



2012 Pickens County YMCA Camp Takoda Registration Form

Select Camp Site: Easley (JB Red Owens Complex) Pickens (YMCA) Powdersville/Wren (Covenant Pres Church)

CAMPER1 NAME	Gender <input type="checkbox"/> M <input type="checkbox"/> F	CAMPER 2 NAME	Gender <input type="checkbox"/> M <input type="checkbox"/> F
DOB/...../.....	Age (6/11/12)	DOB/...../.....	Age (6/11/12)
T-Shirt: Youth <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		T-Shirt: Youth <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	

Health History/Behavior Information: Please check if your child has any of the following, and if so, please explain.

<input type="checkbox"/> Special Needs	<input type="checkbox"/> Special Needs
<input type="checkbox"/> Allergies or Asthma	<input type="checkbox"/> Allergies or Asthma
<input type="checkbox"/> Chronic/Recurring Illnesses	<input type="checkbox"/> Chronic/Recurring Illnesses
<input type="checkbox"/> Operations/Serious Injuries	<input type="checkbox"/> Operations/Serious Injuries
<input type="checkbox"/> Medications	<input type="checkbox"/> Medications

Significant Information about your Camper's Behavior that would be helpful to Camp Staff.

.....
.....
.....

Camper lives with: Both Parents Both Parents (different addresses) Mother Father Other

Divorced/Separated: Yes No List Custodial Parent:

Account Holder/Parent/Guardian #1 Information: (all information, correspondence and invoices will be sent to the "Account Holder" name)

Full Name:..... Relationship to Camper: Mother Father Other:

Email Address: DOB/...../..... Drivers License #:

Mailing Address: City:..... State: Zip Code:.....

Home Phone: Cell Phone: Employer: Work Phone:

Parent/Guardian # 2 Information: (Note: all information will be sent to the "Account Holder" named above)

Check this box if address and home phone are the same as Account Holder:

Full Name:..... Relationship to Camper: Mother Father Other:

Email Address: DOB/...../..... Drivers License #:

Mailing Address: City:..... State: Zip Code:.....

Home Phone: Cell Phone: Employer: Work Phone:

Note: Parent/Guardian #1 and # 2 are automatically added to the authorized pick up and emergency contact list.

Emergency Contacts and Authorized Pick Up Persons: (Parent #1 and #2 are automatically added to list.)

Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship

Specifically **NOT** authorized to pick up camper (Please include relationship):

Y Use Only:	Accepted By:	Entered By:	Confirm L:	Authorization List:
Reg Fee:	Date:	Rosters:	Copies:	Email List:

Authority to Manually Draft Weekly Camp Payments:

Checking Account Savings Account Credit Card

Account Holder Name:

Bank Name:

Bank Routing Number:

Bank Account Number:

Credit Card Type: VISA MasterCard Discover

Credit Card Number:

Expiration Date:

By completing the above information, I (Account Holder) authorize that camp payments, as well as indicated scholarship contribution, may be withdrawn from my account. It is understood that sending preauthorized EFT to the bank weekly shall constitute valid notice of payment due. When the bank honors the EFT by charging my account, such EFT shall constitute my receipt for the payment. Should a preauthorized EFT not be honored by the bank when received by them, it is understood that the payment must be paid out-of-pocket or childcare services will be terminated. This is in addition to any service fees charged. I understand that it is my responsibility to ensure that my account is being drafted correctly. It is my understanding that if I wish to terminate or change this draft in any way, I must give the YMCA Administrative Director 10 days written notice. I understand the draft will occur on the Monday following the week being paid for.

Draft Registration Fee (drafted at time of registration)

Account Holder Signature:

Camp Attendance: Put an X in each box your camper will be attending. C1: Camper 1. C2: Camper 2.

2nd Child Discount only applies if both campers are attending that camp week.

