YMCA OF NORTHERN UTAH
Park City & Heber Camps

Registration opens February 1st
Register at ymcautah.org OR
mail to YMCA Administrative Office
3216 Highland Dr, Suite 200
Salt Lake City, UT 84106

MORE INFORMATION:
ymcautah.org
801.839.3388
cfc@ymcautah.org
HOW TO USE THIS PACKET:

Please take a close look at the next few sections and select which camp weeks would like to attend at which camp. You can select multiple weeks at the same camp, or mix and match to get the most out of your summer! For a more detailed look at themes, field trips and camps, please visit us at ymcautah.org or check out our Summer Program Guide.

PARK CITY AND HEBER SUMMER DAY CAMPS
Ages 5–12 years old

<table>
<thead>
<tr>
<th>SESSION</th>
<th>DATES</th>
<th>THEMES</th>
<th>SELECT ONE (8:00 AM—5:30 PM)</th>
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<tbody>
<tr>
<td>1</td>
<td>June 8th—12th</td>
<td>Wild Animals</td>
<td>○ Park City Day Camp</td>
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<td></td>
<td>○ Heber Day Camp</td>
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<tr>
<td>2</td>
<td>June 15th—19th</td>
<td>Heroes</td>
<td>○ Park City Day Camp</td>
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<td>○ Heber Day Camp</td>
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<tr>
<td>3</td>
<td>June 22nd—26th</td>
<td>World Explorers</td>
<td>○ Park City Day Camp</td>
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<td>○ Heber Day Camp</td>
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<tr>
<td>4</td>
<td>June 29th—3rd (no camp on July 3rd)</td>
<td>Blast From The Past</td>
<td>○ Park City Day Camp</td>
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<td>○ Heber Day Camp</td>
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<tr>
<td>5</td>
<td>July 6th—10th</td>
<td>Ancient Adventures</td>
<td>○ Park City Day Camp</td>
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<td>○ Heber Day Camp</td>
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<tr>
<td>6</td>
<td>July 13th—17th</td>
<td>Anything Can Happen</td>
<td>○ Park City Day Camp</td>
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<td>○ Heber Day Camp</td>
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<tr>
<td>7</td>
<td>July 20th—24th (no camp on July 24th)</td>
<td>All-i-days (sounds like holidays!)</td>
<td>○ Park City Day Camp</td>
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<td>○ Heber Day Camp</td>
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<td>8</td>
<td>July 27th—31st</td>
<td>ECO</td>
<td>○ Park City Day Camp</td>
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<td>○ Heber Day Camp</td>
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<tr>
<td>9</td>
<td>August 3rd—7th</td>
<td>Olympics</td>
<td>○ Park City Day Camp</td>
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<td>○ Heber Day Camp</td>
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<td>10</td>
<td>August 10th—14th</td>
<td>Don’t Try This At Home</td>
<td>○ Park City Day Camp</td>
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<td>○ Heber Day Camp</td>
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PRICING

| REGULAR CAMP WEEK | Heber: $200/week/camper | Park City: $225/week/camper |

FINANCIAL ASSISTANCE

For more information visit ymcautah.org or contact us at cfc@ymcasaltlake.org OR 801-839-3388.
YOUTH INFORMATION

First Name ________________________________________________    Last Name ________________________________________________

Primary Address _____________________________________________________________________________________________________________

City _______________________________________________________       State ___________       ZIP _____________________________________

Gender  Male     Female                                      Date of Birth ______/_______/________

4 Digit Security PIN (Salt Lake only) _______________________________________________________________________________________

Primary Language ___________________________________       Grade ______       Student ID ______________________________

Does your youth have (select all that apply)     IEP     504 plan     Other

Does your youth have (select one)     Reduced Lunch     Free Lunch     N/A

Ethnicity
 Non–Hispanic
 Hispanic

Race (select all that apply)
 White/Caucasian
 American Indian/Alaskan Native
 Black/African American
 Native Hawaiian/Pacific Islander
 Asian
 Other

 Child XS
 Child S
 Child M
 Child L
 Child XL

MEDICAL INFORMATION

Known Allergies or Sensitivities

Foods     Yes     No

Medical     Yes     No

Other     Yes     No

Illnesses or Medical Conditions

 Asthma
 Heart Problems
 Seizures
 Diabetes
 Other

 Visual Impairment
 Physical Impairment
 Hearing Impairments
 Developmental Delays

Additional Information

Current Medications ____________________________________________________________

Other Health Instructions (If any) _________________________________________________

Behavioral Challenges __________________________________________________________

Covered by family/medical insurance?     Yes     No  Medical Provider ____________________________
YOUTH PERMISSIONS

PERMISSIONS

☐ 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 my permission for my child to participate in activities on/at school/city property during regularly-scheduled YMCA Programming.

☐ Yes  ☐ No – I give my permission for my youth to participate in walking/bus/van transported Field Trips.

☐ Yes  ☐ No – I give my permission for my youth to participate in swimming and/or wading at public pools.

