



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Stanly County Family YMCA 2017 Summer Specialty Camps Registration Form

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

### PARENT CHECKLIST

- Form is complete
- Camper Info                       Healthy History/General Health ??
- Responsible Parties Info         Allergies/Medications
- Emergency Info                     Signed Waiver
- Family E-mail                       Camp(S)/Week(s) Attending
- Code Word                           T-shirt size

Each camper will receive a free "Y Camp" t-shirt. What size may we order for you?

YXS (2-4)    YS (6-8)    YM (10-12)

AS    AM    AL    AXL    AXXL

- Payment in full or Processing Fee of \$10/25 (Please make checks payable to Stanly County Family YMCA.)
- Open Doors Scholarship Application attached with requested information
- Payment Options Form completed.
- I would be willing to help send a kid to camp by making a donation to the YMCA "Strong Communities Fund".
  - Yes!             Not at this time.             Parent Initials

### STAFF CHECKLIST

- Form is complete
- ODS form attached with requested information, if applicable
- Processing Fee/Camp Fee collected
- Camper is a member             Yes             No/Is family planning on joining before summer? \_\_\_\_\_
- Amount paid w/ registration \$ \_\_\_\_\_    Rec. # \_\_\_\_\_    Ck# \_\_\_\_\_    CC# \_\_\_\_\_    Cash \_\_\_\_\_
- Date \_\_\_\_\_    Staff Initials \_\_\_\_\_

Notes \_\_\_\_\_

### ADMINISTRATION CHECKLIST

- Form is complete
- Correct fee collected
- ODS  Yes  %  No
- BD or CC/DC draft set up
- Notes \_\_\_\_\_

**Specialty Camp:**

Camp Fee \_\_\_\_\_

ODS \_\_\_% \_\_\_\_\_

Fee Due \_\_\_\_\_

**Norwood:**

Weekly Fee \_\_\_\_\_

ODS \_\_\_% \_\_\_\_\_

Weekly Fee Due \_\_\_\_\_





# SPECIALTY CAMP

## PAYMENT OPTION FORM

**To register for Specialty Camps, there are three payment options:**

**Registration is open April 1-June 2. No registration fee due when registering April 1-21. With registration form, a \$10 processing fee for one-week camps or \$25 processing fee for Norwood must be paid April 22-June 2. Late registration will be accepted June 3-August 3, where space is available with a late reg. fee of \$20 for one-week camps or \$40 processing fee for Norwood. These fee are non-refundable. Register early to secure your child's place.**

There will then be three options available to pay the balance of the camp(s):

- Pay in full at time of registration
- Draft your bank account on Tuesday, two weeks before the Specialty Camp(s) begin. Norwood will draft on Tuesday, one week before each session begins.
- Charge your credit card/debit card on Tuesday, two weeks before the Specialty Camp(s) begin. Norwood will draft on Tuesday, one week before each session begins.

\*\*\*\*To make any changes to your Summer Specialty Camp(s) registration, you must complete and return a "Request for Schedule Change" form at least one week before the draft date in order to avoid being drafted the full amount of camp. If received in time, you will only be drafted 50% of your fee.

Payment method for Summer Specialty Camps:

I have enclosed a check or made payment of \$ \_\_\_\_\_ deposit

\_\_\_\_ Option 1: Payment in full

\_\_\_\_ Option 2: If I didn't pay in full, then I give permission for the Stanly County Family YMCA to bankdraft my account on Wednesday, two weeks prior to the beginning of the camp. (Ex. draft on July 8th for camp on July 20.) By chance, if the Y draft is declined, the YMCA has the right to redraft me at any time. If payment is not made on time, there will be a \$25 late fee added if your balance is not taken care of by the next Wednesday. If the balance is not paid by the Friday before camp begins, child will not be allowed to attend camp until the balance is paid.

Bank Name \_\_\_\_\_ Name on Account \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

\_\_\_\_ Option 3: If I didn't pay in full, then I give permission for the Stanly County Family YMCA to charge my credit card/debit card on Wednesday, two weeks prior to the beginning of camp. (Ex. draft on July 8th for camp on July 20.) By chance, if the Y draft is declined, the YMCA has the right to redraft me at any time. If payment is not made on time, there will be a \$25 late fee added if your balance is not taken care of by the next Wednesday. If the balance is not paid by the Friday before camp begins, child will not be allowed to attend camp until the balance is paid.

