



**FOR YOUTH DEVELOPMENT®**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

# 2018 SUMMER DAY CAMP REGISTRATION

Register On-Line at [www.columbiaymca.org](http://www.columbiaymca.org)

Camper's name \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade/Fall 18: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Camper's name \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade/Fall 18: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Camper's name \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade/Fall 18: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

**CODE WORD** \_\_\_\_\_ Home Phone # \_\_\_\_\_

(Children will not be released without proper code word, 1 per family)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Guardian's Legal Name** \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender F or M (circle one) Race \_\_\_\_\_

Email \_\_\_\_\_ Cell # \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_

**Parent/Guardian's Legal Name** \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender F or M (circle one) Race \_\_\_\_\_

Email \_\_\_\_\_ Cell # \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_

## EMERGENCY CONTACT NAME (May not be the same as above Parent/Guardian)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact phone # \_\_\_\_\_

## ADDITIONAL AUTHORIZED PERSON

Only Parent/Guardians listed above and Authorized Individual listed below will be allowed to pickup this child from the YMCA.

(Must present photo ID or know the family code word)

Legal Name of Authorized Person \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender F or M (circle one) Race \_\_\_\_\_

## EMERGENCY CARE INFORMATION

Routine scrapes and other minor injuries will be treated by our staff. In the event of an emergency or more serious accident/illness, staff will contact the parents/guardian directly. In the event the parent/guardian cannot be reached I give the YMCA permission to make the necessary measures to provide the appropriate treatment.

Name of child's primary doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

YMCA of Columbia association policy is to monitor the sex offender registry. Persons discovered to be on the sex offender registry will not be eligible for membership, program participation, facility access, volunteer opportunities or employment opportunities.

*By signing below I attest that all information provided is true and correct to my knowledge.*

**Printed Name of Parent/Guardian completing form:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date signed:** \_\_\_\_\_

# HEALTH HISTORY FORM (must complete one for each camper)

Child's Name: \_\_\_\_\_

Check any of the following conditions or difficulties that affect this child or youth:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Allergies (food, insects, etc.) | <input type="checkbox"/> Asthma               | <input type="checkbox"/> Hearing                 |
| <input type="checkbox"/> Frequent sore throats/colds     | <input type="checkbox"/> Headaches            | <input type="checkbox"/> Emotional/Behavior      |
| <input type="checkbox"/> Ear infections or aches         | <input type="checkbox"/> Diabetes             | <input type="checkbox"/> None                    |
| <input type="checkbox"/> Heart or Lung Conditions        | <input type="checkbox"/> Vision               | <input type="checkbox"/> Other: Please describe: |
| <input type="checkbox"/> Skin Programs                   | <input type="checkbox"/> Speech/Communication |  |

If you checked any of the above please provide additional information that will help staff members meet your child's needs while attending the program. (Attach additional pages if needed.)

Please provide any additional information about your child that might affect their participation in the program, including any special needs, restrictions to activities, major changes at home or special instructions. (Attach additional pages if needed.)

Will this child need to take any nonprescription or prescription medication during their time at the program?

YES  NO

If yes, indicate prescription and directions for administration of the medicine:

Medication Name: _____
Dosage _____
Date Medication Taken From _____ Until _____
Time(s) of Day: _____

PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES, AND THE PHYSICIAN'S NAME. ALL NON- PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED BY THE PARENT(S) WITH THE CHILD'S NAME AND INSTRUCTIONS FOR ADMINISTRATION. IF NOT, THE Y WILL NOT BE ABLE TO ADMINISTER.

Printed Name of Parent/Guardian completing form: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date signed: \_\_\_\_\_

# PAYMENT / ENROLLMENT AGREEMENTS

**PAYMENT:** Payment of tuition (in full) or the set-up of weekly draft payments must occur for registration to be processed and accepted. All tuition must be paid prior to camper's attendance. Weekly drafts are processed the Tuesday before the week of attendance. **A \$10 non-refundable deposit is due at the time of registration per week, per camper.** The weekly deposit will reserve camper's space and is applied towards the weekly tuition. Payment is due for all weeks registered regardless of attendance. Weekly tuition is not prorated for any reason. **Cancellation for any reason requires written notice, provided to Y, 2-weeks prior to the registered drafted weeks.**

] **PAYMENT IN FULL AT TIME OF REGISTRATION FOR ALL WEEKS REGISTERED**

] **DRAFT OPTION 1 FROM CHECKING or SAVINGS ACCOUNT\*:**

Name of Financial Institution \_\_\_\_\_

Type of Account:  Checking  Savings Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

] **DRAFT OPTION 2 FROM CREDIT CARD OR DEBIT CARD\*:**

Check box to indicate type of card:  Visa  MasterCard  Discover  American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_

\*A voided check, account card for savings or the actual credit/debit card must be presented and a signed authorization form is required at registration to set-up a draft

