



ATHENS YMCA

CAMP KELLEY SUMMER CAMP 2018

POLICIES

Cost: Full Week (5 Days) \$115, Half Week (3 Days) \$70; **Additional Children:** Any additional children will receive a \$10 discount on full weeks ONLY.

Registration Fee: Non-Members will pay a \$25 non-refundable registration fee

Deposit: To hold your spot, we require a \$25 deposit for each week that your child will be attending. **HALF WEEK OPTION MUST BE PAID IN FULL.**

Balance: The remaining balance for each week must be paid the Friday before the week your child is attending. In the event that the remaining balance is not paid, you will lose your deposit as well as forgo your spot in camp.

Pick-Up: Pick-up is from 4:50pm to 6:00 pm. **Late Fee:** There will be a \$15 late fee for every child not picked up by 6:00pm. An additional \$5 will be charged after each five minutes. Late fees will be billed to parents.

CHILD'S NAME

FIRST NAME: _____ SUFFIX: _____ LAST NAME: _____

DATE OF BIRTH: _____ AGE: _____ GENDER: ☐ MALE ☐ FEMALE

ADDRESS: _____
STREET, CITY, ZIP CODE

CAMP GROUP

☐ CUBS (AGES 5-6) BIRTH CERTIFICATE REQUIRED

☐ INDIANS (AGES 7-8)

☐ BRAVES (AGES 9-10)

☐ WARRIORS (AGES 11-13)

WEEKS ATTENDING (CHECK ALL THAT APPLY)

☐ Week 1 (May 21-25)

☐ Week 6 (June 25-29)

☐ Week 2 (May 29-June 1—No Camp Mon 28th)

NO CAMP JULY 2-6

☐ Week 3 (June 4-8)

☐ Week 7 (July 9-13)

☐ Week 4 (June 11-15)

☐ Week 8 (July 16-20)

☐ Week 5 (June 18-22)

☐ Week 9 (July 23-27)

PRIMARY CONTACT

NAME: _____ RELATIONSHIP: _____

PRIMARY PHONE: (_____) _____ - _____ ALTERNATE PHONE: (_____) _____ - _____

PRIMARY EMAIL (REQUIRED): _____

FULL WEEK 5 DAYS (\$115)

- | | | |
|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Week 1 | <input type="checkbox"/> Week 2 | <input type="checkbox"/> Week 3 |
| <input type="checkbox"/> Week 4 | <input type="checkbox"/> Week 5 | <input type="checkbox"/> Week 6 |
| <input type="checkbox"/> Week 7 | <input type="checkbox"/> Week 8 | <input type="checkbox"/> Week 9 |

HALF WEEK 3 DAYS (\$70)

- | | | |
|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Week 1 | <input type="checkbox"/> Week 2 | <input type="checkbox"/> Week 3 |
| <input type="checkbox"/> Week 4 | <input type="checkbox"/> Week 5 | <input type="checkbox"/> Week 6 |
| <input type="checkbox"/> Week 7 | <input type="checkbox"/> Week 8 | <input type="checkbox"/> Week 9 |

ALLERGIES, MEDICAL & BEHAVIORAL NOTES

FOOD ALLERGIES:

MEDICAL NOTES:

BEHAVIORAL
COMMENTS:

PLEASE NOTE ANY SUGGESTIONS THAT WOULD HELP US BETTER WORK WITH YOUR CHILD:

PICK UP LIST (PLEASE ALSO LIST ANYONE WHO CANNOT PICK UP YOUR CHILD)

FIRST NAME: _____

LAST NAME: _____

CONTACT NUMBER: _____

RELATIONSHIP TO CHILD: _____

FIRST NAME: _____

LAST NAME: _____

CONTACT NUMBER: _____

RELATIONSHIP TO CHILD: _____

FIRST NAME: _____

LAST NAME: _____

CONTACT NUMBER: _____

RELATIONSHIP TO CHILD: _____

FIRST NAME: _____

LAST NAME: _____

CONTACT NUMBER: _____

RELATIONSHIP TO CHILD: _____

FIRST NAME: _____

LAST NAME: _____

CONTACT NUMBER: _____

RELATIONSHIP TO CHILD: _____

FIRST NAME: _____

LAST NAME: _____

CONTACT NUMBER: _____

RELATIONSHIP TO CHILD: _____

ATHENS YMCA PROGRAM POLICIES & AUTHORIZATIONS

Please read and initial the following policies and authorizations. More information can be found in Parents Information Packet.

_____ I understand that the Athens YMCA's supervision for my youth begins when my youth is checked in by Athens YMCA personnel.

