

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.

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		Read your Parent Handbook carefully, as it contains the camp program. Handbooks can be found on our villease sign and date a Participant Waiver Form .	•	· · · · · · · · · · · · · · · · · · ·
AII \	YMO	CA Summer Camp Forms		
		Registration Form		
		Medication Authorization Forms (if applicable)		
		Inclusion Form (if applicable)		
		Inhaler Authorization (if applicable)		
		Epinephrine Authorization (if applicable)		
DC :	Sum	nmer Camps	Virgini	a Summer Camps
		District of Columbia Universal Health Certificate		Identity Verification
		District of Columbia Oral Health (Dental		Commonwealth of Virginia School Entrance
		Provider) Assessment Form		Health Form and Immunization Record.
		Travel & Activity Authorization		
		Authorization for Child's Emergency Medical	Maryla	nd Camps
		Treatment		Camper who reside outside of the US, a US
		Registration Record for Child Receiving Care		Territory or DC, must attach Department form
		Away from Home		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.



Start Date:	End Date:
	Please print information on form.

CAMP REGISTRATION FORM

Last Name:	First Name:			MI:		
Nickname:		male Male	Birth Date:	 Age:		
Address:			State:	Zip:		
Primary Phone #:			ivilege Member:	Yes No		
List Previous Child Care Centers /			er#:			
School Attending:	School Phone #:			Grade:		
43.						
Parent(s)/Guardian(s) Information: Parent/Guardian:		Birth Date:	Dalatian	. = h :		
		_ bii tii Date:	Relation	· —		
Address:	\ / D		State:	Zip:		
Home Phone:	work Phone:	Work Phone: Cell Phone:				
Place of Employment:		Business Addre	ss:			
Primary E-Mail:						
(To receive program updates)						
Parent/Guardian:		Birth Date:	Relation	ıship:		
Addross:	City:		State:	· —		
Home Phone:	Work Phone:	C	ell Phone:			
Place of Employment:		Business Addres				
		_				
Primary E-Mail:						
(To receive program updates)						
Person or agency having legal cust	ody:					
Address if different from above:						
_						
Emergency Contact Information: $(N$	lust list 2; 1 must be local a	an <u>d b</u> oth cannot b	e a Parent(s)/Gua	ardian(s) listed above)		
	Also an authorized Pick up		•			
Emergency Contact #2	Also an authorized Pick up	Can only pic				
First Emergency Contact:				ionship:		
Home Phone:	Work Phone:	(Company Name:			
Cell Phone:	Alternate Phone:					
Address:	Ci	ty:	State:	Zip:		
Second Emergency Contact:			Relation	nshin.		
Home Dhone.	Work Phone:	C	ompany Name:			
Call Dhana.	Alternate Dhone.					
Address:		ty:	State:	Zip:		
				21p.		
Person(s) authorized to PICK-UP y	our child:		Relation	· -		
Person(s) authorized to PICK-UP y	our child:		Relation	ıship:		
Person(s) NOT authorized to PICK-	-UP your child:		Relation	ıship:		
Person(s) NOT authorized to PICK-	-UP your child:		Relation	ıship:		
Please note: Appropriate paperwork, suc	h as custody papers, must be at	tached if the custodi	al parent requests i	not to release the child to t		

Please note: Appropriate paperwork, such as custody papers, must be attached if the custodial parent requests not to release the child to the other parent.

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 accommodal	tions needed:
For special accommodations, or to share important information about your camper, please complete an INC	LUSION 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 AU	THORIZATION 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? YesNo	
Does your child need any special accommodations related to emotional. Behavioral needs or learning disabilities? Is there anything that we need to be aware of regarding your child's emotional, behavioral, or mental health needs? _	
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 Dh record or immunity). VA CAMPERS: Who are exempt from immunizations, must submit either a "Certification of Relig MCH213B or MCH213C form that states one or more of the required immunizations may be detrimental to the child's attending camp in DC or VA must submit a physical and immunization record as outlined above.	gious Exemption" or a
Child's Physician and Office Name: Physician's Phone	e:
to the hospitalization and performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agree those situations which are true emergencies and only when he/she cannot be reached. I understand that the provider contact me and/or my designated emergency contacts. I/we will be responsible for payment of medical expenses. Medical treatment costs are covered by:	ment may only cover
Medical Insurance Provider: Policy #:	
 Parental Agreements: The YMCA agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arra picked up as soon as possible if requested by the YMCA. The parent/guardian agrees to inform the YMCA within 24 hours or the next business day after his child or any immediate household has developed a reportable communicable disease, as defined by the State Board of Health threatening diseases which must be reported immediately. My child has permission to be transported by a YMCA vehicle and to participate in all YMCA program activities at My child has permission to participate in YMCA swimming activities. The parent / guardian authorizes the application of sunscreen and / or insect repellent for his/her child by YMCA. I have received the parent handbook and understand that it is my responsibility to read and understand/be awar agree to all blanket permission forms and opt out requests, as outlined in the parent handbook. 	members of the n, except for life- and related field trips. A staff. re of ALL policies, and
Cancellation Policy: If fees have been paid and cancellation is made two weeks before the start of camp session, the b returned less the deposit. If fees have been paid out but cancellation is made less than two weeks before the start of the balance will be returned less the deposit and an additional 20%. If fees have been paid out but cancellation is made begins then no refund will be given.	the camp session
Brand of Sunscreen to be Administered: Brand of Insect Repellent to be Administered:	
Swimming Assessment: Non-Swimmer	Advanced (skilled swimmer)
All information on this form is true and complete to the best of my knowledge. I understand and agree to Medical Authorization and the six (6) Parental Agreements, and cancellation policy outlined above.	the Emergency

