



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ROCK SUMMER

Summer Camp 2020
Play.Master.Achieve
YMCA OF SOUTH ALABAMA

Please select a location.

- Daphne Elementary School
- Spanish Fort Elementary School

- One Time Activity Fee \$50
- M-F M \$95/NM \$120
- M,W,F \$75/90
- T,TH \$50 /60

*In order for your child to be registered, you must pay the Activity Fee and First Week.

Child's Name: _____ Age: _____ T-shirt Size _____

OFFICE USE ONLY: _____ Core _____ Attendance _____ Remind _____ Email _____ Shot Record

YMCA of South Alabama Summer Day Camp Registration

Complete one registration form per child. PLEASE NOTE: Application will not be processed without the one time registration fee (\$50 per child) and the first week's payment. ALL REGISTRATION FEES ARE NON-REFUNDABLE.

CAMPER INFORMATION

Camper Name: _____ Gender: Male Female YMCA Member: Yes No

School Name: _____ Date of Birth: ___/___/___ Age: _____ Grade (entering 08/18): _____

PARENT/GUARDIAN 1 INFORMATION

Relation to Camper: _____

First Name: _____ Last Name: _____

Occupation: _____ DOB: ___/___/___

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Work Phone: (____) _____

Email: _____

PARENT/GUARDIAN 2 INFORMATION

Relation to Camper: _____

First Name: _____ Last Name: _____

Occupation: _____ DOB: ___/___/___

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Work Phone: (____) _____

Email: _____

EMERGENCY CONTACTS AND PERSONS AUTHORIZED TO PICK UP CAMPER

Parent/Guardian 1: Yes No

Parent/Guardian 2: Yes No

Name: _____ Relationship: _____ Cell Phone: _____

Name: _____ Relationship: _____ Cell Phone: _____

Name: _____ Relationship: _____ Cell Phone: _____

HEALTH INFORMATION

IMMUNIZATION HISTORY: (Must attach copy)

Doctor's Name: _____ Phone: _____

___ I certify that all of my child's immunizations are up to date.

Insurance Carrier: _____

___ I give permission for my child to apply sunscreen at the YMCA.

Policy Holder Name: _____

I understand that I must submit a full copy of my child's immunization history before he/she may attend YMCA camp. Please provide the most current immunizations

List any physical, mental or psychological special needs your child may have: _____

List allergies, serious injuries, diseases, operations and any restrictions on physical activity: _____

This health history is complete and accurate, and participant has permission to engage in all activities unless otherwise specified in writing. I understand the YMCA of South Alabama assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her participation in programs, athletics, sports programs, the use of any equipment, exercises or other activities. I expressly acknowledge that I assume the risk for any and all injuries and all illnesses which may result from his/her participation in these activities. I acknowledge that my child has been medically cleared to participate in vigorous physical activities. I also understand that there is a risk of injury while participating in physical activity by my child. I agree to hold harmless the YMCA of South Alabama, its staff and volunteers for accidents or injuries arising out of his/her participation in the activity. I agree to have my child examined within a reasonable time period prior to program by a physician stating he/she is free of communicable disease and has not been exposed to such. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA Director to secure and administer treatment including hospitalization for my child. I understand that no accident or medical insurance is provided with this activity. I give the YMCA of South Alabama permission, without limitation or obligation to use photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs and release the YMCA of South Alabama from any claim of liability to that use. I give my consent for my child to leave the YMCA site, participate in authorized YMCA trips and to ride in authorized vehicles for the purpose of transportation in connection with the YMCA program.

I HAVE READ AND AGREE TO ALL THE POLICIES SET FORTH BY THE YMCA OF SOUTH ALABAMA.

Sign Here: _____

Date: _____

BEHAVIORAL MANAGEMENT POLICY

It is the goal of the YMCA of South Alabama to provide a fun, healthy, safe and secure environment for our participants. The YMCA teaches core values of caring, honesty, respect, and responsibility. Children who attend the program are expected to follow the behavior guidelines and to interact appropriately in a group setting.

Behavior Guidelines:

Participants are responsible for their actions.

We respect each other and the environment.

Honesty will be the basis for all relationships and interactions.

We will care for ourselves and those around us.

When a participant doesn't follow the behavior guidelines, we will take the following steps:

- Counselor will redirect the child to a more appropriate behavior.
- The child will be reminded of the behavior guidelines and YMCA rules, and a discussion will take place.
- If the behavior persists, a parent will be notified of the problem.
- The staff will document the situation. The written documents will include what the behavior problem is, what provoked the problem, and the correction action taken.
- A leadership team member will schedule a conference with the parent so they can determine the appropriate action to take.
- A leadership team member will schedule a progress check or follow-up conference.
- If the problem still persists, a leadership team member will schedule a conference that includes the parent, child, staff, and Program Director. The director will have all documentation and the notes from the previous conference for review.
- If a child's behavior at any time threatens the immediate safety of that child, other children, or staff, the parent may be notified and expected to pick-up the child immediately.
- If a problem persists and child continues to disrupt the program, the YMCA of South Alabama reserves the right to suspend the child from the program. Expulsion from the program will be considered in extreme situations.

The following behaviors are not acceptable and will result in the immediate suspension of a child for the remainder of the current day and the next day:

- Endangering the health and safety of children and/or staff, members or volunteers
- Stealing or damaging YMCA, school or personal property
- Leaving the program without permission
- Continuing to disrupt the program

PARENTAL STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please refer to your copy of the Program Parent Handbook, or contact each site director for any inquires.

Please initial each statement.

_____ I understand the YMCA of South Alabama staff and volunteers are not permitted to baby-sit program children.

_____ I understand the YMCA of South Alabama staff and volunteers are not permitted to transport participants in their personal vehicles.