## BANK DRAFT AUTHORIZATION

All program dues will be drafted on the Tuesday before the week of attendance; unless paid at time of registration. Signature below indicates agreement to payment terms and covers payment of all program dues for children registered on my account. I authorize my bank to honor preauthorized drafts drawn by the YMCA of Columbia for payment of program dues. It is understood that the sending of a preauthorized draft to the financial institution as a payment becomes due shall constitute valid notice of such payment due for this program registration. When the financial institution honors the draft by charging my account, such draft shall constitute my receipt for the payment. Should any preauthorized draft not be honored by said financial institution when received by them, I will remain liable for such payment and shall immediately pay to the YMCA of Columbia in full the amount of returned payment plus a return fee of \$30.00. This authority is to remain in effect until such notice is given to the YMCA of Columbia of intent to revoke the agreement in compliance with YMCA of Columbia's cancellation policy for program which states draft will be continuous throughout the program dates of registration **until written notification has been received by the YMCA of Columbia 2-weeks prior to the draft date for payment of dues of intended week of disenrollment.** Failure to comply with cancellation policy will result in that week's draft(s) being non-refundable. Payee has up to 90-days from draft date to dispute any program dues drafted. Printed proof of discrepancy will be required from payee for alleged discrepancy to be investigated by the Y.

Initial	<p><b>Payment Agreements:</b>            I understand that I am responsible for paying for every week my child(ren) are enrolled in the program, regardless of attendance.  <b>I understand I must give the site director a two-week written notice if I cancel or change my child's enrollment.</b>            I also understand that a \$10 deposit/ per week of camp will be paid, at the time of registration for each week I am registering for and that is it non-refundable. Without deposit, weeks will not be held, or registered.</p>
Initial	<p><b>Parent Packet:</b>            I have reviewed and agree to the terms and conditions outlined in the Y's Parent Packet.</p>

### WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA of Columbia for any purpose including, not limited to observation or use of the facilities or equipment, or participation in any off-site program affiliated with the YMCA, 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 program 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. THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING: THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVE- NANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the under-signed, 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 the facilities or equipment therein or participating in any program affiliated with the YMCA. 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. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of release 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. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of South Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Printed Name of Person authorizing draft:** \_\_\_\_\_

**Signature of Person authorizing draft:** \_\_\_\_\_ **Date signed:** \_\_\_\_\_

**Printed Name of Parent/Guardian completing form:** \_\_\_\_\_

**Signature of Parent /Guardian:** \_\_\_\_\_ **Date signed:** \_\_\_\_\_

# Y Day Camps

Please initial the appropriate camp locations and each week of camp you would like your child to attend  
Camper Name \_\_\_\_\_

	June 11-15	June 18-22	June 25-29	July 2-6	July 9-13	July 16-20	July 23-27	July 30-Aug 3	Aug 6-10	Aug 13-17
<b>Traditional day camps 7am-6pm \$120- Y Family member \$160 Non Family members</b>										
Jeep Rogers Family YMCA Ages 5-11										
Northwest Family YMCA Ages 4-11 * 4K will have a separate group										
<b>Outdoor camp Lexington 7am-6pm \$135 Y Family member \$175 Non Y Family member</b>										
Lexington YMCA Ages 6-11										
<b>Preschool Camp 8am-12pm \$60- Y Family member \$75 Non Family members</b>										
Jeep Rogers Family YMCA Ages 3-4										
<b>Teen Camp 7am-6pm \$140- Y Family member \$190 Non Family members</b>										
Jeep Rogers Family YMCA Ages 12-14										
Northwest Family YMCA Ages 12-14										
Lexington YMCA Ages 12-14										
<b>Equestrian Camp Pick up and Drop off at Lexington YMCA</b>										
Equestrian Day camp 7am-6pm Ages 7- 15 \$300- Y Family Members, \$315 Non- member			NO CAMP				NO CAMP			
Equestrian Girls Overnight Camp Ages 7- 15 (GIRLS ONLY) Sunday 3pm - Friday 3pm \$440- Y Family Members, \$480 Non- member	NO CAMP	NO CAMP		NO CAMP	NO CAMP	NO CAMP		NO CAMP	NO CAMP	NO CAMP
<b>HALF DAY SPECIALTY CAMP 8am-Neon (Jeep Rogers / Northwest Y only)</b>										
Jeep Rogers Family YMCA Ages 6-11 \$95- Y Family Members, \$155 Non-member	Basketball	Cheer	Flag Football	NO CAMP	Tennis	Basketball	Baseball	Flag Football	Tennis	NO CAMP
Also check this row for Full Day Add On 7am-6pm (add \$75)		Toy Building Bricks		NO CAMP	Engineer	Tri Camp	Art		Girls Rock	NO CAMP
Northwest Family YMCA Ages 6-11, \$95- Y Family Members, \$155 Non-member	NO CAMP	Arts and Artists	STEM Lego	NO CAMP	Science, potions and slime	Sports of all Sorts	Dance, Dance	Try a Tri	NO CAMP	NO CAMP
Also check this row for Full Day Add On 7am-6pm (add \$75)	NO CAMP			NO CAMP					NO CAMP	NO CAMP

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_