

2017 PARK CITY SUMMER DAY CAMP REGISTRATION FORM



Youth's Last Name _____ Youth's First Name _____

Please circle the program(s) and price that best meets your family's needs.

TRADITIONAL CAMP

Ages: 6-14

Monday-Friday—8:30am-4:30pm

- FULL PRICE: \$225 per week
- VOLUNTARY PRICE: \$207 per week
- APPLY FOR FINANCIAL ASSISTANCE*

*Application Required

EXTENDED CARE

Ages: 6-14

**Monday-Friday—8:00am-8:30am &
4:30pm-5:30pm**

- \$10 per week

DROP OFF & PICK UP LOCATION

Park City Community Church

4501 UT-224, Park City, UT 84098

SELECT THE WEEKS YOU NEED:

\$25 non-refundable deposit required at time of registration per week of camp

- Week 1: June 12-16—Move It or Lose It
- Week 2: June 19-23—Fantastic Beasts
- Week 3: June 26-30—Captain Planet
- Week 4: July 5-7—Stars and Stripes *3 day week
- Week 5: July 10-14—When I Grow Up
- Week 6: July 17-21—Mad Scientist
- Week 7: July 25-28—Travel Through Time *4 day week
- Week 8: July 31-August 4—In a Galaxy Far, Far Away
- Week 9: August 6-11—H2-Oh!

PAYMENT DUE DATES:

WEEKLY FEE'S ARE DUE IN FULL 2 WEEKS PRIOR TO EACH WEEK OF CAMP

Week 1: June 12-16 —	Monday, May 29th	Week 6: July 17-21 —	Monday, July 5th
Week 2: June 19-23 —	Monday, June 5th	Week 7: July 25-28 —	Monday, July 1
Week 3: June 26-30 —	Monday, June 12th	Week 8: July 31-August 4—	Monday, July 17th
Week 4: July 5-7 —	Monday, June 19th	Week 9: August 6-11—	Monday, July 25th
Week 5: July 10-14 —	Monday, June 26th		

PRICING - ENSURING EVERYONE HAS THE SAME OPPORTUNITY

INCOME BASED PRICING: The YMCA realizes that families have differing abilities to pay and has introduced a income based pricing system to enable all families the opportunity for a quality experience for their children. All children receive the same quality programs regardless of the income based pricing.

Full Price: This rate reflects the actual cost of the program.

Income Based Pricing: Financial Assistance is made possible by donations to the YMCA for families who have need for financial assistance. Please complete a financial assistance application and provide proof of one months of your family's income.

2017 PARK CITY SUMMER DAY CAMP REGISTRATION FORM

Youth's Last Name _____ Youth's First Name _____

Parent/Guardian 1 Information: Last Name: _____ First Name: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Receive Text Messages: Yes No Provider: _____

Email: _____

Gender: Male Female Date of Birth: ____/____/____ Head of Household Yes No

Place of Employment: _____ Job Title: _____

Yes No - I give the YMCA permission to authorize treatment for my family in the event of a medical emergency and that I am financially responsible for all associated costs.

Yes No - I give my permission for me or my youth to appear in media coverage.

I would be interested in Volunteering for YMCA:

Events Office Needs Out of School Programs Pre-School Parent Advisory Committee

Ethnicity (for grant reporting purposes only): Non-Hispanic Hispanic

Race (check all that apply):

White Black/African American Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander

FAMILY EMERGENCY CONTACT and AUTHORIZED PICK UP INFORMATION:

Please provide 2 additional people other than the parents/guardian that live in separate households. The emergency contact listed is also an individual authorized to pick your youth up from program.

Emergency Contact 1:

First Name: _____ Last Name: _____ Phone: _____ Relationship: _____

Emergency Contact 2:

First Name: _____ Last Name: _____ Phone: _____ Relationship: _____

We are grateful for our many sponsors and grantors who contribute to the YMCA Programs. In order to continue receiving funding, they have requested we collect the following information. All information is for grant reporting purposes only.

of people in your household: _____ Marital Status: _____ Primary language spoken at home: _____

Household Income (circle): \$0-19,600 \$19,601- \$32,650 \$32,651 - \$52,250 \$52,251+

WHERE HAVE YOU SEEN US?

Billboard Brochure Email Family / Friend Flyer Internet Search Magazine Newspaper

Previous Customer Radio School Referral Signage TV YMCA Website Other: _____

Parent/Guardian 2 Information: Last Name: _____ First Name: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Receive Text Messages: Yes No Provider: _____

Email: _____

Gender: Male Female Date of Birth: _____ Head of Household Yes No

Place of Employment: _____ Job Title: _____

I would be interested in Volunteering for YMCA:

Events Office Needs Out of School Programs Pre-School Parent Advisory Committee

Ethnicity (for grant reporting purposes only): Non-Hispanic Hispanic

Race (check all that apply):

White Black/African American Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF NORTHERN UTAH
WASATCH COUNTY
4223 S. Atherton Drive Taylorsville, UT 84123
801.839.3388

2017 PARK CITY SUMMER DAY CAMP REGISTRATION FORM

YOUTH INFORMATION:

Last Name: _____ First Name: _____

Primary Address: _____ City, State, Zip: _____

Gender: Male Female Date of Birth: ___/___/___ School: _____

School District: _____ Grade Fall 2016: _____

Yes No - I give the YMCA permission to authorize treatment in the event of a medical emergency.

Yes No - I give my permission for me or my youth to appear in media coverage.