_____ I understand my child will not be allowed to leave or to be picked-up by any unauthorized person. Any person authorized to pick-up my child must either be listed on the Sign Out Sheet or arrangements in writing must be submitted to the Program Site. All authorized people must be over 18 and provide proper ID.

_____ I understand if a person arrives to pick-up my child who appears to be under the influence of drugs or alcohol, for the safety of my child, staff may have no other option but to contact the police. Please do not put staff in a position to make this judgment call.

_____ I understand YMCA Program staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

_____ In case of emergency, I understand the YMCA of South Alabama, and all persons engaged in YMCA Program activities, are released, indemnified, and held harmless of any claims against any or all of them.

_____ I understand that I am responsible for Accidental Insurance coverage.

PLEASE INITIAL THE FOLLOWING WEEKS YOU WOULD LIKE TO REGISTER FOR AND CIRCLE THE OPTION YOUR PREFER.

___ May 26 – May 29 (4-day wk)	Monday-Friday	2 day (Tues & Thurs)	3 day (Mon, Wed, Fri)
___ June 1 - June 5	Monday-Friday	2 day (Tues & Thurs)	3 day (Mon, Wed, Fri)
___ June 8 - June 12	Monday-Friday	2 day (Tues & Thurs)	3 day (Mon, Wed, Fri)
___ June 15 - June 19	Monday-Friday	2 day (Tues & Thurs)	3 day (Mon, Wed, Fri)
___ June 22 - June 26	Monday-Friday	2 day (Tues & Thurs)	3 day (Mon, Wed, Fri)
___ June 29 - July 3	Monday-Friday	2 day (Tues & Thurs)	3 day (Mon, Wed, Fri)
___ July 6 - July 10	Monday-Friday	2 day (Tues & Thurs)	3 day (Mon, Wed, Fri)
___ July 13 - July 17	Monday-Friday	2 day (Tues & Thurs)	3 day (Mon, Wed, Fri)
___ July 20 - July 24	Monday-Friday	2 day (Tues & Thurs)	3 day (Mon, Wed, Fri)
___ July 27 – July 31	Monday-Friday	2 day (Tues & Thurs)	3 day (Mon, Wed, Fri)

***** Aug 3-14th is a separate registration, full week option only. Camp will be held at the Branch.*****

You will be held accountable for making payments for the weeks and options you choose. If you need to make a change, you can give your Site Director a letter canceling registered weeks two weeks prior to the week originally registered for to not be held responsible for paying that particular week. We staff according to this information. As camp proceeds, if you do not sign up for a week and later decide to do so, space may be unavailable.

Guardian's Signature

Date

TO BE FILLED OUT BY YMCA EMPLOYEE ONLY

Child's Name _____

Weekly Fee _____

Day Camp Pay Sheet

Y Membership # _____

Date	Date Paid	Check	Prog. Fee	Amt. Paid	Open Bal.	
Act. Fee \$50						
First Week May 26 - May 29						4day week
June 1-5						
June 8-12						
June 15-19						
June 22-26						
June 29 - July 3						
July 6-10						
July 13-17						
July 20-24						
July 27-31						

YMCA of South Alabama AUTOMATIC BANKDRAFT/CREDIT CARD ENROLLMENT

Weekly Draft

The YMCA of South Alabama offers bank-drafting service for members who would like **Childcare** payments to be made automatically on the due dates of the childcare weeks. This service can be provided with any bank.

Circle One

Regular Camp: 5 day program (M-F) \$95/wk or \$120/wk
3 day program \$75/90wk or 2 day program \$50/60wk

Name of Participant: _____

Name on Account _____

CREDIT CARD:

___ VISA ___ Master ___ Discover ___ American Express ___ acct on file last 4 digits _____

Card Number: _____ EXP Date: _____ CVV _____

VOIDED CHECK: PLEASE ATTACH

DRAFT MEMBERSHIP ACCOUNT ON FILE:

Membership #: _____

I authorize payment from the specified account in the amount specified above. I accept sole responsibility for notifying the YMCA of South Alabama if my address changes. **Returned Payments-** All returned payments will be assessed a \$30 fee. **Cancellation Policy-** If the YMCA cancels a program, participants are entitled to a full refund or credit. If a participant withdraws from a program at least one (1) week prior to the start of the program, they are entitled to receive a full refund or credit. If a participant withdraws from a program less than one (1) week before the start of the program, they are entitled to receive 75% refund or credit. If a participant withdraws from a program on or after the start of the program, they are not entitled to receive a refund or credit unless they provide a doctor's verification of a medical condition that would prohibit participation in the program. **Acceptance/Release-** I (we) acknowledge the conditions of membership/participation as stated below, for myself and on behalf of any minors listed, I (we) hereby release the YMCA of South Alabama, its agents, volunteers and employees from any and all claims for injury, illness, death, loss or damage that are not directly resulting from the YMCAs negligence which may result from participation. **No Insurance-** I understand that the YMCA does not provide any accident or health insurance for its members and participants and I assume all responsibility for any injury resulting from participation in youth program activities, aerobics and other exercise, weight training, sports, use of pools, spa saunas, steam rooms, and fitness equipment. **Photo Release-** I understand that my image may be captured while on YMCA premises and used for promotion or interpreting YMCA programs. **Code of Conduct-** The YMCA of South Alabama reserves the right to suspend or cancel a membership/participation when a person's behavior or language is in conflict with the welfare of other members, program participants or staff, or in conflict with the YMCA values. **I authorize the YMCA of South Alabama to automatically deduct said amount from the above account on a weekly basis.**

Signature: _____ Date _____