



Camp on the Lake: Day Camp Registration 2019

YMCA of Metropolitan Dallas

Location:		Swim Level (water activities are based on age and swimming ability):	
Does your family have a YMCA Membership? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
Child's Name:	Date of Birth: __/__/__	Age (when they are attending camp):	Grade in Fall 2019:
Child's Address:	Gender: Male or Female	City/State/Zip:	Ethnicity:
How did you hear about the YMCA? <input type="checkbox"/> Afterschool Site <input type="checkbox"/> YMCA Flyer/Postcard <input type="checkbox"/> YMCA Website <input type="checkbox"/> YMCA Email <input type="checkbox"/> Internet (Facebook, Twitter, etc) <input type="checkbox"/> Family/Friend Referral: _____		<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other: _____	

Primary Parent/Guardian Contact Information MOTHER FATHER OTHER: _____

Primary Parent/Guardian Name:		Date of Birth: __/__/__	Home#: _____
		Gender: Male or Female	Cell#: _____
Home Address (if different from child):		City/State/Zip:	Preferred Method of Communication:
			<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> All
Employer:	Custodial Parent:	Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander	
Work#:	May the Y release to non-custodial Parent?:	<input type="checkbox"/> Other: _____	
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Email Address:		Driver's License#:	

Secondary Parent/Guardian Contact Information MOTHER FATHER OTHER: _____

Secondary Parent/Guardian Name:		Date of Birth: __/__/__	Home#: _____
		Gender: Male or Female	Cell#: _____
Home Address (if different from child):		City/State/Zip:	Preferred Method of Communication:
			<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> All
Employer:	Custodial Parent:	Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander	
Work#:		<input type="checkbox"/> Other: _____	
Email Address:		Driver's License#:	

Emergency Contact/Authorized Pick Up (other than parents):

Name:	Home Address:	City/State/Zip:
Relationship to Child:	Phone #:	Driver's License #:

Additional Authorized Pick Up (other than parents):

Name:	Phone#:	Driver's License#:
Name:	Phone#:	Driver's License#:
Name:	Phone#:	Driver's License#:



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<u>Health History</u>	<u>Authorization for Medical Treatment</u>
<p>Allergies and Special Conditions Please check all that apply to your child:</p> <p> <input type="checkbox"/> Ear Infections <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Convulsions <input type="checkbox"/> Diabetes (onset) <input type="checkbox"/> Bleeding/Clotting <input type="checkbox"/> Epilepsy (onset) <input type="checkbox"/> Tonsillitis <input type="checkbox"/> Hay Fever <input type="checkbox"/> Insect Allergy <input type="checkbox"/> Poison Ivy Allergy <input type="checkbox"/> Seizures <input type="checkbox"/> Asthma <input type="checkbox"/> Migraines <input type="checkbox"/> Food Allergy (list below) <input type="checkbox"/> Skin Rashes <input type="checkbox"/> ADD/ADHD </p> <p>In the space below, please list any SPECIAL CONSIDERATIONS relevant to your child not listed above such as: previous illness, injuries in the past 12 months, activity restrictions, developmental age, allergies (food or medication), chronic health concerns, etc.</p> <hr/> <p>Medications being taken* - Please list any meds your child is taking:</p> <hr/> <p><small>*All medications must include a medication form on file, be prescribed by a doctor and delivered to the Day Camp Program in its original bottle. We do not administer over the counter medications. Rescue Medications can be carried by Day Camp Participant with the prescribing doctor's written permission.</small></p>	<p>In the event that I cannot be reached to make arrangements for medical treatment, I authorize YMCA Staff to administer first aid/or transport to the nearest hospital or emergency care facility.</p> <p>Name of Licensed Physician: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____</p> <p>Preferred Hospital: _____ Street Address: _____ City: _____ State: _____ Zip: _____</p> <p>I certify that _____ has been examined by a licensed physician in the past 12 months, is able to participate in the YMCA Day Camp Program. The Health History is correct as far as I know, and the person herein described has permission to engage in all prescribed activities and fieldtrips, except as noted by the examining physician and me.</p> <p>Parent Signature: _____ Date: _____</p>

Admission Agreement

INITIAL	Transportation: I give permission for my child to be transported in an authorized YMCA Bus to and from camp each day.
INITIAL	Water Activities: I give permission for my child to participate in water activities during camp hours. Activities they can participate in are based on age and swimming ability.
INITIAL	Movies: I give permission for my child to view a Director-approved G movie, though it is not part of regularly scheduled lesson plans.
INITIAL	Parent Handbook: I have received and have read a copy of the Camp on the Lake Parent Handbook and understand all policies therein.
INITIAL	Immunization Records: I certify that my child's current immunization records are included with this form. New forms are required each summer a child attends camp.
INITIAL	Hours of Care: I understand that I will be charged an additional \$1.00 every minute I am late after close of site.
INITIAL	Custody: YMCA staff is not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information listed on this document. NO PERSON UNDER THE AGE OF 18 MAY PICK UP A CHILD WITHOUT A SIGNED AFFIDAVIT ON FILE.
INITIAL	Photo Release: The YMCA is hereby granted permission to use any individual or group photograph and/or videotape showing my child in YMCA activities for use in public relations, promotional or advertising purposes.
INITIAL	Behavior Policy: I have read and understand the Camp on the Lake Behavior Policy.
INITIAL	Hazardous Activities: I give permission for my child to participate in supervised camp activities such as archery, bb's, horseback riding, boating, sailing, etc.
INITIAL	COTL Program Closures: I understand that Camp on the Lake will be closed on Monday May 27 and Thursday July 4, 2019 and care will not be available those days.