_____ Date: _____

Parent/Guardian Signature: ___

Date:

Please answer question below:

Updated Emergency Contact Information:

- 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 #					
ampers are required to havenewals paid in advance wi				_	•	ughout the sum	ımer;	
Title (of Camp			Session/Week	Camp Price	Extended	Hou	rs
						☐ Before		After
						Before		After
						Before		After
						Before		After
						Before	<u>ш</u>	After
						Before		After
						Before	<u> </u>	After
						Before		After
						Before		After
						Before		After
						☐ Before		After
						☐ Before		After
ees:		¬						
Registration Fee (if any)	\$	_	How Did you hear about us? YMCA Member Website Newspaper/Magazine Friend Direct Mail Other (please specify)"					
Program Membership Fee	\$	_						
Extended Hours Fee	\$							
Total Camp Fee	\$					J		
Grand Total	\$							

OPTION 2	– Pay camp fees in full at the time of regist	tration, and remit payment for the balance through draft (EFT) based on selected camps. Payment
Camp Schedule Mini / Pre-Ses Session A (1)-	ssion(s)	<u>Draft Date</u> May 10 th May 26 th
Session B (2)- Session C (3)-		June 10 th June 26 th
Session D (4)-		July 10 th
	Weeks 9 & 10	July 26 th
Week 11		August 10 th
☐ CASH [T THE METHOD OF PAYMENT: ☐ CHECK ☐ AMEX ☐ MC ☐ VI	ISA DISCOVER
TOTAL DEPOS	IT AMOUNT: \$	
	PLI	EASE COMPLETE PAYMENT AUTHORIZATION BELOW (Please Check Method of Payment)
	CREDIT CARD AUTHORIZATION DR	RAFTS WILL OCCUR ON APPROXIMATELY THE 10 th or THE 26 th . INITIALS
	If at any time there is to be a change, de	it card for camp payments. I understand that I must provide written notice of cancellation. eletion, or cancellation of my child's camp enrollment, it is to be submitted in writing to the d 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 CARI	D CARD ISSUER
	CREDIT CARD NUMBER	EXP. DATE SIGNATURE OF CARD HOLDER
	BILLING ADDRESS OF CARDHOL	
		CITY: STATE: ZIP:
	☐ BANK DRAFT AUTHORIZATION DR	RAFTS WILL OCCUR ON APPROXIMATELY THE 10 th or THE 26 th . INITIALS
	drafts will occur automatically until I pro When the bank honors the draft by chargi honored by said bank when received by th plus a service charge. If at any time the submitted in writing to the YMCA branch	zed drafts drawn by the YMCA on my account for camp payments. I understand that my EFT ovide written notice to the YMCA two weeks prior to the date of my bank draft payment. In my account, such drafts constitute my receipt for the payment. Should any draft not be hem, it is understood that the payment is to be made by me in the amount of said payment, here is to be a change, deletion, or cancellation of my child's camp enrollment, it is to be where camp was purchased two weeks prior to the date of my draft in order to discontinue hall electronic funds transfer (EFT) applications.
	NAME OF BANK ACCOUNT NU	JMBER TRANSIT/ROUTING NUMBER
	PLEASE PRINT NAME	SIGNATURE OF ACCT. HOLDER DATE
		YMCA Caring for Community Campaign Because we need each other.
Caring for Com for a healthy I	nmunity Campaign to ensure that every child	The YMCA is a charity. Every year, members and program participants like you donate to the YMCA I, adult and family in your community has access to quality child care, summer camp, and the opportunity y. Now is your chance to put the strength of your membership and participation to work by a simple
		A LITTLE BIT CAN MAKE A <i>BIG</i> DIFFERENCE
	Now is your chance to p	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	e the YMCA of Metropolitan Washington permission to draft the amount checked above.

Print Name: _____ Initial: _____ Date: ____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF METROPOLITAN WASHINGTON ("YMCA") PARTICIPANT WAIVER FORM

ACKNOWLEDGEMENT

I expressly acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating in the YMCA's programs, events, classes, and/or other activities, which may result from unavoidable accidents or injuries, athletic activities, sports programs/classes, the use of any equipment, exercise, or other activities or from my or my minor child(ren)'s or ward(s)' physical condition. I understand that the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns assume no responsibility for loss, damage, illness or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, exercise, horseback riding, archery, field trips, waterfront and pool activities, canoeing/boating, campfires, hiking, high ropes and other challenge courses, or any other activities, classes, events, or programs at and/or sponsored by the YMCA. I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events/activities/programs/classes while at the YMCA and/or sponsored by the YMCA.

I also acknowledge that the YMCA often uses photographs, videotapes, television programs, motion pictures, tape recordings, or other similar media for promotional purposes. I hereby consent to the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media.

RELEASE

In consideration of the YMCA allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at the YMCA and/or sponsored by the YMCA, I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage or injury results from the negligence of the YMCA and its employees, agents, or representatives or from some other cause. My agreement to release the YMCA does not include any loss, damage or injury that results from the YMCA's gross negligence or willful, wanton, or reckless misconduct.

I further waive any and all rights to inspect or approve the photograph, videotape, television program, motion picture, tape recording or other use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es), including any written article, script, caption or other writing that may accompany such use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es). I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in any such materials.

INDEMNIFICATION

I hereby represent and warrant to the YMCA that I have the authority to execute this Participant Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against the YMCA arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend the YMCA from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of the YMCA or from some other cause.

ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth on this Participant Waiver For
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Signature of Participant or Parent/Guardian of Participant(s) under the Age of 18	Date
	_
Name(s) and Age(s) of Participant(s) under the Age of	18, If Any