☐ Yes  ☐ No – I give my permission for my youth to self-release and walk home from program.

Circle one:  End of program  OR  On or after (time) __________

Signature for self-release: ________________________________________________

☐ Yes  ☐ No – I agree that the YMCA can share information about my child and my family to partner agencies including those affiliated with Promise Neighborhoods. Information will only be shared for the purpose of helping my family and strengthening donor and grant support. All information shared is confidential and does not include the name of your child. At any time I can request in writing that information no longer be shared. I understand that I can refuse to initial this box for any reason and it will not impact my family’s ability to receive services.

☐ Yes  ☐ No – I give the YMCA permission to take and distribute photos, video, or other media coverage of my child for marketing purposes deemed fit by the YMCA.

☐ Yes  ☐ No – I allow the School District to share my child’s academic information with the YMCA and grant evaluators to better assess the quality of this program. This information will include grades, test scores, demographics, attendance, and social emotional survey results.

☐ Yes  ☐ No – In case of an emergency or a serious illness and the parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation for my child.

Parent/Guardian Signature ____________________________________________ Date _________________
PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN 1 — Head of Household

First Name ___________________________ Last Name ___________________________
Gender  □ Male  □ Female  □ Other  Relationship ___________________________
Address ______________________________ City, State, Zip _______________________
Email _______________________________ Primary Phone _______________________
Employer ___________________ Job Title ___________________ Work No. ____________

PARENT/GUARDIAN 2

First Name ___________________________ Last Name ___________________________
Gender  □ Male  □ Female  □ Other  Relationship ___________________________
Address ______________________________ City, State, Zip _______________________
Email _______________________________ Primary Phone _______________________
Employer ___________________ Job Title ___________________ Work No. ____________

ADDITIONAL EMERGENCY CONTACTS / AUTHORIZED PICK-UPS

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Relation to Child</th>
<th>Phone Number</th>
<th>Address</th>
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<table>
<thead>
<tr>
<th>Out of State Contact</th>
<th>Relation to Child</th>
<th>Phone Number</th>
<th>Address</th>
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HOUSEHOLD INFORMATION (for grant reporting purposes)

Number of people in your household ______  Marital Status _________________________
Total Household Income (circle one)  $0 - $20,450  $20,451 - $34,100  $34,101 - $54,550  $54,551+
How did you hear about this YMCA program?

□ Social Media  □ Search Engine  □ YMCA Website  □ PeachJar  □ Child’s School  □ Mailer
□ YMCA Community Family Center  □ Billboard  □ Previous Participant  □ Family / Friend
YMCA AGREEMENTS

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 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.

Parent/Guardian Signature ___________________________________________ Date _________________

CONDUCT AGREEMENT

This is to certify that I have read and agree to all YMCA policies as outlined in this form and in the Parent Handbook found online at ymcautah.org. I support the YMCA in their efforts of caring for my youth. My child will abide by the code of conduct established by the YMCA, as well as the discipline code established by the school/school district that my child attends. I understand that as the parent/guardian I am expected to also uphold the YMCA’s four core values of Honesty, Respect, Caring, and Responsibility in my dealings with the YMCA, its partners, and its program participants. I understand that YMCA programs must adhere to Utah State Child Care Licensing law and regulations, and that my child may be asked to withdrawn from program in order for these laws and regulations to be upheld.

By signing below I am taking on all duties as the sole responsible party and will adhere to all conduct policies set forth by the YMCA.

Parent/Guardian Signature ___________________________________________ Date _________________

4
YMCA PAYMENT POLICY

Please read and sign to indicate that you agree to the YMCA Payment Policies.

- I understand that all fees and outstanding balances are due the Wednesday at close of business day prior to the weekly session. If payments are not received in full by this date, my child may lose their spot in the program to a waitlist participant. No child will be admitted to program if there is an outstanding balance on the family’s account. Once payment is received, my child can be admitted to program the following business day.

- I understand that registration fees, program fees, and deposits are non-refundable. I understand that I may not be issued a refund if any member of my family is dismissed from YMCA programs for a violation of policies, such as behavior issues.

- I understand that I will be charged $2.00 per minute, per child, for late pick-ups. I understand that this balance must be paid before my child returns to program. I understand that the YMCA may contact the local Police Department if my child is not picked up 30 minutes after program ends.

- I understand that program fees will not be reduced based on my child’s day-to-day attendance, including sick or absent days.

- I understand that the YMCA offers financial assistance, and if eligible I may be required to apply for the Department of Workforce Services Child Care Subsidy before receiving privately funded or additional YMCA financial assistance. I will provide complete and accurate information when applying for financial assistance.

- I understand that 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.

- I understand that an NSF charge up to $25 will be charged to my account for returned items along with a late fee if applicable.

By signing below I am taking on all duties as the sole responsible party and will adhere to all payment rules set forth by the YMCA.

Parent/Guardian Signature ________________________________ Date _________________