

Summer Camp registration for the Owensboro Family YMCA. Here's how they registered:

1. Complete & sign all 3 forms (see attached).
2. Scan completed forms, ALONG WITH CURRENT, OFFICIAL IMMUNIZATION RECORD to bobby@owensboroymca.org **Registration will be processed in the order received; we do expect to fill up, so don't wait! Incomplete paperwork will not be accepted. Every box must be filled out or N/A recorded. Insurance Policy #s must be included.
3. Once paperwork is approved, Jennifer will email next steps to include:
 1. Payment set up
 2. Choice of weeks
4. Mark your calendar for the mandatory parent night...even if you attended last year!

Membership must be maintained to keep their spot through the summer and for child to receive member pricing. See more information from the flyer below.

Please only list **ONE CHILD PER FORM** and attach a current, official **IMMUNIZATION CERTIFICATE**.

Print legibly, complete all fields and include your **\$50 non-refundable registration fee and \$49 non-refundable supply fee**

First day child will attend

Email address

(to receive important program updates and registration information)

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 (must provide copy)

Medications/Allergies

To better serve your child, please circle if he/she has been diagnosed with any of the following:

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 (2024-2025):

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 Free Reduced Full pay Ethnicity Hispar Non-Hispanic

Veteran status (circle any that apply) Parent is: Active military 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 Anyone picking up your child must be at least 18 years of age. A picture ID is required at pick up.

Name Relationship to Child Phone #

Name Relationship to Child Phone #

Choose one option below to process your registration. Drafts will occur each Friday of the previous week, unless otherwise scheduled through our registration office. A one-time \$50 fee, paid up-front, will be required for non-auto

I am currently on draft. Please use the account on file ending in _____. **Authorized account holder signature** _____

Full payment attached. (Check or money order only!) I would like to pay by credit card.

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



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.

- THE YMCA IS NOT RESPONSIBLE FOR LOST OR BROKEN ITEMS. Electronics/phones/etc. are not permitted.
- 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 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. If I need to add someone to be eligible for pick up, it must be in writing with my signature and date.
- 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. Please do NOT send your child if he/she is ill. You must pick up within 30 minutes of notification.
- 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 program requires that my child be potty trained. I also understand that if staff encounter 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 the YMCA has many spaces and give permission for my child to use spaces that are not licensed by state childcare including: studios, racquetball courts, tumble room, pool, and executive office area.
- I understand that I must tell staff if I do NOT authorize my child to use the on site bounce house.
- 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 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: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEDIA/ SWIM TEST PERMISSION 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: _____

SWIM TEST PERMISSION:

Kids swim daily when enrolled in childcare at the YMCA! Those who do not pass or refuse to participate in a swim test will stay in the shallow end of the pool. All children who pass the test will be able to swim

_____ I give my consent.

_____ I do NOT give my consent.

Signature: _____

Date: _____

Printed Name: _____

Age: _____