



Champaign County YMCA

2010 YMCA Day Camp Registration

Please use one form per child; copy forms as needed. PLEASE PRINT CLEARLY.

Child's last name _____ First name _____

Birth Date ___/___/___ Age as of 6/01 ___ 2010/2011 Entering grade ___

YMCA Member (Membership must be valid at time of registration to receive reduced camp fees and must remain valid until September 15, 2010)

Child's residential address _____
Street City Zip

Mother's/Guardian's name _____ Email: _____

Work ☎ _____ - _____ - _____ Cell ☎ _____ - _____ - _____ Home ☎ _____ - _____ - _____

Father's/Guardian's name _____ Email: _____

Work ☎ _____ - _____ - _____ Cell ☎ _____ - _____ - _____ Home ☎ _____ - _____ - _____

Notices and Waiver

The listed participant has my permission to participate in these activities. Emergency treatment for the participant is authorized provided that the parent/ guardian of said participant signs this form. I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages, or loss, which said participant might sustain as a result of participating in any and all activities, connected with or associated with such program.

I understand that if any balance for the upcoming week of camp is not paid by 7 p.m. on the Wednesday before camp, my child's reservation will be forfeited automatically without notification. (If space is available, I may re-register my child for camp with full payment and the YMCA will honor the initial \$20 deposit towards the payment.) **There is a one-time registration fee of \$25 per family.**

For YMCA Adventure Camp pre-and post-care only, I understand that camp hours are 9 am- 4 pm and that I may sign my child in as early as 7 am, and pick up as late as 6 pm. I also understand that if I pick up my child after 6:00 pm, I will pay \$1 per minute, per child directly to the YMCA and that my child may not return to camp until this fee has been paid.

WAIVER: I understand that the YMCA assumes no responsibility for injuries or illnesses which I or any member of my family may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise, or any other activities or programs. I expressly acknowledge that I assume the risk for any and all injuries and illnesses, which may result from my or my family's participation in these activities. I hereby release and discharge the YMCA, its agents, servants, and employees from any and all claims for injury, illnesses, death, loss, or damage which I, or any member of my family, may suffer as a result of my participation in these activities. I understand the YMCA is not responsible for personal property lost or stolen while members and/or guest members are using YMCA facilities or on YMCA premises. I give my permission to the YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings, which may include me or my family's images(s) or voice(s) for purposes of promoting or interpreting YMCA programs. I acknowledge that the YMCA is not responsible for the actions of its staff members during time periods when the staff is not performing duties specifically for the YMCA.

Signature _____ Date _____



Champaign County YMCA

2010 YMCA Day Camp

Emergency and Pick-Up Authorization Form

Child's last name _____ First name _____

Birth Date ___ / ___ / ___ Age as of 6/01 ___ 2009/2010 Entering grade ___ Gender M / F

Child resides with: Both parents Mother Father Guardian/Other

Child's residential address _____
Street City Zip

Emergency Contact Name _____

Work ☎ _____ - _____ - _____ Cell ☎ _____ - _____ - _____ Home ☎ _____ - _____ - _____

Emergency Contact Name _____

Work ☎ _____ - _____ - _____ Cell ☎ _____ - _____ - _____ Home ☎ _____ - _____ - _____

Pick-Up Authorization

The following people are authorized to pick-up my child from YMCA Day Camp. I understand that the people listed below are required to show identification if requested and that staff will verify their permission to pick-up my child with this form if needed.

Name Relationship Daytime Phone

Name Relationship Daytime Phone

Name Relationship Daytime Phone

Name Relationship Daytime Phone

If applicable, legal custody of child is retained by: _____

If applicable, my child is not authorized to be picked up by the following person(s) for reasons pertaining to custody or other legal matters:

Name Relationship

I attest that the above information is correct to my knowledge and I understand that I am responsible for submitting any changes to the above information in writing to the YMCA Camp Director.

Parent/ Guardian Signature _____ Date _____



Champaign County YMCA

2010 YMCA Day Camp Medical and Medication Authorization Form

Known allergies _____

Physical limitations or disabilities _____

Child's doctor and hospital affiliation _____

Parent or legal guardian must complete and sign this form and document any changes to original medication on this form.

