



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2018 RICHLAND 1 SUMMER DAY CAMP REGISTRATION

Register On-Line at www.columbiaymca.org

Camper's name _____ DOB: ___/___/___ Age: _____ Gender: _____ Grade/Fall 18: _____ Shirt Size: _____

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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>Payment Agreements: I understand that I am responsible for paying for every week my child(ren) are enrolled in the program, regardless of attendance. I understand I must give the site director a two-week written notice if I cancel or change my child's enrollment. 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 it is non-refundable. Without deposit, weeks will not be held, or registered.</p>
Initial	<p>I understand that on Fridays childcare will be held onsite at the Lexington YMCA. Transportation will be provided to Lexington YMCA from a drop off/ pick up location First Presbyterian Church 1324 Marion St, Columbia, SC 29201</p>
Initial	<p>Parent Packet: 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 _____

Traditional Day Camps 7am-6pm
 \$ 105.00 per week
**** FRIDAYS - CHILDCARE HELD AT THE LEXINGTON YMCA**

	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
South Kilbourne Elementary Ages 5-13				NO CAMP					NO CAMP	NO CAMP
Hopkins Elementary Ages 5-13				NO CAMP					NO CAMP	NO CAMP
Carver Lyon Elementary Ages 5-13				NO CAMP					NO CAMP	NO CAMP

SOAR DAY CAMP OPTIONS

Richland One students only

	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
Hopkins Elementary <i>Before/ After care (\$25/per week)</i> 7am till school start & school out till 6 pm				NO CAMP					NO CAMP	NO CAMP
Hopkins Elementary <i>Before/ After care plus Fridays (\$50/per week)</i> 7am till school start & school out till 6pm and transportation to the Lexington YMCA on Fridays.				NO CAMP					NO CAMP	NO CAMP
South Kilbourne Elementary <i>Before/ After care (\$25/per week)</i> 7am till school start & school out till 6 pm				NO CAMP					NO CAMP	NO CAMP
South Kilbourne Elementary <i>Before/ After care plus Fridays (\$50/per week)</i> 7am till school start & school out till 6pm and transportation to the Lexington YMCA on Fridays.				NO CAMP					NO CAMP	NO CAMP
Carver Lyon Elementary <i>Before/ After care (\$25/per week)</i> 7am till school start & school out till 6 pm				NO CAMP					NO CAMP	NO CAMP
Carver Lyon Elementary <i>Before/ After care plus Fridays (\$50/per week)</i> 7am till school start & school out till 6pm and transportation to the Lexington YMCA on Fridays.				NO CAMP					NO CAMP	NO CAMP

Outdoor camp Lexington 7am-6pm
 \$ 135 Y Family member \$ 175 Non Y Family member

	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
Lexington YMCA										
Downtown YMCA pick-up for transport to Lexington YMCA	NO CAMP	NO CAMP	NO CAMP	NO CAMP	NO CAMP	NO CAMP	NO CAMP	NO CAMP	NO CAMP	NO CAMP

Parent / Guardian Signature: _____

Date: _____