

# 2018 HEBER SUMMER DAY CAMP REGISTRATION FORM



Youth Name (First and Last): \_\_\_\_\_

Youth Age (6-14): \_\_\_\_\_

Please select all camp sessions you would like to register for:

	<b>Traditional Camp</b>
<b>Camp Hours</b>	8:00am – 5:00pm
<b>Camp Fees*</b>	\$195 / week
<b>Early Bird (Before Apr 1)</b>	\$175
<b>Session 1: June 11-15 - The Incredibles</b>	<input type="checkbox"/>
<b>Session 2: June 18-22 - Wonder Woman Week</b>	<input type="checkbox"/>
<b>Session 3: June 25-29 - Power Rangers</b>	<input type="checkbox"/>
<b>Session 4: July 9-13 - Jurassic World</b>	<input type="checkbox"/>
<b>Session 5: July 16-20 - Lost City of Atlantis</b>	<input type="checkbox"/>
<b>Session 6: July 23-27* - The Wizarding World of Harry Potter</b> <small>*No programming on Tuesday, July 24th</small>	<input type="checkbox"/>
<b>Session 7: July 30-August 3 - Knights of the Round Table</b>	<input type="checkbox"/>
<b>Session 8: August 6-10 - Kung Fu Panda</b>	<input type="checkbox"/>
<b>Session 10: August 13-17 - Mario Kart</b>	<input type="checkbox"/>

The YMCA is committed to ensuring that **all** families have access to high quality programming. All fees are adjusted on an income-based sliding scale. See financial assistance application for details.

**A \$25 non-refundable deposit is required per week to hold your spot (deposit goes toward the weekly fee); fees are due in full 2 weeks prior to the start of session.**

Return forms to: YMCA Wasatch County 3216 South Highland Dr. #200, Salt Lake City, UT 84106  
Phone: 801-839-3379 Email: [camps@ymcautah.org](mailto:camps@ymcautah.org)

## **PART 1: YOUTH INFORMATION (Complete one per youth)**

Youth Name (First and Last): \_\_\_\_\_

Primary Address: \_\_\_\_\_

Gender:            Male                      Female                      Birth Date \_\_\_\_\_

What grade will the child enter in the 2018-19 School Year?    K    1    2    3    4    5    6    7    8

School: \_\_\_\_\_

Ethnicity (For grant reporting purposes only):    \_\_\_ Non-Hispanic    \_\_\_ Hispanic

Race (For grant reporting purposes only; check all that apply):

\_\_\_ White                                      \_\_\_ Asian                                      \_\_\_ American Indian  
\_\_\_ Black / African American              \_\_\_ Hawaiian/Pacific Islander              \_\_\_ Other: \_\_\_\_\_

### **MEDICAL INFORMATION**

Does your youth have any of the following (If yes, specify in space provided)?

\_\_\_ YES \_\_\_ NO    Medication (form required): \_\_\_\_\_

\_\_\_ YES \_\_\_ NO    Food/Dietary Restrictions: \_\_\_\_\_

\_\_\_ YES \_\_\_ NO    Allergies: \_\_\_\_\_

\_\_\_ YES \_\_\_ NO    Physical Impairment: \_\_\_\_\_

\_\_\_ YES \_\_\_ NO    Behavioral Challenges: \_\_\_\_\_

Does your youth have any of the following conditions?

\_\_\_ YES \_\_\_ NO    Asthma                                      \_\_\_ YES \_\_\_ NO    Hearing Impairment

\_\_\_ YES \_\_\_ NO    Diabetes                                      \_\_\_ YES \_\_\_ NO    Visual Impairment

\_\_\_ YES \_\_\_ NO    Seizures                                      \_\_\_ YES \_\_\_ NO    Development Delays

\_\_\_ YES \_\_\_ NO    Hearth Problems                              \_\_\_ YES \_\_\_ NO    Asthma

Additional medical conditions or needs not listed above: \_\_\_\_\_

### **PERMISSIONS**

The following terms and conditions are a release form. Please initial each line to provide your consent or check NO if you do not consent to the following items:

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

\_\_\_\_\_ Yes \_\_\_ No    I give permission for YMCA staff to apply sunscreen and/or bug spray as needed. I understand that it is my responsibility to provide these items during summer program.

\_\_\_\_\_ Yes \_\_\_ No    I give permission for my youth to participate in walking and bus/van transported field trips.

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

\_\_\_\_\_ Yes \_\_\_ No    I give permission for my youth to walk home at the end of program. If yes, time approved to release child: \_\_\_\_\_ or End of Program.

Signature of Parent / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## **PART 2: PARENT/GUARDIAN INFORMATION**

### **Parent/Guardian 1:**

Name (First and Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_ Head of Household? \_\_ Yes \_\_ No Gender: M / F

Primary Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work/Alternate Phone: \_\_\_\_\_

Receive text messages? Yes No If yes, provider: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

### **Parent/Guardian 2:**

Name (First and Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_ Head of Household? \_\_ Yes \_\_ No Gender: M / F

Primary Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work/Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

## **EMERGENCY CONTACTS / PERSONS AUTHORIZED TO PICK UP YOUTH**

Please provide at least 2 additional people other than parents/guardian that live in separate households. Unless indicated otherwise, the emergency contact listed is also an individual authorized to pick up youth from program.

