2021 RANDOLPH COUNTY YMCA

SUMMER CAMP REGISTRATION FORM

General and Emergency Pickup Information

For registration questions, please contact:

Shelly Price Youth/Life skills Director at:

765.584.9622 or shellyp29@ymail.com

Child Care Registration Checklist

- ◊ General Information & Emergency Pickup
- ◊ Copy of Child's Insurance Card
- ◊ YMCA/Camp Slingshot Waiver
- ◊ Handbook signature
- ◊ T-shirt Size
  Youth XS S M L
  Adult S M L XL

CHILD INFORMATION:

Child's First Name: _____ Last Name:_____

Date of Birth: _____/_____/_____ Gender: _____ Age: _____ Grade: _____

Child Ethnicity: Hispanic Other Child Race: White Black Asian American Indian Hawaiian/Pacific Islander

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List all people with cell # to be texted for change of location due to inclement weather and other camp info:_____

PRIMARY PARENT/GUARDIAN INFORMATION

Primary Parent/Guardian: {Mother} {Father} {Other:_____} Authorized to Pick Up: {Yes} {No}

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

Email:_____ Date of Birth: _____/_____/_____

Home Address:_____ City: _____ State: _____ Zip:_____

Home Phone: _____ Cell Phone:_____ Work:_____

Place of Employment: _____

SECONDARY PARENT/GUARDIAN INFORMATION

Please check box if secondary parent is authorized to make changes to childcare account. ☐

Primary Parent/Guardian: {Mother} {Father} {Other:_____} Authorized to Pick Up: {Yes} {No}

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

Email:_____ Date of Birth: _____/_____/_____

Home Address:_____ City: _____ State: _____ Zip:_____

Home Phone: _____ Cell Phone:_____ Work:_____

Place of Employment: _____

EMERGENCY CONTACT/AUTHORIZED PICK-UPS

Local person other than those listed above to contact in case of emergency if parent/guardian cannot be reached:
(The individual authorized to pick up your child must be at least 16 years of age & possess a valid state-issued ID.)

Emergency Contact Name: _____ Phone; _____ Relationship: _____

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PARENTAL PERMISSION & CONSENT FORM **Please provide your initials acknowledging each item below**

_____I give permission for my child to attend the Randolph County YMCA Day Camp from June 1 to August 13, 2021. I understand that the registration fee is non-refundable and the field trip fee is non-refundable. I agree to pay weekly fees incurred in a timely manner. I also give my permission for pictures to be taken of my child while participating in activities in the YMCA Day Camp Program.

_____ Field Trip & Activities Permission: I give permission for my child to participate in Field Trips with the Randolph County Y program. I understand that he/she will be traveling by bus van and/or car. I give permission for my child to participate in all scheduled activities. I will not hold the Randolph County YMCA, its employees or volunteers responsible for any accident, injury or mishap that may occur during any of the activities. I also give permission for the Randolph County Y outdoor track, Goodrich park, Goodrich swimming pool, in the Y gym and other visited locations.

_____ Medical Emergency Information: In the event reasonable attempts to contact parents or guardians have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by any licensed physician, and the transfer of the child to any hospital reasonable accessible. This authorization does not cover major surgery, unless the medical opinion of two licensed physicians, concurring in the necessity for such surgery, is obtained prior to the performance of such surgery.

_____ Publicity Permission: I grant the Randolph County Y the right to take photographs of my child while participating in Summer Camp activities. I authorize that the Randolph County Y may use and publish the same in print and/or electronically. I agree that the Randolph County Y may use photographs of my child with or without my name for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

****Please attach a copy of your insurance card****

Please explain any health problems (allergies, asthma, etc.) your camper has that we should be aware of.

_____

_____

Please explain any medications your camper is taking._____

_____

Sunscreen Permission Form: YMCA day camp participants spend a great deal of time in the outdoors and at the pool, thereby exposed to the sun's harmful rays. Since it is our commitment to promote healthy spirits, minds, and bodies, we have made the following policies in this regard.

- We recommend that your camper have sunscreen applied in the morning before coming to camp.
- Each camper will be responsible for his/her own bottle of sunscreen with an SPF of at least 30 in their swim bags with their name in permanent marker.
- Day camp staff will be responsible for applying sunscreen after lunch, prior to swimming and again at the 2:45 break at the pool. We will apply sunscreen at other times per request.
- We encourage each child to allow a staff person to apply the sunscreen to ensure proper coverage, however, per parent request, we will allow older campers to apply their own sunscreen.

_____My child is 11 years old or older. I give them permission to apply their own sunscreen.

_____My child is 11 years old or younger. I <u>do not</u> give them permission to apply their own sunscreen.

PLEASE SIGN TO INDICATE THAT YOU HAVE RECEIVED AND UNDERSTAND THE ABOVE PERMISSION, CONSENT AND EMERGENCY INFORMATION STATEMENTS:

X_____ X_____ X_____

Child's name (printed) Signature of Parent/Guardian (signed) Date

REGISTRATION AND WEEKLY FEES

The YMCA Summer Day Camp is for campers entering 1st-8th grade in the fall. There is a one-time registration fee of $30 (unless paid when child was enrolled in Kid's Club during the prior school year.) This fee is due with the registration form and will reserve a spot for your camper. It is a non-refundable fee and does not apply to any other costs. There will also be a $5 fee to reserve a spot for the Tuesday Field trip, to reserve a spot for each week your camper plans to attend. Please pay the weekly fees on or before the Friday services are rendered. Please indicate on your check of payment which weeks your are paying for. Your child will not be allowed to attend camp if you are more than one week behind.

