

Wadsworth YMCA DAY CAMP Wadsworth's BEST DAY CAMP

REGISTRATION CARD CAMPER INFORMATION

To comply with State of Ohio Day Camp Licensing and the American Camp Association guidelines all sections of this form must be completed before we can accept any child for care. If you need assistance completing the form, please contact the Camp Director.

* please print

GENERAL CAMPER INFORMATION

CAMPER INFORMATION

Camper's first & last name		Date of birth
Home address		
City, State, Zip		
School Gender Identity: 🗆 ma	T-shirt Size: YS YM YL YXL AS AM ale □ female □ prefer not to say	Grade in August 2023

PARENT/ GUARDIAN INFORMATION

PRIMARY

Primary parent/guardian first & last name	Date of birth
Primary phone number	
Secondary phone	Work phone
Email address *required	
Relationship to child	

EMERGENCY CONTACT INFORMATION

PRIMARY

..... Primary emergency contact name Primary phone number Secondary phone work phone Relationship to child

.....

SECONDARY

Secondary emergency contact name		
Primary phone number		
Secondary phone	work phone	
Relationship to child		

PROGRAM WAIVER

I/We understand that there is a risk of serious injury associated with the use of the YMCA facilities, participation in YMCA programs and use of exercise and other equipment. As a condition of my membership I agree to assume the risk of injury arising from my use of the facilities, programs, equipment and for all other matters at all YMCA locations or programs whenever occurring. On behalf of myself and my heirs, administrators and agents and contractors harmless from all such claims for injury and damage. I understand that I would not be permitted to participate in any YMCA program or use any YMCA facility or equipment without signing this agreement. I authorize the Akron Area YMCA or its designees, agencies and contractors to create, have and use photographs, slides and videotapes containing my image for its recordkeeping or marketing/public relations programs.





ELIGIBILITY: Children must have completed Kindergarten by the first day of camp and be under the age of 13 years old.

REGISTRATION

Please select only the weeks your child will be attending camp: ○ Week 7 (7/10 – 7/14)

- Week 1 (5/30 6/2) ○ Week 2 (6/5 – 6/9)
- Week 3 (6/12 6/16)
- Week 4 (6/20 6/23)
- Week 5 (6/26 6/30)
- Week 9 (7/24 7/28) ○ Week 10 (7/31 – 8/4) ○ Week 11 (8/7 – 8/11)

○ Week 8 (7/17 – 7/21)

- Week 6 (7/3 7/7; no 7/4) 0

*Full tuition is due for all registered weeks if a written withdrawn notice is not submitted two weeks in advance to the Camp Director.

SECONDARY

Secondary parent/guardian first & last name	Date of birth		
Primary phone number			
Secondary phone	Work phone		
Email address *required			

Relationship to child



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 DATE OF BIRTH:

CAMPER HEALTH HISTORY

Camper's Name:

1. Does your child have any food, medication or environmental allergies? □ ves □ 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? $\Box_{\text{YES}} \Box_{\text{NO}}$ 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? 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

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

Blue Cross PPO

Insurance Company Phone Number

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 heath record from providers who treat my child and these providers may talk with the program's staff about my child's heath status.

.....



Wadsworth YMCA

REGISTRATION PACKET- 2023 CENTER POLICIES AGREEMENT



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. \overleftrightarrow{P}

Photograph Consent					
I give my permission for my child DVD's, and/or videotapes for the prom	<u>t</u> o be in photographs, slides, notion of the Akron Area YMCA.				
Parent/Guardian Signature	Date				
Permission for Routine Walks					
Weather permitting, I give permission for my child his/her class/group on routine walks on Akron Are	<u>t</u> o accompany a YMCA grounds and visits to nearby parks.				
Parent/Guardian Signature	Date				
Child Drop-Off/Pic	k-Up Policy				
When you enroll your child in any YMCA Camp Program, it is to be understood that our policy is for yo 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 wher 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 the my child is leaving for theday.					
Parent/Guardian Signature	Date				
Permission for Routi	Permission for Routine Field Trips				
I give permission for my child routine field trips throughout the week from 9:00 2023.Transportation is prov	to accompany his/her group on am - 4:00 pm May 30, 2023 - August 11, ided by schoolbuses.				
Parent/Guardian Signature	Date				
Permission to Participate in Swimming Activities					
I give permission for my child					
I am aware that my child will be near and/or have access to waters exceeding eighteen inches in depth also understand the center will always provide at least a 1:35 lifeguard to child ratio, and 1:14 counsel to camper ratio during all water and swimming activities.					
Parent/Guardian Signature	Date				