By my signature, and of my free will, I do hereby agree to indemnify and save harmless the YMCA of Metropolitan Dallas from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to who I am responsible.

Primary Parent/Guardian Signature: _____ Date: _____



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Payment Agreement	
INITIAL	Payments are due on the corresponding draft date for each week of camp. It is my responsibility to notify the YMCA of any changes to my situation or payment plan before my draft date.
INITIAL	I have reviewed and understand the payment schedule and understand when payment is due to the YMCA. I understand that I will be charged according to my payment plan regardless of absences or lapses in attendance.
INITIAL	I understand that if I am more than one week behind on my account that I will be suspended from the program and any YMCA programs throughout the YMCA of Metropolitan Dallas until my balance is reconciled. Accounts that are 45 days past due will be submitted to collections.
INITIAL	I agree to give one week notice to the YMCA if I plan to exit the program or transfer to another week. If I fail to give a week notice, or contact the camp staff to discuss emergency withdrawals, I am responsible for any payments up to the time of notification to quit. *Draft payments require 30 days' notice to cancel.
INITIAL	I understand that if I elect to pay by draft, that I will be drafted based on the registered week's distribution amounts shown below.
INITIAL	I agree to pay all fees associated with my account due to insufficient funds, closed accounts or stopped payments or my failure to update information. The fee is \$25.00 per item.
INITIAL	I understand that I will be drafted regardless of absences, and that the YMCA will not prorate days due to attendance.
INITIAL	I understand that if I elect to cancel my draft payments and change to manual payments that I will have to pay the balance of those weeks on the due dates as listed in my parent handbook.

DRAFT DISTRIBUTION	
Draft on May 15 th for weeks 1 & 2	Week 1 Amt. _____ + Week 2 Amt. _____ = _____
Draft on June 1 st for weeks 3 & 4	Week 3 Amt. _____ + Week 4 Amt. _____ = _____
Draft on June 15 th for weeks 5 & 6	Week 5 Amt. _____ + Week 6 Amt. _____ = _____
Draft on July 1 st for weeks 7 & 8	Week 7 Amt. _____ + Week 8 Amt. _____ = _____
Draft on July 15 th for weeks 9 & 10	Week 9 Amt. _____ + Week 10 Amt. _____ = _____
Draft on August 1 st for weeks 11 & 12	Week 11 Amt. _____ + Week 12 Amt. _____ = _____

Weekly Draft Account Information	
CREDIT CARD/DEBIT CARD/PRE-PAID CARD DRAFT	
Circle:	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Circle:	<input type="checkbox"/> CREDIT CARD <input type="checkbox"/> DEBIT CARD <input type="checkbox"/> PRE-PAID CARD
Card Number:	Exp. Date: ____ / ____
	3 OR 4 digit Security Code: ____
Name on Card/Account: _____	
Billing Address: _____	

I have read and understand the YMCA Payment Agreement; I accept my payment plan and agree to abide by all of the policies in place. I understand that failure to uphold my payment arrangement will result in my child being suspended from the program and that my YMCA of Metropolitan Dallas program privileges will also be suspended until my account is in good standing.

Primary Parent/Guardian Signature: _____ Date: _____



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2019 WEEKLY SESSIONS/PAYMENT SCHEDULE

Program Site:	Participant Name:
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Camp Weeks	(X) Indicates the week you are registering	Drop off/Pick Up Location	
Week 1* May 28-May 31, 2019	<input type="checkbox"/>		
Week 2 June 3-7, 2019	<input type="checkbox"/>		
Week 3 June 10-14, 2019	<input type="checkbox"/>		
Week 4 (overnight option) June 17-21, 2019	<input type="checkbox"/>		
Week 5 June 24-28, 2019	<input type="checkbox"/>		
Week 6* July 1-5, 2019	<input type="checkbox"/>		
Week 7 (overnight option) July 8-12, 2019	<input type="checkbox"/>		
Week 8 July 15-19, 2019	<input type="checkbox"/>		
Week 9 July 22-26, 2019	<input type="checkbox"/>		
Week 10 (overnight option) July 29 – August 2, 2019	<input type="checkbox"/>		
Week 11 August 5-9, 2019	<input type="checkbox"/>		
Week 12 August 12-16, 2019	<input type="checkbox"/>		
Overnight Options (please circle week you wish to attend) Must be registered and paid for that session to attend.	Session 4 June 20	Session 7 July 11	Session 10 August 1

***Closed Monday, May 27 and Thursday, July 4**

I understand my child will be registered for the weeks I have selected above and my account will be set to draft as indicated by the due date. I further understand that it is my responsibility to submit a cancellation form two weeks prior to the draft date, per the YMCA Payment Agreement, in order for me to receive a refund for the week of camp my child will not attend.

Primary Parent/Guardian Signature: _____ Date: _____