

Summer Camp Registration Check List



Child's name: _____

Completed and signed all registration papers (front and back)

Completed Summer Camp Payment Form

Paid \$40 activity fee (this holds the spot for the child)

Copy of the child's birth certificate

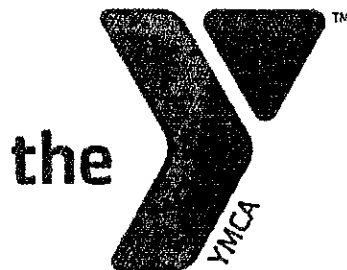
Sign the back of the DCFS licensing booklet

Attached a recent photo of your child

Attached a copy of your child's most recent physical or arranged for the document to be faxed by the school or doctor to the YMCA at 217-222-8596

Your child's t-shirt size

() Youth Small () Youth Medium () Youth Large () Adult Small () Adult Medium



2016 SUMMER CAMP FAQ SHEET

What will the campers do all day?

- We offer a variety of activities throughout the day. We start at the Y, with free play and arrival of the campers. At 9 a.m. we leave the Y and follow our schedule of events. Each day will be different. We eat lunch at Berrian school and then head out for more activities after lunch. We are back at the Y Monday through Thursday for swimming from 3-4. At 4 p.m. we have snack time and free play for the last hour while campers are getting picked up by their parents. Activities include going to local parks and playing games, horseback riding, skating at Scotties Fun Spot, Bowling at Casino Lanes, and Gymnastics at Gem City Gymnastics as well as many other activities planned throughout the summer. Please note activities are WEATHER PERMITTING and schedules change due to weather. There will be weekly schedules provided.

How do we transport the campers?

- Our YMCA has a school bus, driven by a qualified school bus driver. His job is ONLY to drive the bus. Our counselors ride on the bus to provide supervision. We also have two smaller fourteen passenger vans, driven by trained, licensed counselors if needed.

What does my child need to bring every day?

- Swim Suit
- Towel
- Water bottle
- Sunscreen
- Insect repellent (if desired)

Please put your child's name on all items

Is the staff well qualified?

- Our staff are generally college students or graduates who are working towards degrees in the field of education, social work, or other child development areas. They are certified in first aid, CPR, and undergo several background screenings including criminal histories and the National Sex Offender Registry. All staff are mandated reporters of child abuse and receive YUSA training in child protective procedures, risk management, procedures, and positive behavior management techniques.

Parental Consents

I understand that repeat disruptive, abusive, rude or otherwise inappropriate behavior by my child will result in dismissal. The Youth and Family Program Director will determine when dismissal shall occur. I understand that the Y will do its best to refer my child to an alternative program if this occurs, however, advance notice of such dismissal from the Y is not required.

Parent/Guardian Initials: _____

My child has permission to participate in Summer Camp daily activities, including, not limited to, swimming and field trips. I understand that all YMCA staff are trained and certified in First Aid and Child CPR. My child may apply sunscreen or insect repellent (which I provide for my child) The Y DOES NOT provide sunscreen or insect repellent.

Parent/Guardian Initials: _____

Authorizations and Permissions

I hereby give permission for my child to be physically sound, having medical approval to participate in the activities of the Quincy Family YMCA Summer Camp. This health history is correct so far as I know and the person herein described has permission to engage in all prescribed program activities except as noted. I understand the YMCA is not able to provide professionally trained and certified staff to accommodate campers' special needs, I certify that my child does not require an aide to attend camp or that I will make arrangements to provide one.

Parent/Guardian Initials: _____

I hereby give permission for my child to participate in Summer Camp activities and to travel by bus with the Y staff. I understand that only licensed and qualified personnel will operate any vehicle to and from Summer Camp activities and that there will be at least one Y staff member present at all times.

Parent/Guardian Initials: _____

My signature below indicates that I have the legal authority to register the child named in this form and that to the best of my knowledge the information on this application is complete and accurate. I further understand that this is an application and the named child's participation is contingent upon space being available in the program in which I want the child to participate. I also understand that once my application is confirmed, I must complete payments by the deadlines as outlined on the 2015 payment form. All necessary forms must be signed and on file with the Y prior to my child attending camp. Failure to comply with the above could result in the loss of a reserved space for my child or children.

