

Owensboro Family YMCA-2021 Summer Camp Registration

Please only list ONE CHILD PER FORM and attach a recent WALLET SIZE PHOTO AND IMMUNIZATION CERTIFICATE .							
Print legibly, complete all fields and include your registration fee (\$25 annually)							
Have you attended camp before: Y N				Email address <small>(Mandatory to receive important program updates and registration information)</small>			
CHILD'S INFORMATION							
First name		Middle initial		Last name		Date of birth / /	
Gender M or F							
Race (circle one)		Caucasian/white		African American/black		Multi racial	
		Asian American		Native American		Native Hawaiian/Pacific Islander	
		Other					
Physical conditions/special needs/IEP				Medications/Allergies			
To best serve your child, circle if he/she is diagnosed with the following; we cannot provide one-on-one care and do not have special education staff available							
ADD/ADHD		Convulsions		Bleeding/Clotting Disorders		Autism	
Aspergers		Fragile X		Cerebral Palsy		Bipolar Disorder	
Tourettes		Rhett Syndrome		Down Syndrome		Chronic Health Problems	
Asthma/Severe Allergies		Heart defect/disease		Diabetes		Other	
Name of Child's School				Grade in School (2021-22)			
Circle Weeks Desired: 5/24-28, 6/1-4, 6/7-11, 6/14-18, 6/21-25, 6/28-7/2, 7/5-9, 7/12-16, 7/19-23, 7/26-30, 8/2-6							
1st PARENT/GUARDIAN							
Name		Relationship to Child			Date of Birth / /		
Address		City			State		Zip
Primary phone		Cell Phone (for emergency communications)					
Work phone		Employer					
2nd PARENT/GUARDIAN							
Name		Relationship to Child			Date of Birth / /		
Address		City			State		Zip
Primary phone		Cell Phone (for emergency communications)					
Work phone		Employer					
UNITED WAY INFORMATION							
School lunch classification <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Full pay				Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			
Veteran status (circle any that apply)		Parent is current active military		Parent is a veteran		Neither parent is a veteran Unknown	
INSURANCE INFORMATION							
Health insurance company				Policy number			
Name of physician				Physician phone			
What is your preferred hospital in the event that your child needs medical attention							
Hospital Phone Number							
PLEASE LIST ANY ADULT OTHER THAN THE ABOVE THAT MAY BE PICKING UP THIS CHILD OR THAT MAY BE CONTACTED IN AN EMERGENCY							
Name		Relationship to Child			Phone 1		Phone 2
Name		Relationship to Child			Phone 1		Phone 2
The YMCA has permission for my children to be photographed and/or interviewed for promotional purposes (circle one) Yes No							
You must choose one option below to process your registration. Drafts will occur the Friday before the week of service desired.							
<input type="checkbox"/> I am currently on draft. Please use the account on file ending in _____. Authorized account holder signature _____							
<input type="checkbox"/> Full payment attached. (Check or money order only!) <input type="checkbox"/> I would like to pay by credit card.							
<input type="checkbox"/> I am authorizing a NEW bank draft from my checking account and I have attached a voided check.							
I have the legal authority to sign up the child named on this form and to the best of my knowledge the information on this application form is complete and accurate. I understand that my application will not be processed unless it includes the full fee or automatic draft authorization. I understand that the YMCA prohibits staff members from being alone with children they meet in YMCA programs outside of the YMCA. This includes but is not limited to baby-sitting, tutoring, sleep-overs, etc. In the event I cannot be reached in an emergency, I hereby give permission to the director of the program or designee to secure emergency medical services, including transportation and medical care. I also give permission for the attending physician to order injections, anesthesia or surgery for this child as named above. I understand that medical and accident insurance is the responsibility of the parent or guardian. I understand that this release may be revoked by me at any time by written request.							
Signature				Date			

Return form in person to YMCA. Attach current immunization record.
 Contact jennnifer.wells@owensboroymca.org with registration or payment questions.



The following information is important for the safety and protection of your child and includes the Owensboro Family YMCA's Child Abuse and Prevention Parent Statement of Understanding. Please read this information and sign below.