Full Name	Relationship to Child	Phone Number

All authorized pick-ups should be prepared to show photo ID to verify identity. No individuals not listed above will be permitted to pick up a participant unless a parent or guardian calls in advance to notify YMCA Staff.

Check if there are no persons authorized to pick up the child, other than parents

## **ADDITIONAL INFORMATION**

How did you learn about YMCA Programs?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Billboard       | <input type="checkbox"/> Flyer           | <input type="checkbox"/> School Referral    |
| <input type="checkbox"/> Brochure        | <input type="checkbox"/> Internet Search | <input type="checkbox"/> Community Referral |
| <input type="checkbox"/> Email           | <input type="checkbox"/> Magazine        | <input type="checkbox"/> Radio              |
| <input type="checkbox"/> Family / Friend | <input type="checkbox"/> Newspaper       | <input type="checkbox"/> Other _____        |

**The following information is used for grant reporting purposes only:**

Number of people in your household: \_\_\_\_\_ Family Status: Married Divorced Single Parent Other

Languages spoken in the home: \_\_\_\_\_

Household Income: \$0 - \$20,450 \$20,451 - \$34,100 \$34,101 - \$54,550 \$54,551+

## **PART 3: YMCA POLICIES**

Please review the following policies and initial next to each line to indicate your understanding and consent.

### **PAYMENT POLICIES**

- Deposits** – For summer programming, a \$25 non-refundable deposit is required for each week of camp. The deposit goes toward the weekly fee cost of camp.
- Payment Due Dates** – Program fees **must be paid prior to attendance in programming**. For summer programs, payment in full is due two weeks prior to the start of week of attendance. If you are unable to make payment on time, you must make arrangements in advance with YMCA staff. If payment is not on time, youth's spot in programming may be given to another participant.
- Changes in enrollment schedule** – Any changes to programming must be require two-weeks advance notice before adjustments to billing take effect.
- Refunds** – Registration fees and deposits are non-refundable. Program fees may be refunded with a properly complete schedule change form issues two weeks prior to the end of service. Refunds will not be given for dates that an enrolled youth does not participate in program (e.g. illness or conducts based dismissal).
- Late Payments** – Balance must be paid in full two weeks before your child enters programming. Non-payment will result in the removal of the youth from enrollment in the program. If there is a wait list, the space will automatically go to the next person on the wait list. Youth will be permitted to return to programming one full business day after payments are made.
- 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.

### **PROGRAM POLICIES**

- Late Pick-Up Policy** – It is expected that your youth be picked up by the end of program. If your youth is picked up after the closing time the responsible party 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. Repeated late pick up may result in dismissal from program.
- Absence Policy** – The YMCA must be notified **at least one hour prior to program start time** if a child will be absent from program. At school year programs with transportation, the YMCA does not depart from the school site until all children are accounted for.
- Code of Conduct** – The YMCA upholds a code of conduct centered around the Y's 4 core values of Honesty, Respect, Caring and Responsibility. Any individuals who are unable to or unwilling to uphold these values may be dismissed from program. It is the YMCA's responsibility to ensure a safe and welcoming environment for all and in cases where participants or adults present a threat to the safety or wellbeing of others, it is the Y's duty to take appropriate action. If a child is unable to participate within a group context in accordance with state licensing ratios, he or she may be referred to another program.
- Confidentiality Policy** – No personal information provided to the YMCA will be shared with any external entity or individual without the express written consent of the parent/guardian. If a parent/guardian is unknown to YMCA, staff they may request verification in order to maintain the highest levels of privacy.

**My signature below indicates my understanding and agreement to the above polices:**

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## **PART 4: YMCA LIABILITY WAIVER**

### **RELEASE AND WAIVER OF LIABILITY**

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Northern Utah (hereinafter referred to as "YMCA") and/or any participation in any program affiliated with the YMCA, without respect to location, I, for myself and any personal representatives, hereby acknowledge and agree to the following:

1. I HAVE, OR IMMEDIATELY UPON ENTERING OR PARTICIPATING WILL INSPECT AND CAREFULLY CONSIDER YMCA PREMISES, FACILITIES AND/OR THE AFFILIATED PROGRAM and entering constitutes an acknowledgement that I find and accept them as being safe and reasonably suited for the purpose of observation, use, or participation.
2. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") and each of them from any loss, liability, damage, or cost that I may incur due to my/my child's presence, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.
3. I ACKNOWLEDGE THAT PARTICIPATING IN YMCA ACTIVITIES INVOLVES KNOWN AND UNANTICIPATED RISKS which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. I hereby assume full responsibility for the risk of bodily injury, death, or property damage or loss while in, about, or upon the premises of the YMCA or location of a program affiliated with the YMCA and release, waive, and covenant not to sue the releasees.
4. I HEREBY AGREE THAT MY/MY CHILD'S PARTICIPATION IN THESE ACTIVITIES IS VOLUNTARY AND WE ELECT TO PARTICIPATE DESPITE THE RISKS. If at any time I believe that event conditions are unsafe or that I or my child is unable to participate due to physical/mental conditions, I will immediately discontinue participation.

*I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.*

Full Name of Parent / Guardian: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## 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: \_\_\_\_\_

Participant(s) Printed Name: \_\_\_\_\_ Age: \_\_\_\_\_

Participant(s) Printed Name: \_\_\_\_\_ Age: \_\_\_\_\_

Participant(s) Printed Name: \_\_\_\_\_ Age: \_\_\_\_\_