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Printed Name: _____

To complete the registration process, this entire packet must be returned to the Y, 3101 Maine Street, Quincy, IL 62301, along with the \$40 activity fee, a recent photo of the child, a copy of my child's birth certificate, the most recent health physical and immunization record (photo copy is acceptable). **THE APPLICATION IS NOT COMPLETE UNTIL ALL REQUIRED PAPERWORK IS RECEIVED.**

Summer Camp 2016 Payment

There is a one time activity fee of \$40 that MUST BE PAID at time of registration to ensure a spot in the camp. This fee is NON-REFUNDABLE. This is for all campers including DCFS, West Central Child Care and Scholarship campers.

Method of Payment:

- weekly payments will be made at the front desk by check, cash or credit card
- Applied for West Central Child Care (activity fee must be paid)
- Applied for a scholarship at YMCA (activity fee must be paid)
- Electronic payments taken from my account weekly with the information provided below based on my child's attendance
- Payment plan (must be made with the Youth and Family Director Prior to Camp beginning)

If paying electronically, please provide the following below

Mastercard, visa or discover _____ - _____ - _____ - _____ Exp ____/____

Checking Account Number _____ Routing Number _____

Please provide a voided check

My signature below indicates that I agree to the terms for electronic payments of YMCA summer camp balances owed.

As a participant in the Bank Account or Credit Card Draft Payment Plan, I authorize the Quincy Family YMCA to make the agreed upon withdrawals from my bank account or credit card account in payment owed for my child/children's participation in summer camp. I understand I will receive a letter outlining the agreed upon payment schedule. I understand that my monthly bank statement will be my record of my payment.

Signature of Card/Account Holder: _____ Date: _____

State of Illinois
Department of Children and Family Services

CONSENTS TO DAY CARE PROVIDERS

NAME OF CHILD _____

THESE CONSENTS ARE FOR NON-DCFS WARDS ONLY AND MAY ONLY BE USED FOR DAY CARE SERVICES.

Parent(s) or legal guardian placing the child may sign any or all of the following consents:

EMERGENCY MEDICAL CARE

This authorizes _____
to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will
be responsible for the emergency medical charges upon receipt of the statement. _____
is the preferred doctor/clinic/hospital.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

ADMINISTER PRESCRIPTION MEDICINE

I/we authorize _____ to administer prescribed medicine to my/our child as
specified in the prescription's directions for administration.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

ADMINISTER OVER-THE-COUNTER MEDICINE
(Administer only in accord with the appropriate standards for licensure)

I/we authorize _____ to administer over-the-counter medicine to my/our
child as specified in written instructions.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

APPLICATION/RECORD OF CHILD INFORMATION

Name of Child _____ Birthdate _____ Sex _____
Address _____
Date Child Received _____ Date Child Left _____

PARENT OR OTHER PERSONS(S) PLACING THE CHILD

Name _____	Name _____
Relation to child _____	Relation to child _____
Home address _____	Home address _____
_____	_____
Phone Number _____	Phone Number _____
Place of employment _____	Place of employment _____
_____	_____
Address _____	Address _____
Phone Number _____	Phone Number _____
Working hours _____	Working hours _____

OTHER PERSON TO NOTIFY IF PERSON PLACING THE CHILD CANNOT BE REACHED

Name _____ Address _____
Phone Number _____ Relationship _____

PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED

Name _____ Address _____
Phone Number _____ Hospital or Clinic _____

PROGRAM

Days per week _____ Hours of care _____
Rate of pay (optional) _____

Signature of parent or other person placing child Signature of caregiver Date

A completely filled in form must be kept by the licensee for each child not related to the licensee. Please have this form available at all times to licensing representatives of the Department of Children and Family Services. Contact the Area Office for supplies of this form.

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in any and all YMCA activities, programs, classes and events, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence the YMCA of Quincy, IL and all branches and program centers in this association and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

- 1. I acknowledge that participating in any and all YMCA activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

Signature _____ Print Name _____

Address _____ City _____ State _____ Zip _____

Telephone (____) _____ Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT
(Must be completed for participants under the age of 18)

In consideration of _____ (PRINT all minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian _____ Print Name _____ Date _____

(If notarization is necessary, please sign & stamp this side of form.)

Please mark an X on the following three calendars on the days your child will be in attendance with us. This helps us to plan activities and make sure that our staff to child ratio is correct. We understand that plans change and please feel free to let us know ahead of time. However, this will help us with our planning to make sure that we have the best summer ever!

****Please write SS on the days that your child attends summer school and will need picked up at Baldwin****

JUNE 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

JULY 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4 CLOSED FOR INDEPENDENCE DAY!	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

AUGUST 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			