_____ I understand that the Athens YMCA's responsibility for my child ends when an authorized adult (over the age of 18) or myself has signed out my child. I understand the Athens YMCA will only release my child to the parent/guardians and contacts listed on the registration form. I understand that I must provide in writing, authorization for my child to be picked up by someone other than the individuals listed on the registration form.

_____ I understand that YMCA Staff and volunteers are not allowed to babysit or transport children at any time outside of the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.

_____ I acknowledge that total weekly fees are due the Friday before the week my child will be attending camp. If I fail to do so, I will forgo my \$25 deposit and my spot for that week of camp. My spot automatically becomes available Saturday morning for those who need to sign up.

_____ I have read and understand the late pick up policy. I am aware that at 6:01pm a \$15 late fee will be added to my account, and an additional \$5 will be added for every 5 minutes after 6:05pm. I understand that all late fees must be paid prior to signing up for any future YMCA programs or summer day camp weeks. This information will be logged daily and given to the front office.

_____ I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

_____ I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.

_____ I understand that my child will participate in Chapel (Christian based devotions) and Character development activities.

_____ I understand that my child will be swimming daily, participating in swim skills instruction and will be given a swim test.

_____ I understand that I must present the correct colored pick up pass or my ID to sign my child out.

_____ I acknowledge it is my responsibility to keep the Athens YMCA advised of any significant changes to my child's registration form.

_____ I understand that if my child is allergic to bees or anything that requires an EPI Pen I must provide one to stay onsite at all times. If I do not provide an EPI Pen, 911 will be called in the event of an allergic reaction.

_____ The Athens YMCA agrees to keep the parent/guardian informed of any incidents, including illnesses, injuries, exposure to communicable diseases, and behavioral problems.

_____ I give permission for the YMCA to administer first aid, and in the event of an emergency, to secure a physician for emergency medical treatment for my child. I understand that a conscious effort will be made to contact the parent/guardian before seeking treatment. I understand and accept that this expense is my responsibility. I understand it is my responsibility to carry primary accident insurance.

_____ I understand that before any medication is dispensed to my child, I must fill out the medication form that is located in the front office. Medications will only be administered by the Camp Director or the Unit Heads.

_____ I understand that neither the YMCA nor its representatives can be held responsible in the events of an accident, injury, or accidental death. I understand that all precautions will be taken to ensure the safety and health of my youth.

ATHENS YMCA PROGRAM POLICIES & AUTHORIZATIONS CONTINUED

_____ I give permission for the Athens YMCA to contact the emergency contacts listed on the registration form in the event they are unable to reach the parent/guardian.

_____ I understand that it is mine and my child's responsibility to know and abide by all policies and procedures included in the Parents Information Packet. The Camp Director reserves the right to dismiss anyone from camp in the best interest of the program.

_____ Refunds or movements of deposit will only be made with ample notice. All requests must be made by noon on the Thursday before your child is scheduled to attend camp. Any request made after 12:00pm on Thursday will not be honored. If your child does not attend the following week of camp, the deposit is lost.

Agreement to Adhere to the Policies/Procedures and expectations: I acknowledge that the above referenced youth and I have read and discussed the established policies and procedures and behavioral expectations as stated in the Parents Information Packet. Further, we agree to abide by these policies and procedures and behavioral expectations and understand that failure to do so could result in dismissal from the program.

Signature

Date mm/dd/yyyy

Printed Name

WAIVER OF LIABILITY/INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
4. THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of GEORGIA and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
5. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND AGREE TO THE ABOVE WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT

Signature

Date mm/dd/yyyy

Printed Name

PICTURE WAIVER

I hereby give permission to have the Athens YMCA use photos and images of the participant in any publication affiliated with the Athens YMCA or with any news service for publicity such as program newsletters, fundraising brochures, press releases to local newspapers, social media, and the Athens YMCA's website. I understand and agree that there will be no compensation for use of these materials. This release shall continue in effect until I send in written notice to terminate the use of any image of participant. Such termination shall not affect the use of images before the notice of termination.

INITIALS _____ (LEAVE BLANK IF PERMISSION NOT GRANTED)

OFFICE USE ONLY

REGISTRATION FEE: \$25 REGISTRATION FEE MEMBER: \$0

WEEKS WITH DEPOSITS: 1 2 3 4 5 6 7 8 9

WEEKS PAID IN FULL: 1 2 3 4 5 6 7 8 9

HALF WEEKS: 1 2 3 4 5 6 7 8 9

REG FEE: \$ _____

DEPOSITS: \$ _____

WEEKS PAID IN FULL: \$ _____

HALF WEEKS PAID IN FULL: \$ _____

TOTAL PAID: \$ _____

METHOD OF PAYMENT: CASH CHECK# _____ CARD GIFT CARD

DATE: _____ STAFF: _____ ENTERED IN: ☐ DAXKO ☐ EMAIL