



Summer Vacation at the Y 2023 Registration

Participant Name _____ Birth Date _____

2023 Program Weeks	Summer Vacation at the Y (Ages 5-7) <u>5-days/week</u> \$175 Y Member \$215 General Public
Week 1 (No Camp June 5-6) June 7-9	<input type="checkbox"/> Welcome Friends
Week 2 June 12-16	<input type="checkbox"/> Under the Sea
Week 3 June 19-23	<input type="checkbox"/> Dawn of the Dinosaurs
Week 4 June 26-30	<input type="checkbox"/> Jungle Journey
Week 5 July 5-7 (No Camp July 3-4)	<input type="checkbox"/> Stars and Stripes
Week 6 July 10-14	<input type="checkbox"/> Holiday Frenzy
Week 7 July 17-21	<input type="checkbox"/> Splish Splash
Week 8 July 24-28	<input type="checkbox"/> Color Explosion
Week 9 July 31-August 4	<input type="checkbox"/> Super Heroes
Week 10 Aug 7-11	<input type="checkbox"/> Sports of all Sorts
Week 11 August 14-18	<input type="checkbox"/> Great Outdoors
Week 12 August 21-25	<input type="checkbox"/> Blast off to Space
Week 13 August 28-September 1	<input type="checkbox"/> Farewell Summer

Fully complete both sides of the Summer Vacation at the Y Registration form and submit with \$30 (per week) deposit. If the requested program is full, your deposit will be returned and you will be placed on a waiting list. Incomplete registrations will not be processed.

A one-time, non-refundable \$25 Camp Registration fee is also required. This fee only needs to be paid once, regardless of the number of weeks your camper is registered.

Your child's completed health history profile and immunization information **MUST** be submitted with this registration form. The registration process will not begin until all completed forms are received. Parents are responsible for any changes to the profile including emergency contact and authorized pick up information.

Balance is due at least (2) two weeks prior to each camp week. An unpaid balance may result in forfeiture of your child's registration. All balances will be auto drafted from the debit/credit card provided for weekly balances. Invoices will not be mailed.

You may be charged a \$20 service fee to transfer between weeks or programs.

Approximately one week prior to each camp, you will receive an email with general camp information, arrival and departure times, and a list of things to bring.

We will return all fees except your Registration Fee (\$25) and Deposit (\$30) if written cancellation is made two weeks prior to each session. After two weeks, refunds will not be available and parents will be held responsible for full balance.

- ☐ \$25 Summer Camp Registration Fee
☐ \$30 Deposit (per week) or payment in full

☐ Check Enclosed ☐ Please Charge My: ☐ Visa ☐ MasterCard ☐ Discover Amount: \$ _____

*Card #: _____

Exp. Date: _____

Signature: _____

Total Amount Paid Today: \$ _____

The card number listed above will be used for all payments at the time they are due.

Send payments and registration paperwork to
 Stevens Point Area YMCA 1000 Division St. Stevens Point, WI 54481



Summer Vacation at the Y 2023 Registration

Participant Name _____ Birth Date _____ Age _____ Gender _____

Address _____

School _____ Grade Next Year _____

Are there any medical, custodial, physical, behavioral conditions or special needs that we should be aware of now? _____

Parent Name _____ Primary# _____ Secondary # _____

Parent Name _____ Primary# _____ Secondary # _____

Parent Emails _____

PARENT/GUARDIAN CONSENT AND WAIVER & RELEASE OF LIABILITY

____ **Initial Section #1: REASONABLE ACCOMMODATIONS CLAUSE:** Children with special needs or challenges will be accepted provided that reasonable accommodations can be made for their participation in the program and/or the child's participation does not require an inordinate amount of staff time that would not allow for the safety and welfare of the other children in the program. I understand that if my child requires one-on-one attention, whether due to special needs or behavior, my child may be removed from the program without refund.

____ **Initial Section #2: MEDICAL RELEASE:** In the event I cannot be reached, I give consent for YMCA staff to act on my behalf in granting permission for my child to receive emergency treatment. I will be responsible for the payment of all medical services rendered.

____ **Initial Section #3: RELEASE FROM LIABILITY:** I understand that all reasonable safety precautions are taken by the YMCA in the operation of its facility, equipment, and programs. However, participants and parents of children must recognize and accept that there are inherent risks when choosing to participate in day camp or any YMCA program; risks that could cause sickness, injury or death. I agree that my child's participation in the YMCA programs shall be undertaken at his/her sole risk, and that the YMCA and Camp Glacier Hollow, its directors, employees, volunteers, and agents shall not be liable for any claims, injuries, damages, losses, diseases, wrongful death, actions or causes of action whatsoever, to my child or his/her property, arising out of or connected to participation in Day Camp including but not limited to transportation services, camping, canoeing/kayaking, hiking, swimming, biking, rock climbing, fishing, horseback riding/grooming, and other camp activities. I agree to hold harmless and indemnify the YMCA and Camp Glacier Hollow, its directors, employees, volunteers, and agents from any and all liabilities and claims resulting from participation in this program.

____ **Initial Section #4: PHOTOGRAPHIC/MEDIA RELEASE:** I give my permission for my child to appear in media coverage approved by the YMCA and for the YMCA to use photographs and video of my child for promotional purposes and social media.

____ **Initial Section #5: FIELD TRIP & TRANSPORTATION PERMISSION:** I give permission for my child to participate in walking, bus and YMCA Van field trips. I give permission for my child to be transported for field trips or any regularly scheduled vehicle transportation.

____ **Initial Section #6: SUNSCREEN/REPELLENT:** I give permission for my child to use sunscreen (Rocky Mountain SPF 30) and insect repellent (OFF Skintastic with 5% DEET) provided by the YMCA and/or the brands listed here (to be provided by me) and for my child to receive application assistance as needed. Sunscreen _____ SPF _____ Insect Repellent _____ DEET% _____

____ **Initial Section #7: PARENT HANDBOOK:** I have had an opportunity to review the parent handbook and policies of this child care center/day camp and a summary of the WI Rules for Licensing Child Care Centers. I have read the information and agree to abide by the policies and procedures therein.

____ **Initial Section #8: Pets:** I have been informed of pets in the center and their degree of contact with my child. I will be informed by the YMCA if pets are added prior to the pet's addition to the center.

____ **Initial Section #9: PARTICIPANT ENROLLMENT ACCEPTANCE:** I hereby apply for a reservation for my child as a program participant. I agree to pay the total camp fee on or before the payment due date. Failure to pay by the due date may forfeit my application and deposit. Furthermore, if my child must leave the program due to illness, injury, or inappropriate behavior, a refund may not be available. Children must be picked up from camp by 5:30PM. I understand that an overtime fee of \$1 per minute will be charged after 5:30PM, minimum \$5 charge. YMCA membership must be valid at the time of registration and maintained through the program dates to receive member rates.

____ **Initial Section #10: ACCURATE/COMPLETE INFORMATION:** I hereby state that the information is accurate and complete. I understand that it is my responsibility to provide any changes/updates regarding emergency and health information to the YMCA. I further understand that failure to provide accurate, complete, and updated information may jeopardize my child's registration and/or participation in YMCA programs.

I have carefully read and initialed each of the above parent/guardian consent sections. I fully understand that by signing this form I have given my consent for my child on all sections contained within.

Participant Name – Please Print

Parent/Guardian Signature

Date