Below is my credit/debit information:

VISA MC AMEX (circle one) Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signed \_\_\_\_\_



# Camper Emergency Information Sheet

## Stanly County Family YMCA Summer 2017

**CAMPER INFORMATION:**

Camper's Full Name \_\_\_\_\_  
(name camper likes to be called)

Home Address \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ (circle one please) Male / Female Camper is a Y member?

School \_\_\_\_\_ Grade 2017/18 \_\_\_\_\_ Yes/Pin# \_\_\_\_\_ No

**Email is our preferred form of communication during Summer Camp. All electronic communications should be sent to:**

Primary email: \_\_\_\_\_

**RESPONSIBLE PARTIES:** (Please check to indicate the parent to contact for payment or other questions.)

\_\_\_\_ PARENT'S NAME \_\_\_\_\_ Authorized to pick up?  Yes  No

Birthdate \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

Employer (if self-employed, please list name of co.) \_\_\_\_\_

Y member?  Yes/Pin # \_\_\_\_\_  No

\_\_\_\_ PARENT'S NAME \_\_\_\_\_ Authorized to pick up?  Yes  No

Birthdate \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

Employer (if self-employed, please list name of co.) \_\_\_\_\_

Y member?  Yes/Pin # \_\_\_\_\_  No

\*\*\*Child lives with:  Parents  Mother  Father  Grandparents  Other \_\_\_\_\_

**CODE WORD**

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(All campers must have a code word.) Code words are used as an added assurance when your camper is being picked up. This code will be confidential. Anyone who picks up your child must use this code. They may also be asked to show a driver's license.

**Emergency Contact/Authorized to pickup Camper:**

1. Name/Relationship to Child \_\_\_\_\_  
 Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

2. Name/Relationship to Child \_\_\_\_\_  
 Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

3. Name/Relationship to Child \_\_\_\_\_  
 Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

# Camper Information/Medical Form

Camper's Name: \_\_\_\_\_

## Insurance and Medical Information:

Carrier/Plan Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Preferred Provider: Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### \_\_\_\_ I HAVE INCLUDED A COPY OF MY CHILD'S IMMUNIZATION RECORDS.

Is camper currently taking prescription/over the counter medications? \_\_Yes \_\_No

List Medication/Dosage/Purpose: \_\_\_\_\_

**\*\*We may only administer meds that are sent in original container. A green medication form must be completed by parent and given to Site Director before camper begins.**

•Does your camper have any condition that requires special care? \_\_Yes \_\_No

If yes, please specify: \_\_\_\_\_

•Has your camper had surgeries, illness or any severe injuries? \_\_Yes \_\_No

If yes, please specify: \_\_\_\_\_

•Does your camper have allergies? \_\_Yes \_\_No

If yes, please describe in detail: \_\_\_\_\_

•Does your camper have dietary restrictions? \_\_Yes \_\_No

Please explain: \_\_\_\_\_

•Does your camper (please circle) wear glasses wear contacts have braces have frequent headaches

other \_\_\_\_\_

•Please provide information we may not have asked that you feel is important for us to know as we include your child in our programs. \_\_\_\_\_

## WAIVER

\*\*This information given is complete and accurate. My child has permission to participate in all activities unless otherwise stated in writing.

\*\*I understand that the Stanly County Family YMCA assumes no responsibility for injuries or illnesses my child may sustain as a result of his/her participation in camp.

\*\*Prior to time of registration, I will discuss any special needs (behavioral problems or physical, emotional, psychological, or medication needs) with the Family Services Coordinator.

\*\*I permit my child to leave the YMCA on authorized trips under the supervision of the YMCA staff. A written schedule of all activities to be conducted off the Y Camp premises will be posted for parents to see. By signing this form, you give your child permission to be transported in YMCA vehicles or SCUSA. My child has permission to ride YMCA bus or SCUSA buses without holding the Stanly County Family YMCA or its Staff or Board liable if an accident occurs.

\*\*I give permission to the Stanly County Family YMCA to use pictures or videos of my child as a program participant in promotional literature/media/social media published and used by the YMCA.

\*\*In the event that I cannot be reached in an emergency, I give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for my child.

\*\*I understand that I am responsible for primary insurance for my child.

\*\*I have read and agree to all of the policies and financial expectations of the Stanly County Family YMCA Summer Camps.

Signature \_\_\_\_\_ Date \_\_\_\_\_