Ethnicity (for grant reporting purposes only): Non-Hispanic Hispanic

Race (check all that apply):

White Black/ African American Asian American Indian/ Alaskan Native Native Hawaiian/ Pacific Islander

ILLNESSES OR MEDICAL CONDITIONS:

Food or Dietary Restrictions: _____

Medical Allergies or Medical Conditions: _____

Activities Limited by Physician: _____

List any other/additional Health Information: _____

Does your child have any of the following: (PLEASE CIRCLE)

Asthma	Developmental Delays	Heart Problems	Physical Impairment
Diabetes	Seizures	Behavioral or Emotional Problems	Visual or Hearing Impairment

I agree to provide immunization records for my child if they are not enrolled in a public school: Yes No

Is the child covered by family/medical hospital insurance? Yes No

If yes, indicate carrier or plan name: _____

PERMISSIONS

The following terms and conditions are a release form (please indicate consent and initial each item).

____ Yes No - As parent/legal guardian, I give consent to have YMCA Youth Program Staff apply both sunscreen and/or bug spray on my youth as needed. I understand that it is my responsibility to provide sunscreen and/or bug spray for my youth, but that the YMCA will supply it if necessary to avoid any potential skin damage to your youth. I am aware that the YMCA staff will be respectful to my child during the application process.

____ Yes No - I give permission for my youth to participate in field trips/walking field trips. I understand that if my youth arrives late and misses transportation to the field trip they may be unable to attend camp that day.

____ Yes No - I give my permission for my youth enrolled in Summer Day Camp to participate in field trips to Camp Roger located at Soapstone Basin Road Kamas, UT 84036.

____ Yes No - I give permission for my youth to participate in swimming and/or wading at public pool.

____ Yes No - I give permission for the YMCA to transport my child to and/or from the YMCA to Field Trip destinations.

____ Yes No - My youth may walk home from program. Time to Release: _____

____ I understand that I must provide my child with a sack lunch/drink every day and refrigeration will not be available.

(Youth must be 10 years of age to sign themselves out of programming and walk alone with parent/guardian permission. School

YMCA Payment Policy and Liability Release

The following terms and conditions apply for youth program accounts (please initial each item).

- _____ **Non-Refundable Deposit:** A non refundable deposit of \$25 per week per child is required with each registration form in order to hold your youth's space in our Summer Day Camp program.
- _____ **Schedule/Rate Changes:** Services are billed according to the youth program schedule for which you have contracted. Any changes to your contracted schedule must be submitted on a Schedule Request Form two weeks prior to the date of change. Changes submitted without a two week notice will not be granted. Program fees will be refunded minus the deposit and registration fees which are non-transferable or refundable with a proper schedule change request form and two weeks notice.
- _____ **Absenteeism (short-term):** Fees are not reduced for a child's absence on a day-to-day basis. Sick days and other short-term absences do not qualify for any type of credit. Please call our office to discuss any special accommodations.
- _____ **Vacation Credit:** No vacation credit is available for Summer Day Camp programming.
- _____ **Payment Dates:** Our policy works on a prepayment basis—program fees must be paid prior to youth attending camp each week. The payment schedule is based on a per week prepayment basis. All payments are due 2 weeks prior to the start of each week of camp. If payment is not received on time your youth will not be admitted to camp until fees are paid in full and may forfeit their spot to another youth on our waitlist. All registration deposits are non-transferable or refundable.
- _____ **Refunds:** Registration fees and deposits are non-refundable. Program fees are only refundable with a properly completed Schedule Change form 2 weeks before end of service and will be reflected on the next billing cycle. Refunds will not be given for dates in which service was provided or for behavior concerns.
- _____ **Late Payments and Termination of Services:** Balances must be paid in full before your child enters programming. No exceptions. If payment is not received in full your child will not be admitted/picked up to participate in programming until fees are paid in full. If there is a wait list, your child's place will be forfeited and given to the next child on the wait list.
- _____ **Collection of Fees:** The YMCA reserves the right to pursue collection of unpaid accounts through a collection agency. If this becomes necessary, amounts due will be reported to the credit reporting agencies and the parent/guardian responsible for the account will be assessed any additional fees resulting from the collection process. If an account is turned over to collections a \$20 processing fee will be added to the account balance.
- _____ **Returned Payments:** A NSF charge up to \$23 will be charged to your account for returned items along with a late charge if applicable.
- _____ **Late Pick-up Policy:** It is expected that your youth be picked up by the end of program. If you pick up your youth after the closing time you will be charged \$2.00 for each minute per child after closing until 30 minutes after program ends at which time the local Police Department will be called. Late pick up fees incurred must be paid before your child can return to program.

This is to certify that I give my permission for my youth to attend the YMCA Youth Program(s). I release the YMCA from any liability. I understand that it is my responsibility to arrange transportation for my student after the program daily at a specified time. I also allow the program to access information from the school regarding my youth's lunch status for snack purposes. All information will be kept confidential. I support the efforts of the YMCA staff in caring for my youth. I understand that my student must abide by the code of conduct established by the YMCA, and also the discipline code set up by the school and school district my youth attends, and if these are not followed, my student may be dismissed from the program. I also understand that the YMCA programs work on a 1 staff to 15 youth ratio for ages 5-15. I certify that my youth can participate in an environment that is at this ratio. If they cannot they will be asked to withdraw from the program. I agree to pay all program and related student fees for my youth prior to participating in the YMCA Youth Program(s) and understand that if my account is unpaid, it will be turned over to collections, as described in the Youth Program Payment Policy, and I will be responsible for the service fees.

Name of Parent/ Legal Guardian (Print) _____ Date: _____

Signature of Parent/ Legal Guardian _____ Date: _____



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the National Council of Young Men’s Christian Associations of the United States of America (YMCA of the USA) , I hereby give my permission and consent, now and for all time, to YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of the USA and collaborating third parties;
- YMCA of the USA and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and
- YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of the USA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

Signature: _____ Date: _____

Printed Name: _____ Age: _____

Address: _____

I am the Mother/Father/Legal Guardian of (child’s name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____