Camp Dates	Easley (Owens Complex)	Pickens (YMCA Branch)	Powersville/Wren (Covenant Pres.)
June 11-15	No Camp	No Camp	<input type="checkbox"/> \$90 (C1) <input type="checkbox"/> \$80 (C2)
June 18-22	<input type="checkbox"/> \$90 (C1) <input type="checkbox"/> \$80 (C2)	<input type="checkbox"/> \$90 (C1) <input type="checkbox"/> \$80 (C2)	<input type="checkbox"/> \$90 (C1) <input type="checkbox"/> \$80 (C2)
June 25-29	<input type="checkbox"/> \$90 (C1) <input type="checkbox"/> \$80 (C2)	<input type="checkbox"/> \$90 (C1) <input type="checkbox"/> \$80 (C2)	<input type="checkbox"/> \$90 (C1) <input type="checkbox"/> \$80 (C2)
July 2-6 Closed July 4	<input type="checkbox"/> \$80 (C1) <input type="checkbox"/> \$70 (C2)	<input type="checkbox"/> \$80 (C1) <input type="checkbox"/> \$70 (C2)	<input type="checkbox"/> \$80 (C1) <input type="checkbox"/> \$70 (C2)
July 9-13	<input type="checkbox"/> \$90 (C1) <input type="checkbox"/> \$80 (C2)	<input type="checkbox"/> \$90 (C1) <input type="checkbox"/> \$80 (C2)	<input type="checkbox"/> \$90 (C1) <input type="checkbox"/> \$80 (C2)
July 16-20	<input type="checkbox"/> \$90 (C1) <input type="checkbox"/> \$80 (C2)	<input type="checkbox"/> \$90 (C1) <input type="checkbox"/> \$80 (C2)	<input type="checkbox"/> \$90 (C1) <input type="checkbox"/> \$80 (C2)
July 23-27	<input type="checkbox"/> \$90 (C1) <input type="checkbox"/> \$80 (C2)	<input type="checkbox"/> \$90 (C1) <input type="checkbox"/> \$80 (C2)	<input type="checkbox"/> \$90 (C1) <input type="checkbox"/> \$80 (C2)
July 30-Aug 3	<input type="checkbox"/> \$90 (C1) <input type="checkbox"/> \$80 (C2)	<input type="checkbox"/> \$90 (C1) <input type="checkbox"/> \$80 (C2)	<input type="checkbox"/> \$90 (C1) <input type="checkbox"/> \$80 (C2)
Aug 6-10	<input type="checkbox"/> \$90 (C1) <input type="checkbox"/> \$80 (C2)	<input type="checkbox"/> \$90 (C1) <input type="checkbox"/> \$80 (C2)	<input type="checkbox"/> \$90 (C1) <input type="checkbox"/> \$80 (C2)
Aug 13-17	<input type="checkbox"/> \$90 (C1) <input type="checkbox"/> \$80 (C2)	<input type="checkbox"/> \$90 (C1) <input type="checkbox"/> \$80 (C2)	<input type="checkbox"/> \$90 (C1) <input type="checkbox"/> \$80 (C2)

Agreements

- Field Trips:** I give my consent for my child to leave the YMCA site, participate in YMCA trips and to ride in authorized vehicles for the purpose of transportation in connection with the YMCA program.
- Photography:** I hereby give permission to the YMCA without limitation or obligation, to use photographs, film footage or recordings which may include my child's image or voice for promotional purposes of YMCA programs.
- Accident Insurance:** I understand that no accident or medical insurance is carried on program participants. Participants are responsible for their own accident insurance.
- Indemnity:** I understand that YMCA activities have inherent risks, and I hereby assume all risks and hazards incident to my participation/my child's participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA and its employees, organizers, volunteers, supervisors, officers, directors, participants, coaches, and referees, as well as all persons or parents transporting participants to and from activities, from any legal claims, liabilities, damages and costs for any physical injury or damage to my personal property sustained during my use of YMCA property and/or my participation/my child's participation in any YMCA activities.
- Payment:** If I do not pay on or before the payment due date, I realize that my children will not be able to attend the YMCA Day Camp program until the outstanding balance is paid in full. Late fees may be added. Registration fees are non-refundable.
- Parent Policy Packet:** I have read and understand the policies listed in the Parent Policy Packet.
- Immunizations:** I affirm that my child(ren) are current on all required immunizations.
- Babysitting Policy:** While employed by the YMCA, staff are not allowed to babysit for program participants. The YMCA cannot and does not endorse or recommend its former staff members as babysitters to any parent or guardian of any child in any program. I agree that the YMCA shall not be responsible and will be held harmless from any claims or liability in connection with such babysitting activities related to former staff.
- Medication:** The YMCA will only administer medication with proper forms and when directed in writing by the child's guardian.
- Blood Borne Pathogen Exposure:** I understand that, while my child is in the care of the YMCA, if a child is exposed to a body fluid on broken skin or mucous membrane from another child, the YMCA will contact the parents of both children. They will explain what has occurred, and then provide the name of the attending physician of the source child to the parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, the YMCA will provide the name and telephone number of the child's attending physician to the staff member.
- Emergency:** In the event of an emergency in which the guardian cannot be contacted, the YMCA will contact emergency medical personnel and, pending their arrival, take those actions that are in the YMCA's judgment to be in the best interests of the child.

I have read, understand and agree with the policies as stated in this document and in the parent policy packet. I understand that the YMCA has the authority to revoke my child's right to participate in YMCA programs for behavior which is not in keeping with the mission of the YMCA or for failing to follow the policies/procedures of the YMCA. My signature below indicates that I agree to adhere to all policies, procedures and the YMCA mission.

.....
Parent/Legal Guardian Signature

.....
Date