the Caring for Community Campaign.

A LITTLE BIT CAN MAKE A BIG DIFFERENCE

Now is your chance to put the strength of your participation to work by a simple donation.

Every little bit helps!

Yes! I want to help by donating \$ _____ as a one-time payment.

By signing below, I give the YMCA of Metropolitan Washington permission to draft the amount checked above.

Print Name: _____ Initial: _____ Date: _____