All medications must be given directly to the YMCA camp director for safe storage. Medications are not allowed to be kept or stored by a child at camp.

YMCA staff will keep a record of the receipt and administration of any medication; parents have access to these records upon request at any time. YMCA staff is not allowed to administer medication unless it is in its original container with all original labels attached.

Name of medication(s) taken:

(1) _____ at _____ AM/PM

(2) _____ at _____ AM/PM

Please Sign in here if my child <i>doesn't</i> require any type of medication/or specific help.	
_____	_____
Name	Date

Prescribed dosage regarding this medication or special instructions:

I, _____, give YMCA staff permission to administer the above-mentioned medications to my child at the designated time. I understand that if anything changes in regards to this medication I am responsible for informing the YMCA staff in writing.

Parent/Guardian Signature

Date

After School Child Care Bank Draft Authorization

I authorize my bank to honor pre-authorized drafts drawn by the YMCA on my account for my monthly after school payments. It is understood that to change such draft I must notify the YMCA in writing the Monday at noon prior to the desired cancelled draft. When the bank honors the draft by charging my account, such drafts constitute as my receipt for payment. I understand that I will not receive any end of the year statement for taxes purposes therefore I must track this information on my own. Should any draft not be honored by said bank, it is understood that full payment plus a \$25 NSF fee is to be paid immediately to the YMCA and until this is done my child may not attend the YMCA after school program. If at any time my bank information changes I must notify the YMCA business office by Monday at noon prior to the week this change will take place. This should be done by completing the bank draft authorization form again. My after school draft will take place on the 1st day of the month. A voided check or savings account information is required with all bank draft applications.

(circle one) Checking/Savings draft or Credit Card draft

Print name of draftee

Signature of draftee

Date

Name of Bank

Route/Transit #

Account #

Credit card account #

Expiration Date

Signature of Draftee _____

Date _____

For office use only:

This form is to be sent to the business office then to the child care office to be kept in the child's file.

Canceled bank draft _____
Date/ staff

Canceled in Daxko _____
Date/ staff

Child's Name _____

Grade as of
9/10 _____

DAY CAMP 2010 REGISTRATION FORM

There is a \$25 one-time registration fee.

Please choose only ONE camp per week by circling the number. Camps are only offered during the weeks noted in each row.

												Weekly Fees		Deposit/ Week
	6/1-6/4	6/7-6/11	6/14-6/18	6/21-6/25	6/28-7/2	7/5-7/9	7/12-7/16	7/19-7/23	7/26-7/30	8/2-8/6	8/9-8/13	Member	Guest	
Adventure Camp- Champaign	1	2	3	4	5	6	7	8	9	10	11	115	140	20
Adventure Camp- St Joseph	1	2	3	4	5	6	7	8	9	10	11	115	140	20
Card Sharks					5		7					55	80	20
Bridges, Buildings, Beyond				4				8				90	115	20
Jr. Builders				4				8				90	115	20
Fitness and Fun			3									75	100	20
Y Gladiators					5							140	165	20
C-U Travelers Camp			3				7					160	185	20
Superstar Storytellers					5							50	75	20
Teen Writers Workshop					5							50	75	20
Shutterbug camp								8				60	85	20
All-Star Camp			3						9			140	165	20
Soccer Camp				4								140	165	20
Football Camp						6						140	165	20
Basketball Camp		2					7					140	165	20
Art Camp			3						9			140	165	20
Jr Art Camp								8				75	100	20
Science Camp					5							140	165	20
Handyman Camp						6						170	195	20
Outdoor Adventures					5				9			140	165	20
Extreme Camp				4						10		170	195	20
Leaders in Training			3									150	175	20
Horseback Riding Camp								8				170	195	20
Jr. Gymnastics Camp			3	4	5	6	7	8				65	90	20
Tumbling /Trampoline Camp		2										65	90	20
Cheer Camp				4								55	80	20
Guard Start Camp			3				7					75	100	20
Camp Atlantis			3			6		8	9			170	195	20