



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 2019 SUMMER DAY CAMP REGISTRATION FORM

You may also register online at [www.columbiaymca.org](http://www.columbiaymca.org). Richland One campers must use separate form.

Camper Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Grade/Fall 19: \_\_\_\_ Shirt Size: \_\_\_\_

Camper Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Grade/Fall 19: \_\_\_\_ Shirt Size: \_\_\_\_

Camper Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Grade/Fall 19: \_\_\_\_ Shirt Size: \_\_\_\_

CODE WORD: \_\_\_\_\_ (Children will not be released without correct code word, 1 per family)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian's Legal Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Gender: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian's Legal Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Gender: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### ADDITIONAL AUTHORIZED INDIVIDUALS

Only Parent/Guardians listed above and the Authorized Individual listed below will be allowed to pick up this child from the YMCA. (Must present photo ID and know the family code word).

Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ 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.

Child's Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

\_\_\_\_\_  
Printed Legal Name of Parent / Guardian

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## HEALTH HISTORY FORM

Must complete one for each child registered in program.

**Child's Legal Name:** \_\_\_\_\_

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

- |  |   |  |
|--|---|--|
| <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, describe below |
| <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: _____
Dates 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.

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

\_\_\_\_\_  
Date



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

## PAYMENT AND ENROLLMENT AGREEMENTS

**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. 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. Registration for a week of summer camp that takes place within 3 days of the start of care will incur a price increase of \$15.00.

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

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

Name of Financial Institution: \_\_\_\_\_ [ ] 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

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 pre-authorized 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 or program which states draft will be continuous throughout the program dates of registration until written notification has been received by the YMCA of Columbia two 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	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 provide written notification to the Y 2-weeks prior to week of intended disenrollment for any dues to not be payable. I understand that In-Service days and Student Holidays are included in weekly Afterschool program dues, but I must register to assure attendance.
Initial	Parent Packet: I have reviewed and agree to the terms and conditions outlined in the Y's Parent Packet.

**Name of Person Authorizing Draft:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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

**Name of Parent/Guardian Completing Form:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 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 CONVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") 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 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. YMCA of Columbia 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. I give permission to the YMCA of Columbia to use, without limitations or obligation, photographs, film footage, or tape recordings, which may include my image or voice for purpose of promoting or interpreting YMCA programs.

**I acknowledge the waiver set forth on the prior page as a participant in a YMCA program.**

**Printed Parent/Guardian Name:** \_\_\_\_\_

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

# 2019 YMCA of Columbia Day Camp Grid

Please initial the appropriate camp locations and each week of camp you would like your child to attend.

Camper Name: \_\_\_\_\_

	June 10-14	June 17-21	June 24-28	July 1-5 ** NO care July 4 <sup>th</sup>	July 8-12	July 15-19	July 22-26	July 29- Aug 2	Aug 5-9	Aug 12-16
<b>Traditional day camps 7am-6pm</b> \$120- Y Family member \$160 Non-Family members										
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</b> \$135 Y Family member \$175 Non-Family member										
Lexington Family YMCA Ages 6-11										
<b>Preschool Camp 8am-12pm</b> \$60- Y Family member \$75 Non-Family members										
Jeep Rogers Family YMCA Ages 3-4										
<b>Teen Camp 7am-6pm</b> \$140- Y Family member \$190 Non-Family members										
Jeep Rogers Family YMCA Ages 12-14										
Northwest Family YMCA Ages 12-14										
Lexington Family YMCA Ages 12-14										
<b>Equestrian Camp Pick up and Drop off at Lexington Family YMCA</b>										
Equestrian Day camp 7am- 6 pm Ages 7-15. \$315-Y Family Members, \$330 Non-member										
Equestrian Girls Only Overnight Camp Ages 7-15 Sunday 3pm - Friday 3pm \$455-Y Family Members, \$495 Non-member										
<b>HALF DAY SPECIALTY CAMP 8am-Noon (Jeep Rogers / Northwest Y only)</b>										
Jeep Rogers Family YMCA Ages 6-12 \$95- Y Family Members, \$155 Non-member										
Also check this row for Full Day Add On 7am-6pm (add \$75)										
Northwest Family YMCA Ages 5-12, \$95-Y Family Members, \$155 Non-member										
Also check this row for Full Day Add On 7am-6pm (add \$75)										

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

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

Please note any registration that takes place the weekend prior to or the day of camp, will incur a \$15 price increase