

YMCA Summer Camp Registration Form 2017
REGISTER ON-LINE @ WWW.HOPKINSVILLEYMCA.ORG

Staff initials_____
Date_____
Amt pd_____
Cash/chk_____
Receipt#_____
Immunization yes / no

Camp Dates: *May 22, 2017 – August 4th, 2017 Returning Camper: yes / no

Hours: Child can be dropped off as early as 6:30am and no later than 6pm
(Policy requires no more than 10 hours a day)

WHO CAN REGISTER: 5 – 11 years of age (must have completed kindergarten and not have started 6th grade)

Registration fee: YMCA Member \$35 (1 child) / \$45 (2 or more children)
(1 child) Deposit \$100, (2 children) Deposit \$195, (3) Deposit \$290
Non-member \$45 (1 child) / \$60 (2 or more children)
(1 child) Deposit \$115, (2 children) Deposit \$225, (3) Deposit \$335

Rate is weekly only: \$100-Members \$115-Non-members (\$5 discount for extra child)

To reserve a spot in camp a registration fee and deposit will be required at the time of registration. Deposit(s) will be credited to the child(ren)'s last registered week of camp.

Registration start date for YMCA members will be FEBRUARY 1, 2017 – Non Members MARCH 1, 2017

NO CASH REFUNDS ON REGISTRATION FEES OR DEPOSITS AFTER CAMP STARTS.

Updated immunization form must accompany registration form. Please print in ink.

Note: Camp space is limited. Once you register for a particular week, you are responsible for payment whether or not your child attends the camp and no weeks can be prorated.

Child's Name _____ DOB ____/____/____ Age ____ Gender ____ Hair Color ____ Eye Color ____
Address _____ County _____ City _____ State _____ Zip _____

Were Your Child Attends School _____

Mother's Name _____ Telephone # _____

Mother's Employer _____ Work Telephone # _____

Cell# _____ Mother's E-mail: _____

Father's Name _____ Telephone # _____

Father's Employer _____ Work Telephone # _____

Cell# _____ Father's E-mail: _____

If person above is not available in the event of an emergency, notify

Name: _____ Telephone # _____ Cell # _____

Name: _____ Telephone # _____ Cell # _____

Name of child's personal physician _____ Telephone# _____

Personal Health/Accident Carrier _____ Insurance Policy # _____

Camp T-shirt: each child receives a free camp shirt, **circle size:** **Youth:** S, M, L **Adult:** S, M, L, XL

Persons Authorized to pick up your child

Name: _____ Relationship _____ Telephone# _____ Cell # _____

Name: _____ Relationship _____ Telephone# _____ Cell # _____

If parents are divorced, who is the custodial parent? _____

If there are special circumstances involving visitation and pickup rights, you must provide the Camp Director with legal documentation of those arrangements.

I give permission for full participation in the YMCA summer camp including field trips by school bus, subject to limitation noted herein, In case of emergency; I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission the licensed health care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injection of medication for my child.

Signature of Parent or Guardian _____

Please circle each week the camper will attend

Week#1 May 22-26 (tentative)

Week#7 July 3-7

However, weeks may change due to any change in the Christian County schools schedule.

Week#2 May 29-June 2

Week#8 July 10-14

Week#3 June 5-9

Week#9 July 17-21

Week#4 June 12-16

Week#10 July 24-28

Week#5 June 19-23

Week#11 July 31-Aug 4

Week#6 June 26-30

The YMCA is a United Way agency and offers financial assistance, as funds are available.

General Information:

List any medical situations that your child has: _____

List any medication to be taken at camp; Medical Authorization Form must be filled out daily: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking, or playing games: _____

List equipment needed for your child while at camp such as wheel chair, braces, glasses etc..... _____

Waiver & Photo Release Consent

I hereby agree that this information is complete and true to the best of my knowledge. I also agree to the terms and conditions of the loss of deposits and registration fees should I not abide by the cancellation agreement as stated above. I acknowledge that the Hopkinsville-Christian County Family YMCA carries liability insurance and does not provide health or accident insurance for its programs. In consideration of my participation in summer camp, I do hereby agree to hold free from any and all liability the Hopkinsville Christian County Family YMCA and its respective officers, employees, volunteers and do hereby for myself, my heirs, executors, and administrators, waive release, and forever discharge all rights claims for all injuries and damages, occurred. I do hereby declare the participant to be physically sound, having medical approval to participate in the activities of the YMCA Summer Camp.

I HEREBY CONSENT to the use, publication and display, in whole or in part, by or on behalf of HOPKINSVILLE CHRISTIAN COUNTY FAMILY YMCA and its agents and assignees, including, but not limited to KENTUCKY NEW ERA, SOCIAL MEDIA, and HOPKINSVILLE CHRISTIAN COUNTY FAMILY YMCA, of any film, video tapes or photographs in which I or my minor child may be portrayed or identified. I waive all claims for any compensation for such use. I understand that permission is given for a one-time use only and that HOPKINSVILLE CHRISTIAN COUNTY FAMILY YMCA will be credited for the photograph(S). I waive all rights to inspect and/or approve any of the printed matter that may be used in conjunction with the photograph(S) and the use to which it/they may be put.

Signature of Parent or Guardian _____ **Date:** _____