



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Stanly County Family YMCA 2017 Summer 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                       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 (4-5)    YS (6-8)    YM (10-12)

AS    AM    AL    AXL    AXXL

- Payment in full or Processing Fee of \$25 (Please make checks payable to Stanly County Family YMCA.) \*\*No fee due 2/15-3/7\*\*
- 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/Pin # \_\_\_\_\_             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 \_\_\_\_\_%     SD     CCD     SCSD     ED \_\_\_\_\_%
- BD or CC/DC draft set up
- Child Info set up
- Notes \_\_\_\_\_

**Summer Day Camp:**

Weekly Fee            \_\_\_\_\_

Discount?            \_\_\_\_\_

Weekly Fee Due        \_\_\_\_\_

**Summer  
Day Camp  
Payment  
Option Form**

**What do I pay when I register?**

If you register between **February 15-March 8**, the Processing Fee is waived!

If registering between **March 9-May 8**, you will need to pay a one-time \$25/child, Processing Fee, regardless of how many weeks for which you are registering. You may also pay in full for every week registered.

Registration will be accepted **May 9-August 12** where space is available. There will be a \$25/child Late Registration Fee attached to the \$25/child Processing Fee.

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

To register for Summer Day Camp, there are three payment options:

Registration is open February 15-May 8. Late registration will be accepted May 9-August 12, where space is available with a late req. fee of \$25 per child. Register early to secure your child's place.

Upon registration, a **NON-REFUNDABLE** Processing Fee of \$25 for each child must be paid in order to reserve your child's place for the summer. There will then, be three options to pay the balance of camp:

- Pay in full no later than May 14th.
- Draft you bank account weekly on Tuesdays before each week of attendance.
- Charge your credit card/debit card weekly on Tuesdays before each week of attendance.

\*\*\*\*To make any changes to your Summer Day Camp registration/drafts, you must complete and return a "Request for Schedule Change" form at least seven days before the specified draft date.

Payment method for Summer Day Camp:

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 Tuesdays before the next week of attendance. 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 \$10 late fee added if my balance is not taken care of by that Friday. If the weekly payment is not made by the next Monday, I understand that care will be suspended until the balance is paid.

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

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ 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 Tuesdays before the next week of attendance. By chance, if the Y draft if declined, the YMCA has the right to redraft me at any time. If payment is not made on time, there will be a \$10 late fee added if my balance is not taken care of by that Friday. If the weekly payment is not made by the next Monday, I understand that care will be suspended until the balance is paid.

Below is my credit/debit information:

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

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

Signed \_\_\_\_\_ Date \_\_\_\_\_



# 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 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 \_\_\_\_\_