- Adult dropping off/picking up child will stay in vehicle and staff will bring sign in forms to them.
- Children will be temperature checked in vehicle; 100.4 greater will not be permitted.
- Children will not bring items from home that cannot be easily wiped down with disinfect.
- Children can bring electronics loaded with games and e-books. The use of search engines and YouTube is not permitted. THE YMCA IS NOT RESPONSIBLE FOR LOST OR BROKEN ITEMS.
- Children will wash hands according to the CDC upon arrival; this will be monitored by staff.
- Children must have the first meal of the day before entering; a lunch and snack will be provided by Daviess County Feeding Program.
- I understand to immediately alert the YMCA if a case is confirmed at my workplace. I also understand that care will be suspended for my child.
- I understand that my child will not be released to any person(s) not listed on the registration form. Adults only are permitted to pick up; no one under the age of 18 can sign a child out.
- I understand that it is my responsibility to sign my child in the morning and sign my child out before leaving in the afternoon.
- I understand that the YMCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand the behavior policy and that whether my child's actions deserve a behavior report is at the discretion of the supervising staff member. The YMCA has a zero tolerance for violence.
- I understand that if my child receives a behavior report they must be picked up immediately.
- I understand the policy on sickness and that my child will be sent home if they are ill.
- I understand that the only way my account will receive a credit is if I produce a Doctor's note for a sick day.
- I understand that the YMCA is not responsible for lost, stolen, or damaged items.
- I understand that the YMCA program requires that my child be potty trained. I also understand that if staff feel that my child is not potty trained, my child may be disenrolled from the program.
- I understand that the YMCA is a Christian facility and my child will be exposed to Christian morals and values.
- I understand that YMCA staff and volunteers are not allowed to babysit or transport my child.
- I understand that my child should not receive gifts, letters, or phone calls from YMCA staff or volunteers, and I should report this if it happens.
- I understand that my child should not receive any email or personal address of a YMCA staff or volunteers, and I should report this if it happens. This includes the last day of the program.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff will contact the police.
- I understand that the Director may discontinue care for any of the following reasons:
 - 1) Parent has not submitted required paperwork or paperwork is inaccurate;
 - 2) Payment is late or unpaid (payments are due the week before care)
 - 3) Child is determined to be dangerous (physically, sexually or verbally aggressive or threatening) to other children or staff;
 - 4) Child is determined to have a medical, developmental, or emotional condition that is beyond the scope of the camp program's licensed ability to care for the needs of the child.

PRINT Parent Name

Parent Signature

Child Name: _____

Date: _____



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FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PHOTO/ AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

My Consent. For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA), and/or Owensboro Family YMCA (YMCA), I give my consent, now and for all time, to YMCA of the USA, YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and/or revisions, throughout the world and forever.

I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All uses shall belong to YMCA of the USA and YMCA and either may share them with others;
- There is no obligation of confidentiality
- YMCA of the USA, YMCA, and collaborating third parties will not be liable for any use or disclosure to a third party
- YMCA of the USA and YMCA shall exclusively own all known or later existing rights to the uses worldwide.
- YMCA of the USA and YMCA can use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose and without compensation to me.

_____ I give my consent.

_____ I do NOT give my consent.

Signature: _____

Date: _____

Printed Name: _____

Age: _____

Address: _____

I am the Mother/Father/Legal Guardian of (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____

Printed name: _____

OWENSBORO FAMILY YMCA
900 KENTUCKY PARKWAY
OWENSBORO, KY 42301



SWIM TEST PERMISSION FORM

All children who visit the Owensboro YMCA as part of Summer Day Camp must pass a swim test to determine each child's swimming abilities. The swim test will consist of 1.) treading water for 20 seconds then 2.) swimming 12 ½ yards on the surface of the water using their strongest stroke without touching the bottom of the pool. The test will be given by a certified lifeguard of the YMCA staff. A child **MUST** have the permission form below signed by a parent/guardian to take the test. All children who pass the test will be able to swim in any area of the pool. Those who do not pass or refuse to participate in the test will stay in the shallow end.

My child _____ has permission to participate in the swim test.

Parent/Guardian signature _____

Date _____



DATE OF BIRTH

(to be completed by parent)

[illegible]

(4) Prescription and nonprescription medication shall be administered to a child care:

1. With written request of the child's parent or the child's prescribing health professional; and
2. According to the directions or instructions on the medication's label.

27. According to the directions or instructions on the medication's label

(b) In accordance with KRS 311.545.

(5) The child-care center shall keep a written record of the administration of medication, including:

(a) Time of each dosage;

(b) Date:

(c) Amount;

(d) Name of staff person giving the medication;

(e) Name of the child; and

(f) Name of the medication.

Adverse reactions to medication should be reported immediately to the parent and recorded on the back of this form