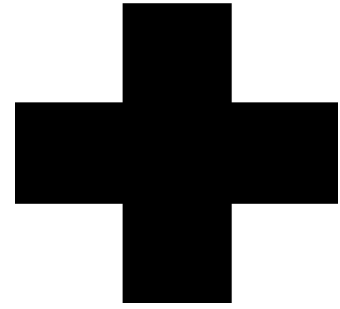






# Wadsworth YMCA DAY CAMP



## CAMPER HEALTH RECORD- 2023

Please remember to attach a copy of your child's immunization record as well as a copy of their Medical

\* Please print

Camper's Name: CAMPER DATE OF BIRTH:

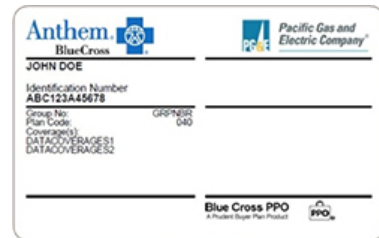
### CAMPER HEALTH HISTORY

1. Does your child have any food, medication or environmental allergies? YES NO
If yes, please list the allergy, symptoms and actions that should be taken if a reaction occurs:
2. Does your child have a special health or medical condition? YES NO
If yes, please list the condition, any special procedures that a staff member may be required to perform.
3. Is your child currently taking any medication? YES NO
If yes, please list the medication and dosage.
4. Does your child require medication to be given while at camp? YES NO
If yes, a JFS01217 form must be completed and signed by a physician.

### MEDICAL INSURANCE INFORMATION

Is this camper covered by family medical/hospital insurance? YES NO

First and last name of primary Date of birth
Policy Number
Insurance Company Name
Insurance Company Phone Number



Please provide a copy of the front and back of your camper's Medical Insurance Card.

### PARENT/GUARDIAN AUTHORIZATION FOR HEALTH CARE

This health history is correct and accurately reflects the health status of the camper who is pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests and treatment related to the health of my child for both routine health care and in emergency situations. I give the Akron Area YMCA permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photo copy/scan this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Parent/guardian Date



# Wadsworth YMCA



## REGISTRATION PACKET- 2023 CENTER POLICIES AGREEMENT

### General Policies

#### Initials

\_\_\_\_\_ There is a \$40.00, non-refundable, registration fee per child due at the time of enrollment. This fee will be waived if registration is completed and returned by April 15th, 2023.

\_\_\_\_\_ Weekly tuition and Before and/or After Care payments are due on Friday prior to the week of service via auto draft.

\_\_\_\_\_ If camp payments fall one week behind I will be asked to withdraw my child(ren) until payment is made in full.

\_\_\_\_\_ Any balance of \$100 or more that is more than 30 days overdue will be turned over to a third-party collection agency and a \$15 fee will be added to the total balance.

\_\_\_\_\_ If I have balance with any facility within the Akron Area YMCA Association, I will be unable to register for any programs or membership until the balance is paid in full.

\_\_\_\_\_ A returned payment fee of \$5.00 will be charged for all payments returned.

\_\_\_\_\_ The YMCA will automatically charge the billing method on file for Before and/or After Care fees (if not already pre-registered for Before and/or After Care), if my child(ren) have been dropped off earlier than 8:45 am or picked up later than 4:15 pm. The YMCA will contact Wadsworth Police Department if the child(ren) remain at the center longer than one hour after 6pm and all attempts to reach me, other custodial parents, and authorized persons have been made, without success. Three or more late pickups may result in the termination of care.

\_\_\_\_\_ I am required, by the State of Ohio, to disclose all medical, physical, or behavioral issues that pertain to my child at the time of enrollment, and supplement that information on an ongoing basis if needed. The Y is fully committed to the participation of all individuals in their programs and will make every effort to meet my child's needs based on their available resources. However, due to required ratios they are unable to provide one-on-one aid.

\_\_\_\_\_ I have read the YMCA Day Camp Registration packet and agree to all terms therein for my child(ren) to receive childcare. I understand that I forfeit the privilege of childcare/camp if all policies are not followed.

I have read and understand the policies of the Akron Area YMCA and agree to follow them.



Signature of parent/guardian

Date

### Photograph Consent

I give my permission for my child \_\_\_\_\_ to be in photographs, slides, DVD's, and/or videotapes for the promotion of the Akron Area YMCA.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### Permission for Routine Walks

Weather permitting, I give permission for my child \_\_\_\_\_ to accompany his/her class/group on routine walks on Akron Area YMCA grounds and visits to nearby parks.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### Child Drop-Off/Pick-Up Policy

When you enroll your child in any YMCA Camp Program, it is to be understood that our policy is for you to bring your child into the center each morning, complete check in process, and let one of the staff members know your child has arrived. Please note: we are not legally responsible for your child when he/she is dropped off without completing the above procedure.

I understand that state law requires me to sign my child in and out each day, as well as notify staff that my child is leaving for the day.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### Permission for Routine Field Trips

I give permission for my child \_\_\_\_\_ to accompany his/her group on routine field trips throughout the week from 9:00 am - 4:00 pm May 30, 2023 - August 11, 2023. Transportation is provided by school buses.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### Permission to Participate in Swimming Activities

I give permission for my child \_\_\_\_\_ Date of Birth \_\_\_\_\_ to participate in the following water activities at the following locations listed: Wadsworth Grizzly Outdoor Pool and Wadsworth YMCA Indoor Pools.

I am aware that my child will be near and/or have access to waters exceeding eighteen inches in depth. I also understand the center will always provide at least a 1:35 lifeguard to child ratio, and 1:14 counselor to camper ratio during all water and swimming activities.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_