Swim lessons during session 1: Our staff will walk them to lessons and remain with them. Campers will receive lessons at members cost of $34. A separate swim registration form is required prior to the 1st day of lessons.

FEES FOR THIS YEAR:

Registration Fee/per child (non-refundable)	$30
Daily Fee	$25
4-5 Days	$100
Additional Children 2 days or more	$50
Tuesday field Trip Fee	$5 per trip (must register for each week)

SCHEDULE OF WEEKS YOUR CAMPER WILL BE ATTENDING:

Please circle full or part-time and whether they will attend the field trip.

Week 1	6/1-6/4 FT/PT/No trip	July 5-9	Y Shutdown NO CAMP
Week 2	6/7-6/11 FT/PT/ Trip	Week 6	7/12-7/16 FT/PT/ Trip
Week 3	6/14-6/18 FT/PT/ Trip	Week 7	7/19-7/23 F/PT/Trip
Week 4	6/21-6/25 FT/PT/ Trip	Week 8	7/26-7/30 FT/PT/ Trip
Week 5	6/28-7/2 FT/PT/ Trip	Week 9	8/2-8/6 FT/PT/ Trip

Hours:

Summer camp hours are 7:30 am to 5:30 pm. No early drop offs.

Monday, Wednesday and Friday-Drop off at Goodrich Park and pick up at the Goodrich Pool

Tuesday– drop off and pick up at the Goodrich Park (Field Trip day)

Thursday– drop off and pick up at the YMCA.

Randolph Central will once again be providing free lunches during most, but not all of camp. A sack lunch with non-refrigerated items will be needed during other weeks. We will let you know in advance when those weeks are via text.

PLEASE SIGN TO INDICATE THAT YOU HAVE RECEIVED AND UNDERSTAND THE ABOVE Weekly Rates and payment policy.

X_____ X_____ X_____

Child's name (printed) Signature of Parent/Guardian (signed) Date

Randolph County YMCA/Camp Slingshot Challenge Course Release, Indemnification of all Claims and Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your participation in challenge course, now or at any time in the future.

Acknowledgment of Risk

I HEREBY ACKNOWLEDGE AND AGREE that challenge course is considered a high-risk activity which poses several inherent risks. I have full knowledge of the nature and extent of all the risks associated with the challenge course and the use of any associated equipment including, but in no way limited to:

1. **All manner of injury resulting in falling off the challenge course and hitting projections, whether permanently or temporarily in place, or the floor;**
2. **Rope abrasion, entanglement and other injuries resulting from activities on or near the challenge course such as, but not limited to, climbing, belaying, rappelling, lowering on rope, rescue systems, and any other rope techniques;**
3. **Injuries resulting from falling climbers or dripping items, such as, but not limited to, ropes or climbing hardware;**
4. **Cuts and abrasions resulting from skin contact with the challenge course;**
5. **Failure of rope, slings, harnesses, climbing hardware, anchor points, or any part of the challenge course structure.**

I further acknowledge that the above list is not inclusive of all possible risks associated with the challenge course and that the above list in no way limits the extent or reach of this release and covenant not to sue.

Release, Indemnification and Covenant Not to Sue

In Consideration of my participation in challenge course, I, (parent) _____, the undersigned user, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HERBY DO RELEASE the Randolph County YMCA/Camp Slingshot, its officers, directors, agents, employees, volunteers and representatives (″Releasees″) from any causes of action, claims, or demands of any nature whatsoever, including but not limited to, claims of NEGLIGENCE, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the Randolph County YMCA/Camp Slingshot on account of personal injury, property damage, death or accident of any kind, arising out of, or in any way related to, my participation in the challenge course or the use of any associated equipment whether that participation and use is supervised or unsupervised, however the injury or damage is cause including, but not limited to, the NEGLIGENCE of Releasees.

In consideration of my participation in the challenge course, I, the undersigned user, agree to INDEMNIFY AND HOLD HARMLESS the Releasees from any and all causes of action, claims, demands, losses, or cost of any nature whatsoever arising out of or in any way related to my participation in the challenge course.

I hereby certify that I have full knowledge of the nature and extent of risks inherent to the participation in challenge course and the use of any associated equipment and that I am voluntarily assuming said risk. I understand that I will be solely responsible for any loss or damage, including death, I sustain while participating in the challenge course

or using any associated equipment and that, by this agreement, I am absolving the Randolph County YMCA/Camp Slingshot of all liability for such loss, damage, or death.

I, the undersigned, expressly agree that this document is intended to be as broad and inclusive as permitted by the law of Indiana and that if any portion of the document is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal and effect. Furthermore, I expressly agree that this document shall be governed by and interpreted in accordance with the laws of Indiana and that the courts of Indiana shall be the exclusive venue for any and all disputes relating to or arising from this document.

I certify that I am in good health and that I have no physical limitations which would preclude my safe participation in the challenge course.

I further certify that my date of birth is (parent) _____ (month/date/year), that my present age is _____, and that I am therefore of lawful age and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will. Nor oral representations, statement or inducement apart from the foregoing written agreement have been made.

X_____
Participant Signature

X_____
Participant Name (Print Clearly) (Child's)

X_____
Parent/Guardian if user is under 18

X_____
Date